



# Municipality of Anchorage

Dave Bronson, Mayor  
Purchasing Department

November 22, 2022

REQUEST FOR PROPOSAL

**RFP 2022P054**

## **Ambulance & Fire Billing and Collections Administration**

The Municipality of Anchorage is an equal opportunity employer.

Enclosed is pertinent information for use in preparing your proposal.

Pre-Proposal Conference: **N/A**

Site Visit: **N/A**

Questions Due: **12:00 P.M. Local Time, December 1, 2022**

Proposals Due: **5:00 P.M. Local Time, December 13, 2022**

**ONE SIGNED ORIGINAL, single sided, unbound, plus five (5) complete copies** of your proposal must be submitted. In addition to the copies, a flash-drive containing a PDF copy of the complete proposal, including attachments must also be provided.

**If applicable, the call-in phone number for Pre-Bid Conferences is 907-343-6089. Conference lines are opened 5 minutes prior to the Pre-Bid Conference times. To attend meetings in person; you may do so at 632 W. 6<sup>th</sup> Avenue, Suite 520, Anchorage, AK 99501. FOR AUXILIARY AIDS, SERVICES, OR SPECIAL MODIFICATIONS TO PARTICIPATE PLEASE CONTACT THE PURCHASING DEPARTMENT TO REQUEST REASONABLE ACCOMMODATIONS AT 907-343-4590; OR [wwpur@muni.org](mailto:wwpur@muni.org)**

**For further information contact Purchasing** at (907) 343-4590 or email [wwpur@muni.org](mailto:wwpur@muni.org). All correspondence should include the **RFP** number and title.

The Municipality of Anchorage reserves the right to reject any and all proposals and to waive any informalities in procedures.

Sincerely,

A handwritten signature in cursive script that reads "Chris Hunter".

Chris Hunter  
Deputy Purchasing Director

## REQUEST FOR PROPOSAL FOR

### AMBULANCE & FIRE INSPECTION BILLING AND COLLECTIONS ADMINISTRATION 2022P054

Section 1 - General Information

Section 2 - Rules Governing Competition

Section 3 - Scope of Work

Section 4 - Proposal and Submission Requirements

Section 5 - Evaluation Criteria and Process

Section 6 - Selection Process

Section 7 - Sample Contract

Section 8 - Attachments

#### **1.0 General Information**

##### **1.1 PURPOSE**

The Municipality of Anchorage (MOA) will accept proposals from companies to provide billing and collection of ambulance transport services and fire inspections. It is the intent of the MOA to award a single contract for a period of two years, with an option to extend for another three (3) one-year option periods upon mutual consent of the parties.

It is estimated a new billing contract will be in place to begin services on or about January 1, 2023. In the event the MOA selects a billing contractor other than the current contractor, the MOA will arrange with the current billing contractor for resolution of outstanding invoices generated during their tenure.

##### **1.2 BACKGROUND INFORMATION**

###### **1.2.1 Overview**

The MOA Anchorage Fire Department (AFD) bills for all ambulance transports provided by Anchorage AreaWide Emergency Medical Service (AAWEMS), including transports by AFD, Chugiak Volunteer Fire and Rescue Co., Inc.(CVFR) and Girdwood Fire and Rescue, Inc.(GFR). No fees are currently charged for services that do not result in transport, and there are currently no plans to do so.

The AFD has 14 fire stations currently in-service. Thirteen AFD MICU (mobile intensive care unit) ambulances are in-service on a daily basis, plus one at GFR and

one at CVFR. Two AFD ambulances are BLS level with the rest ALS. This composition detail could change slightly over the course of the contract term.

Anchorage AreaWide EMS responds to all 911 (emergency) requests for service and does not routinely perform inter-facility transport or transport to destinations other than hospitals. The AFD considers any intervention beyond the basic EMT standard of care as defined by the State of Alaska Community Health and EMS Section regulation to be ALS care. AAWEMS differentiates between BLS, ALS1, and ALS2, as well as Emergent (immediate) versus Non-Emergent (delayed) on the Patient Care Report.

The MOA has no contractual agreements with any private insurance carrier. MOA has a supervising physician. The MOA's certification level of ambulance personnel is EMT-P (licensed in Alaska as Mobile Intensive Care Paramedic).

