



City of Woburn

PURCHASING DEPARTMENT

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To: Potential Contractors

From: Orazio DeLuca Purchasing Agent

Date: June 18, 2020

Re: Addendum #3 to RFP 20-15 - Ambulance Billing Services
QUESTIONS AND ANSWERS

The City is issuing Addendum #3 to RFP 20-15 to provide answers to questions received about the RFP.

The Due date IS extended to: **Wednesday, July 1, 2020 @ 11:00 am**

SEE ATTACHED QUESTIONS AND ANSWERS

Please be sure to acknowledge all addenda on the bid pricing sheet or by signing this document and submitting with your bid response.

Kind regards,
Orazio DeLuca
Purchasing Agent

1. The SOW states: "The contractor shall provide all supplies, equipment, personnel, computer hardware and software, billing forms, insurance forms, lien forms, envelopes, postage, and supplies necessary to function on a day to day basis in the administration of the Fire Department's accounts receivable."
 - a. Can City of Woburn elaborate? **As stated. All necessary items to do the work involved.**

2. Does the City expect respondents to provide laptops or tablets for PCR documentation? If so, what are minimum and/or desirable technical specifications of such equipment?
No. the Woburn Fire Dept. has their own reporting tablets

3. Additionally, if City of Woburn requires CONTRACTOR to furnish hardware such as laptops/tablets, do those devices require internet access? If so, will internet SIM cards or devices be provided by City through established means or will CONTRACTOR assume contractual obligation for that functionality?
N/A

4. The SOW also states: "All services, delivery and other required support shall be conducted throughout the City of Woburn. Meetings between the awarded Contractor and City shall be held at the City of Woburn, Fire Department Headquarters."
 - a. Are webinar/phone meetings acceptable? **Yes**

5. Please provide 2019's total transport volume. **3188**
6. Please provide 2019's total payments, **\$1,928,623.62** contractual adjustments **\$2,542,487.23** and write-offs. **\$144,561.40**
7. What is your current payer mix? (i.e. % of Medicare, Medicaid, Commercial Insurance, Self-pay, etc.)
Medicare: 54% - Medicaid 15% - Insurance 28% - Private Pay 3%
8. What are your current charge rates?
**ALS (A0427) - \$1420.56 SCT (A0434) - \$2429.88 Airway (A0396) - \$173.30
IV (A0394) - \$352.87
ALS 2 (A0433) - \$2056.05 BLS (A0429) - \$1196.25
Mileage (A0425) - \$20.58 Monitor (93000) - \$214.07 Defibrillation (A0384) - \$352.87
Oxygen (A0422) - \$164.69**

9. Are credit card payments currently allowed? If yes, who will be responsible for paying the credit card transaction fees?
NO

10. Will the county provide a nationwide bank for the vendor to deposit paper payments into or do they provide a local bank? **Local**

11. Who is your current EMS billing vendor? What is their commission rate? Are you satisfied with their performance?
Armstrong Ambulance. EXTREMELY Satisfied

12. Please reconfirm the due date for this procurement by providing it in response to answers to questions. **July 1, 2020 @ 11:00 AM**

Please describe your level of satisfaction with your current or recent vendor(s) for the same purchasing activity, if applicable. **EXTREMELY SATISFIED**

What estimated or actual dollars were paid last year, last month, or last quarter to any incumbent(s)? **N/A**

What were your annual gross charges last year or for the last 12 months? **\$4,935,174.50**

What were your annual gross collections last year or for the last 12 months? **\$2,075,116.03**

What were your annual billable transports last year or for the last 12 months? **3188**

What are your advanced life support charges? **City of Woburn is BLS**

What are your advanced life support emergency level 1 charges?
ALS 1 Base rate (A0427) - \$1420.56 ALS Mileage (A0425) - \$20.58

What are your advanced life support emergency level 2 charges?

ALS 2 Base rate (A0433) - \$2056 .05 ALS Mileage (A0425) - \$20.58

What are your basic life support charges? **BLS Base rate (A0429) - \$1196.25 BLS Mileage (A0425) - \$20.58**

What were your transports per year for life support for last year or for the last 12 months?
2019 - 1083

What were your transports per year for advanced life support emergency level 1 for last year or for the last 12 months? **2019 - ALS 1- 1030, ALS 2 - 53**

What were your transports per year for basic life support emergency for last year or for the last 12 months? **2019 - 2105**

Who is currently handling billing for services provided by EMS services?

i. In-House or **Out-Sourced**

ii. If In-House:

13. -How many staff members work in the billing department? **N/A**

i. If outsourced:

14. -Are you under contract and if so, when is it up for renewal? **June 30, 2020**

i. -How much do they charge you for their services?

