



Town of Arlington
Town Manager's office

REQUEST FOR PROPOSAL (RFP)

FOR

AMBULANCE BILLING & COLLECTION SERVICE

Arlington Town Hall
730 Massachusetts Ave.
Arlington, MA 02476

The Town of Arlington is seeking proposals for the billing/collection of BLS and ALS Emergency Ambulance Services.

RFP # 19-18 AMBULANCE BILLING & COLLECTION SERVICE

Proposals must be submitted no later than 1:00 PM on May 16, 2019, 2019 at the Office of the Town Manager, Arlington Town Hall, located at 730 Massachusetts Ave., Arlington, MA 02476.

The Town of Arlington reserves the right to reject any and all proposals, in whole or in part and to make awards in a manner deemed in the best interest of the Town of Arlington.

Adam Chapdelaine
Arlington Town Hall
Town Manager

May 2, 2019

TOWN OF ARLINGTON, MASSACHUSETTS

Be sure to submit your proposal in DUPLICATE. This includes all documents/pages contained within the package.

Please put your company's name and address on the outside of your proposal envelope. Technical Proposal and Price Proposal must be submitted separately. Failure to do so will result in proposal rejection.

Make sure proposal prices are identical on all copies and submitted in separately sealed envelopes.

Be sure both are properly executed.

REQUEST FOR PROPOSALS

Read thoroughly "Invitation for Proposals" and the legal advertisement relative to proposal deposits and other details on submitting proposals.

If bidder/proposer is a co-partnership, all partners must execute all three copies of the proposal, unless one partner has been authorized to sign for the co-partnership, in which case evidence of such authority shall be submitted.

If bidder/proposer is a corporation, the authorized agent shall execute all three copies of the proposal. Evidence of authority to sign must be submitted.

All Proposals should be submitted as separate price and non-price proposals, each enclosed in a separately sealed envelope appropriately marked to indicate the "PRICE" and "NON-PRICE" proposal. Both price and non-price proposals shall be enclosed in a third single sealed envelope marked "Proposal for Emergency Ambulance Service Billing." If the non-price proposal contains any price information, the entire proposal shall be rejected as non-responsive.

REQUEST FOR PROPOSALS

Sealed proposals for furnishing the following will be received at the Office of the Town Manager, Arlington Town Hall 730 Massachusetts Ave., Arlington, MA 02476, until the time specified below at which time the proposals will be opened. The time received will be noted on each proposal. For a consistency of time, the wall clock in the Manager's Office will be the determining time.

ITEM
Billing/Collection Service for
Emergency Ambulance Service
Arlington Town Hall
Arlington, MA 02476

DEADLINE
May 16, 2019, 1:00 PM

Specifications and Proposal forms may be obtained at the Town Manager's Office at Town Hall, 730 Massachusetts Ave., Arlington, MA 02476.

Price Proposals must be submitted separately from Technical Proposals.

No proposer may withdraw his/her proposal for a period of thirty (30) days after the date set for the opening thereof.

No Security Deposit is required on this Proposal.

Arlington is an affirmative action/equal opportunity purchaser.

The Town reserves the right to accept or reject, in whole or in part, any or all proposals or take whatever other action may be deemed necessary to be in the best interest of the Town.

BILLING/COLLECTION SERVICE FOR EMERGENCY
AMBULANCE SERVICE
TOWN OF ARLINGTON

SUBMISSION OF PROPOSAL:

The emergency ambulance service is operated by the Arlington Fire Dept. and is a Basic Life Support Service (BLS). Billing services providers interested in providing the billing/collection service, as set forth in the attached Specifications, are invited to deliver two (2) copies of an ambulance billing proposal to the Office of the Arlington Town Hall, located at 730 Massachusetts Ave., Arlington, MA 02476, no later than 1:00 PM on May 2, 2019, at which time and place Technical Proposals will be opened. Sealed Price Proposals shall also be submitted separately.