AreaWide EMS destination facilities are listed below along with approximate percentage of total transports to that location:

- Alaska Native Medical Center (Anchorage) 25%;
- Providence Alaska Medical Center (Anchorage) 48%;
- Alaska Regional Hospital (Anchorage) 25%;
- Elmendorf Air Force Base Hospital (Anchorage) 2%; and
- Mat-Su Regional Medical Facility (Palmer) <1%.

For both EMS and Fire Inspection billing, the contractor is required to coordinate with AFD and MOA Treasury Departments to establish banking and credit card procedures, code or procedure set-up and/or changes in the future. Contractor will coordinate with MOA on any system or protocol updates as required by MOA, and on detail or modification of monthly reporting requirements and formats. The MOA is on a calendar Jan-Dec accounting year.

### **1.1.2 EMS Reporting Systems**

System software for AFD EMS report writing and ePCR (electronic Prehospital Care Report, sometimes called Patient Care Report) generation is Zoll Tablet PCR. Once data is exported locally, normally by date of service, the file(s) preference of delivery would be a secure FTP site for data encryption in-transit.

CVFR and GFR Patient Care Reports are generated from the Zoll FireRMS system on a centrally located SQL server. These patient care reports are exported by AFD billing staff into a file and sent monthly, via preferred secure FTP site to the contractor, along with a summary billing charges statement.

AFD, CVFR and GFR use the paper version of the Prehospital Care Worksheet, which will include any signature authorization obtained for billing (See Attachment C). AFD scans and uploads copies of these worksheets by Date of Service (organized chronologically by run #) to the FTP site for billing contractor access.

The Billing Contractor is required to work with AFD on report system updates, Medicare or other compliance adjustments, and any other system reporting changes or upgrade requirements, including changes initiated by MOA, that may arise during the term of this contract.

### 1.1.3 Historical Reference Information

- Anchorage AreaWide EMS ambulance transports resulted in 20,703 bills for service in calendar year 2021 (20,174 for AFD, 510 for CVFR, and 19 for GFR).
- Total runs in the prior two years were 18,868 (2020) and 19,714 (2019).
- The 2021 total approximate payment distribution is Auto 1.1%, Custody 3.8%, Insurance 20%, Medicare 37.5%, Medicaid 27.7%, Private Pay 7.7%, Tricare/Veterans 2.1%, Work Comp .1%.
- Average mileage per transport during 2021 was 4 (AFD), 20 (CVFR) and 39 (GVFR).
- Of the transports billed in 2021, approximately 63% were ALS and 37% were BLS.

Below is Anchorage AreaWide billing and collection data applicable to the noted calendar years:

<b>Total charges 2019</b>	19,019,844
Contractual adjustments 2019 (write-downs) Medicare = 3,338,997 Medicaid = 4,857,095	8,196,092
Receipts deposited during 2019	9,248,725
Total refunds processed 2019	61,235
<b>Total charges 2020</b>	18,204,860
Contractual adjustments 2020 (write-downs) Medicare = 2,998,248 Medicaid = 4,555,309	7,553,557
Receipts deposited during 2020	7,558,234
Total refunds processed 2020	99,696
<b>Total charges 2021</b>	20,104,544
Contractual adjustments 2021 (write-downs) Medicare = 3,475,679 Medicaid = 4,752,895	8,228,574
Receipts deposited during 2021	8,736,402
Total refunds processed 2021	78,887

### 1.1.4 Fire Inspection Billing and Collections

AFD currently performs Fire Inspections in the Anchorage Bowl portion of the Anchorage Fire Service Area only, in accordance with AMC Title 10.75.010. Staffing for the fire inspection function includes seven AFD fire inspectors. AFD Fire Inspections are performed using computers or field tablets, along with a database

showing the most recent list of buildings in the service area. Inspection details are recorded including violations and re-inspection dates, and uploaded into the database.

AFD also issues fees in compliance with Anchorage Municipal Code AMC 16.110 Hazardous Materials. Commercial buildings are required to report on all hazardous materials stored in buildings; fees are assessed based on the amount stored and range from \$85 to \$5000. These fees are assessed annually using the same FIN format and are referenced as Community Right to Know (CRTK) billings.