15. In how many counties are services provided? **1**

16. What software is currently used for EMS PCR's? Do you currently have a billing software? Would we use our own software?

Zoll for PCR's, city has no billing software, yes - use your own

17. Dollar amount of charges submitted each month on average? Number of claims submitted monthly? Avg: 400 transport per month

18. What are your rates for each level of service and mileage?

19. During the initial term of this agreement, are there any foreseeable rate changes?

20. Average amount of monthly reimbursements? \$10.00 - \$1,000.00

21. Turn around time for a typical claim to be paid by the top carrier(s)? 30 DAYS
a. If excessive turn around time for payments-Why?

22. Who are the top 5 payors? Medicare, Medicaid, BCBS, Tufts, HPHC

23. Any insurances that are not accepted? NO

24. Are you in network with any commercial payors? NO

25. What Practice Management and Electronic Medical Record software are currently used?

Zoll for PCR's, city has no billing software, yes - use your own

26. -Any known issues with the current system? NO

27. -Happy with this system or wanting to change? VERY HAPPY

28. 8. Current concerns or issues with the EMS Billing Department? (Having trouble being paid, excessive denials, credentialing issues, etc)

NONE

29. Do you send patient statements? Would the contractor be responsible for sending them? Frequency? Yes send patient statements, yes the contractor would be responsible

30. Do you turn patient accounts to a collection agency? Get understanding of policy (# of stmts sent before, are balances adjusted when sent, fees added to accounts, etc.)

We do not use collection services. No

31. Would the contractor be responsible for the A/R on past accounts?

a. Would the previous contractor work those accounts?

32. Do you write-off co-pay/co-insurance amounts for patients residing in the county? **NO**

33. Any automatic write-off amounts for any services? **NO**

34. Who would be responsible for handling any probate/estate accounts?

BILLING COMPANY

35. What contracts with facilities do you currently have? **Lahey Clinic Medical Center**

36. How many of the transports are expected under this contract?

AVG: 4800 ANNUALLY

37. 20. Please provide the yearly revenue received for 2019. **N/A**

38. Also add the amount of transports provided. **3188**

39. What are the charge amounts for BLS/ALS/ALS2/LSCT and Mileage.

ALS 1(A0427) - \$1420.56

SCT (A0434) - \$2429 .88

ALS 2 (A0433} - \$2056.05

Mileage (A0425) - \$20.58

BLS (A0429) - \$1196.25

1. Please provide the average revenue collected per transport for fiscal year 2017, 2018, and 2019 as reported by your current vendor

1. 17. 738.74 – 18. 737.83 – 19. 750.53

2. Can you please advise you annual mandatory adjustments for Medicare and Medicaid?

N/A

3. Will you provide the net collections for fiscal 2018 and 2019?

18. 83% - 19. 86%

4. Can you provide the average loaded mileage per transport?

4 MILES

5. Can you advise how much written off for adjustments in 2017, 2018 and 2019? We anticipate only Medicare and Medicaid contractual adjustments, but please also advise if the City takes any other adjustments from your gross charges. **N/A**
6. Will a lockbox be provided? **NO**
7. How do you and/or the current vendor obtain patient demographic and insurance information? **FIELD STAFF, FACILITIES WEBSITES**
8. Please provide the average loaded miles charged for 2017, 2018 and 2019 YTD **N/A**
9. Please provide this historical fee schedule for 2018 and 2019
10. Please provide examples of data, file format and expectations of new vendor. **PDF, CRYSTAL REPORTING**
11. Please confirm the City does not balance bill neither residents nor all nonresidents including out of state patients
12. If the City selects a successful new vendor in response to the RFP does the City have a plan on how it will collect open AR with the current vendor? Please confirm the successful vendor is not including an accounts receivable conversion within its scope of services. **ALL ACCOUNTS TRANSFERRED**
13. Can companies from outside the USA apply for this? (like, from India, Philippines) **NO**
14. Can we perform the tasks (related to RFP) outside USA? (like, from India, Philippines) **NO**
15. Can we submit the proposals via email? **NO**
16. What is the biggest pain point for your collections? **N/A**
17. How often will accounts be assigned with the vendor(s) (e.g., daily, weekly, monthly, and quarterly)? **DAILY**
18. What metrics, results, and/or processes are you seeking to improve or enhance under this contract? **N/A**