All proposals shall be sealed, addressed to the “Town Manager’s Office, 730 Massachusetts Ave., Arlington, MA 02476.” Proposers shall submit separate price and non-price (technical) proposals. The price proposal must be signed, placed in an envelope, and sealed. The price proposal will require the fee for the service to be stated as a percentage amount for the actual receipts. This envelope is to be clearly marked with the Proposer’s name, date of opening, and titled as follows:

Town of Arlington – Ambulance Billing/Collection Proposal

The non-price (technical) proposal, must contain all information pertaining to the Billing/Collection Service, such as method of billing, transition timetable from the present system to the initiation of billing procedures, application for, and timetable for, the respective applications for provider numbers for Medicare and Blue/Cross Shield and Medicaid (if not already completed by the Town). The proposal must address, at a minimum, each of the issues set forth in the “Request for Proposals” in order to be considered responsive. The Town of Arlington will reject any proposal, which does not respond to each issue in the “Request for Proposals” as non-responsive. The non-price proposal shall be signed, placed in a separate envelope, and sealed. All pages that require signatures must be signed where appropriate and submitted as part of the non-price proposal. This envelope is to be clearly marked with the Proposer’s name, date of opening and titled as follows:

Town of Arlington – Ambulance Billing/Collection Non-Price Proposal

Proposer may correct, modify, or withdraw a proposal by sealed, written notice, clearly marked as a correction, modification, or withdrawal, and received in the Office of the Town Manager prior to the time and date for the submission the proposals. Proposals that are received after the proposal due date and time will not be accepted.

SIGNING OF PROPOSALS: Statements of Qualification must be signed as follows:

- a. If the Proposer is an individual, by him/her personally;
- b. If the Proposer is a partnership, by the name of the partners, followed by the signature of each general partner; and
- c. If the Proposer is a corporation, by the authorized officer, whose signature must be attested to by the Clerk/Secretary of the corporation and the corporate seal affixed. A copy of the corporate vote must also be submitted.

Reviewing Period: All proposals meeting the minimum requirements and conditions may be held by the Town of Arlington for a period of thirty (30) days from the date of opening proposals, for the purpose of reviewing the proposals and investigating the qualifications of Proposers prior to the awarding of the contract.

Vendor Selection: Following the procedures previously described, the Town of Arlington will make a decision regarding selection of the vendor whom it wishes to enter into a contract with. Proposals will be evaluated upon the basis of the Minimum Qualifications; the Comparative Evaluation Criteria for Selection set forth, prices and other appropriate factors. This may not necessarily be the low bidder.

Award: The Arlington Town Treasurer will make the award of this contract. The contract shall be awarded to the responsible and responsive proposer submitting the most advantageous proposal, taking into consideration the proposal's relative merits. The Town of Arlington reserves the right to reject any and all proposals or to waive any informality in the proposals, if it appears in the Town's best interest.

Profile of Service: The Town of Arlington operates an emergency only ambulance service that is licensed for Basic Life Support (BLS) Service. In the last calendar year, this service performed approximately 2500 medical calls. These medical calls resulted in approximately 1600 ambulance transports.

STATEMENT OF SERVICES

1. Term of Contract

The contract will be for three one-year periods commencing on July 1, 2019, through June 30, 2022. The contract will have a fixed percentage rate for the three-year period and can be terminated for cause at any time, or terminated on the annual anniversary by the Town of Arlington on the anniversary dates of June 30, 2020, and June 30, 2021. The Town of Arlington can also extend this agreement for any period of time agreed to by both parties, if the Town of Arlington deems appropriate. In addition, the Town of Arlington may terminate this agreement at any time if it so desires. Termination will be accomplished through a process detailed in Section 8 of this bid document.

2. Collection and Deposits

Per request of the Town of Arlington all checks and cash received by the billing service may be recorded on a deposit slip provided by the Town of Arlington Treasurer and (on a weekly basis) the checks and cash shall be deposited directly into the bank account specified by the Town Treasurer of Arlington. Or the checks and deposits will be deposited by the Town Hall with a copy sent to the billing company. At the expiration of each month, the billing service shall bill the Town of Arlington for collection charges due the billing service for the actual collections made that month.

3. Ambulance Fees

The Town of Arlington Rate Schedule for ambulance services will serve as the basis for fees charges for ambulance service. (Attachment)

4. Expenses

1. All expenses directly or indirectly related to the collection of the Town of Arlington patient's accounts shall be borne by the billing agent.
2. Except: As otherwise specifically provided herein, the billing service will not incur expenses on behalf of or without the Town of Arlington's prior consent.

5. Other

- a. It is understood that the Town of Arlington accepts assignment of Blue Shield, Medicaid, Medicare or Medicare/Medicaid. Accordingly, the billing service will make the required contractual adjustments when applicable and will be reported on the monthly revenue statement.
- b. Write-off's and/or reductions of charges will be handled by the Town of Arlington on an abatement basis at their discretion. Requests for abatements or adjustments from patients will be sent to the billing agent, and then sent to the Town of Arlington Treasurers Office.

6. Records and Reports

The billing service will furnish to the Town of Arlington the following reports:

- a. If Applicable, a weekly report of all collections together with a copy of the deposit slip evidencing the deposit to the Town of Arlington's bank account.
- b. A monthly recap of reports including an aging report at the end of the month reflecting the balance of open receivables.
- c. At a minimum the following reports are required: Commitment listings, listings of write off's, adjustments credits, and any other report determined necessary to be able to prove the balance from month to month.
- d. All records and correspondence relating to the Town of Arlington Accounts Receivable and the billing services collection efforts will be available for examination by the Town of Arlington or its authorized representative.

7. Miscellaneous

- a. The billing service will collect accounts receivable of the Town of Arlington under the name of Arlington Ambulance Service.
- b. The billing service shall delegate an authorized representative for receiving notices and day-to-day contract administration.

Name of Representative_____

8. Termination

Either party may terminate this agreement at any time upon ninety (90) days written notice of termination to the billing service, and by the billing service on the anniversary of the contract upon ninety (90) days written notice to the Town of Arlington. Upon termination of the agreement, for whatever reason, the billing service shall deliver up all records and pertinent correspondence concerning the accounts and collection thereto to the Town of Arlington, and the billing service will otherwise cooperate with the Town of Arlington or their assignees to affect an orderly transfer of the collection of the Town of Arlington's accounts receivable. If the Town of Arlington should terminate this agreement, the billing service shall be entitled to receive from the Town of Arlington, any and all commissions due to billing service up to and including the actual date of termination and transfer of accounts receivable, as well as reimbursement from the Town of Arlington of all expenses incurred by the billing service which remain unpaid at the date of termination. The billing service must turn over all records and have them delivered to a location designated by the Town of Arlington upon termination of the contract.

9. Provision

The Town of Arlington is to provide the billing agency with a copy of the **Standard Ambulance Report Form** to include the patient's name, address and the date and time of transport to area hospitals. This form will have the mileage of the call clearly noted to allow the billing service to bill mileage appropriately based on the rate structure outlined. In addition, Arlington ambulance attendants will provide a reasonable effort to gather any additional information such as the responsible insurance company information, date of birth of the patient and any other information that may assist in the billing process.

10. Stipulations

- a. The contract shall be governed by and shall be construed in accordance with the law of the Commonwealth of Massachusetts.
- b. In the event of any conflict or any inconsistency between the Massachusetts General Laws, as amended, and the provisions of this contract, the Massachusetts General Laws shall control. If any of the provisions of this agreement are held to be invalid, such provision or provisions shall be deemed stricken from the agreement and at the option of the Town of Arlington, the remaining provisions shall remain in full force and effect.

- c. The billing service shall hold the Town of Arlington free and harmless from all claims, liability and losses caused by the actions or failures to act on the part of the billing service, and the billing service shall fully indemnify the Town of Arlington for all such claims, liability and losses should they occur.
- d. The billing service shall have Worker's Compensation Insurance in accordance with the Massachusetts General Laws Chapter 152, as amended, and the billing service shall furnish the Town of Arlington with evidence of this coverage before the execution of the contract.

11. Waiver Handling Policy

Although the Town of Arlington wishes to maximize ambulance collections, we do wish to have compassion for those with financial hardship. A strict waiver policy will be formulated by, and administered by, the Town of Arlington. Please outline your capabilities in dealing with clients that express hardship. Provide copies of internal policies that you have dealt with, or are dealing with presently.

Terms and Conditions

By signing this proposal, the bidder acknowledges and agrees to the following terms and conditions:

1. This Request for Proposal is governed by the provisions of M. G. L. Chapter 30B.
2. The Town is exempt from the following taxes: sales, excise and Federal transportation.
3. The Town reserves the right to reject any or all bids when the Town determines that it is in the best interest of the Town to do so.
4. The Town will award the contract to the responsible bidder offering the needed service at the best proposal.
5. The vendor shall comply with all applicable Federal, State and Local laws.
6. In performance of this contract, the vendor shall not discriminate on the grounds of race, color, religion, national origin, age or sex, in employment practices or in the selection or retention of subcontractors, and in the procurement of material or rental of equipment. The Town may cancel, terminate or suspend the contract in whole or in part for any violation of this paragraph.
7. The vendor shall not assign, sell, subcontract or otherwise transfer any interest in this contract without prior written consent of the Town.

All Proposals must be signed:

Name of Bidder

Signature of Bidder

Address

Telephone Number

Social Security # _____, or Federal Identification _____

MINIMUM QUALIFICATION CRITERIA

In addition to addressing each of the items in the Specification, the proposer must submit, as part of his/her non-price proposal, the following minimum qualification criteria: Initial the appropriate response to each criterion, and include the required documentation in the Non-Price (technical) proposal envelope.

1. A letter of transmittal signed by the individual authorized to negotiate for and contractually bind the Contractor, stating that the offer is effective for at least thirty (30) calendar days from the deadline for the submission of proposals.

YES

NO

2. A list of Massachusetts's municipalities for which the contractor has provided ambulance billing. This list is to include a current name, address, and telephone number of references for the selection committee to access. Any negative information generated by reference check shall be cause sufficient to dismiss the proposal as unacceptable. Negative information that shall be considered grounds to render the proposal unacceptable shall be information that shows the service operated in a fashion that reflected negatively on the community served. Illegal or unethical methods of collection, repeated instances of inappropriate treatment of recipients of the service such as rudeness or any other behavior that generates complaints from the public shall be viewed as negative information.

YES

NO

3. Bidders must provide a toll free number for the Town's use and for the use of recipients/clients.

YES

NO

4. List any litigation, with appropriate explanation, in which your firm has been a party (as Plaintiff or Defendant) in the past five years from 2004 through the present.

YES

NO

5. Bidders must be able to receive payments directly from customers billed for ambulance services. Bidders must also be able to forward collected ambulance receipts on a weekly basis to the location specified by the Town of Arlington.

YES

NO

6. Bidders must be able to provide interface to billing software.

YES

NO

7. Bidders must employ Certified Ambulance Coders/Billers to bill Town of Arlington Ambulance claims.

YES

NO

I hereby state that I understand the minimum evaluation criteria and that I have initialed all of the appropriate sections, and further, that I have attached the required information to the summary sheet located at the back of this document.

Signature: _____

Name/Title: _____

COMPARATIVE EVALUATION CRITERIA

A contractor shall be deemed unacceptable if the minimum evaluation criteria are not met and as a result, as required by law, shall be rejected. However, once it has been determined that the contractor has met all the minimum evaluation criteria, the proposals will be further evaluated by the Town of Arlington using the following comparative evaluation criteria. The ratings of the “Highly Advantageous”, “Advantageous”, “Not Advantageous”, and “Unacceptable”, will be used to evaluate the following features of each proposal.

1. Contractor’s computer linkage to billing information and the method of collecting data for billing.

a. Highly Advantageous: Total billing information secured and all necessary forms filled out by the billing service with no charge to operation Arlington ambulance attendants. Attendants having to fill out SARF forms and obtain hospital attendant’s signature. The billing company will obtain any additional information required.

b. Advantageous: Access to patient information at the definitive care facility. Arlington ambulance attendants having to fill out only the medical forms and secure physicians signatures.

c. Not Advantageous: Most billing information to be provided by Arlington ambulance attendants. Attendants having to secure name of insurance carrier and insurance policy numbers.

d. Unacceptable: All billing information to be provided by the Arlington ambulance attendants.

2. How many years of experience does your firm have in billing ambulance service?
 - a. Highly Advantageous: Greater than five years experience.
 - b. Advantageous: More than three years experience but less than five years experience.
 - c. Not Advantageous: More than one years experience but less than three years experience.
 - d. Unacceptable: Less than one year's experience.

3. Collection percentage: The vendor should provide documentation as proof that they can achieve a collection percentage of between 85% and 95%. The proof should be established by comparison with another municipal ambulance service and that will show a collection percentage and the number of a municipal contact person for reference. (The Town of Arlington is interested in a firm with the expertise and efficiency to perform at this level).
 - a. Highly Advantageous: Two or more municipalities serviced and documented at rate of 90% or greater.
 - b. Advantageous: At least two municipalities serviced and documented at a rate of 90% collection rate.
 - c. Not Advantageous: Documentation of a collection percentage of less than 80%.
 - d. Unacceptable: No documentation of collection percentage.

4. The billing agency will bill directly to carriers as opposed to billing recipients of the service. If clients need to be billed due to a lack of insurance information, the billing agency should be willing to assist in obtaining client information.
 - a. Highly Advantageous: Process claims to all insurance carriers, automobile insurance, worker's compensation, homeowners insurance, etc.
 - b. Advantageous: Process Medicare/Medicaid, major carriers and secondary insurance applicable.
 - c. Not Advantageous: Process only Medicare and Medicaid and major carrier (i.e. BC/BS)
 - d. Unacceptable: Process only Medicare and Medicaid claims, mail out others to client.

5. Vendor performs an all-encompassing scope of Ambulance Services billing
 - a. Highly Advantageous: 50,000 or more ambulance claims billed per year.
 - b. Advantageous: 25,000 or more ambulance claims billed per year.
 - c. Not Advantageous: Less than 25,000 ambulance claims billed per year.
 - d. Unacceptable: Less than 10,000 ambulance claims billed per year.

APPENDIX A

I, _____, _____
Name Title

of _____
Company Name

certify under the penalties of perjury that:

1. I duly represent the bidder and have full authority to execute any and all documents for and on behalf of the bidder relative to its operation, and
2. If an out-of-state company, a resident agent in the Commonwealth of Massachusetts must be appointed for service of process. The name and address of the company's resident agent is:

Name of Company

Witness my hand and seal this _____, 2019.

Agent of Bidder: (Name)

Title: ()

Date: ()

Address of Bidder: ()

Telephone Number of Bidder: ()

APPENDIX B

Non-Collusion Form and Tax Compliance Form

Persons submitting a bid or proposal to provide supplies or services to your jurisdiction, or to purchase supplies from your jurisdiction, must submit a certification of non-collusion and tax compliance.

CERTIFICATE OF NON-COLLUSION

The undersigned certifies under penalties of perjury that his bid or proposal had been made and submitted in good faith and without collusion or fraud with any other persons. As used in this certification, the work "person" shall mean any natural person, business, partnership, corporation, union, committee, club, or other organization, entity, or group of individuals.

Signature

(Name)

(Name of business)

TAX COMPLIANCE CERTIFICATION

Pursuant to M. G.L. Chapter 62C, § 49A, I certify under the penalties of perjury that, to the best of my knowledge and belief, I am in compliance with all laws of the Commonwealth of Massachusetts relating to taxes.

Signature

(Name)

(Name of business)

AFD Ambulance Billing Rates-
Effective July 1, 2019

<u>Charge</u>	<u>Rate</u>	<u>Medicare Rates</u> <u>2019</u>
ALS 1 Emergency Base Rate	\$1,754.87	\$501.39
ALS 2 Emergency Base Rate	\$2,539.95	\$725.70
ALS Non-Emergency Base Rate	\$1,108.35	\$316.67
BLS Emergency Base Rate	\$1,477.81	\$422.23
BLS Non-Emergency Base Rate	\$923.62	\$263.89
Critical Care/SCT Base Rate	\$3,001.78	\$857.65
ALS Assessment-Medicare	\$79.16	n/a
ALS Assessment-Medicaid	\$0.00	n/a
ALS Assessment-All other ins. carriers	\$164.80	n/a
Mileage	\$26.43	\$7.55
Airway Placement	\$222.82	\$0.00
Cardiac Monitor	\$222.30	\$0.00
Defibrillation	\$158.76	\$0.00
IV Therapy	\$158.76	\$0.00
Oxygen	\$74.10	\$0.00

The ALS Assessment rate will be difference between the ALS and the BLS rate in accordance with the patient's insurance carrier.