Fire Inspection Notices (FIN's) establish fees and include all relevant information including FIN number (for reference identification), date of inspection, inspection/fee type, occupancy code/type, name of inspector, property address, billing name and address (see sample at Attachment E). In 2021, AFD sent 1347 FIN and 408 CRTK notices for billing, totaling \$405,380 in charges.

### **1.3 Questions**

Any questions regarding this proposal are to be submitted in writing to:

Municipality of Anchorage:  
Purchasing Department

[wwpur@muni.org](mailto:wwpur@muni.org)

For ease of identification please identify the project/title number in the subject line of any correspondence.

8:00 a.m. to noon; 1:00 p.m. to 5:00 p.m. local time Monday through Friday, excluding holidays.

### **1.4 Preparation Costs**

The Municipality shall not be responsible for proposal preparation costs, nor for costs including attorney fees associated with any administrative, judicial, or otherwise challenge to the determination of the highest rank proposer and/or award of contract and/or rejection of proposal. By submitting a proposal each proposer agrees to be bound in this respect and waives all claims to such costs and fees.

## **2.0 RULES GOVERNING COMPETITION**

### **2.1.1 Examination of Proposals**

Proposers should carefully examine the entire RFP and any addenda thereto, and all related materials and data referenced in the RFP. Proposers should become fully aware of the nature of the work and the conditions likely to be encountered in performing the work.

## **2.2 Proposal Acceptance Period**

Award of this proposal is anticipated to be announced within 90 calendar days, although all offers must be complete and irrevocable for 120 calendar days following the submission date.

## **2.3 Confidentiality**

The content of all proposals will be kept confidential until the selection of the Contractor is publicly announced. At that time the selected proposal is open for review. After the award of the Contract, all proposals will then become public information.

## **2.4 Proposal Format**

Proposals are to be prepared in such a way as to provide a straight forward, concise delineation of the proposer's capabilities to satisfy the requirements of this RFP. Emphasis should be concentrated on 1) conformance to the RFP instructions; 2) responsiveness to the RFP requirements; 3) completeness and clarity of content.

## **2.5 Signature Requirements**

All proposals must be signed by: an officer or other agent of a corporate vendor if authorized to sign contracts on its behalf; a member of a partnership; the owner of a privately-owned vendor; or other agent if properly authorized by a power of attorney or equivalent document. Signature on the "Letter of Transmittal" (See Para 4.3) will meet this requirement.

*Failure to sign the Proposal is grounds for rejection.* The name and title of the individual(s) signing the proposal must be clearly shown immediately below the signature.

## **2.6 Proposal Submission Proposal Submission requirements**

2.6.1 **ONE ORIGINAL, single sided unbound, plus five (5) complete copies** of the proposal must be received by the Municipality prior to the date and time specified in the cover letter. Copies may be bound or enclosed in folders/binders.

2.6.2 IN ADDITION to the copies required by paragraph 2.6.1 above, provide a flash drive containing a PDF copy of the complete proposal, including attachments.

2.6.3 All copies of the proposals shall be submitted in a single sealed cover which shall be plainly marked as a Request for Proposal Response with the Number and Title prominently displayed on the outside of the package.

2.6.4 Proposals must be delivered or mailed to:

Physical Address  
Municipality of Anchorage  
Purchasing Department  
632 W. Sixth Avenue, Suite 520  
Anchorage, AK 99501

**2.7 News Releases**

News releases pertaining to the award resulting from the RFPs shall not be made without prior written approval of the Municipal Purchasing Director.

**2.8 Disposition of Proposals**

All materials submitted in response to this RFP will become the property of the Municipality of Anchorage. One copy of the submitted material shall be retained for the official files of the Purchasing Department and will become public record after award of the contract.

**2.9 Oral Change/Interpretation**

No oral change or interpretation of any provision contained in this RFP is valid whether issued at a pre-proposal conference or otherwise. Written addenda will be issued when changes, clarifications, or amendments to proposal documents are deemed necessary by the Municipality.

**2.10 Modification/Withdrawal of Proposals**

A Proposer may withdraw a proposal at any time prior to the final submission date by sending written notification of its withdrawal, signed by an agent authorized to represent the agency. The Proposer may thereafter submit a new proposal prior to the final submission date; or submit written modification or addition to a proposal prior to the final submission date. Modifications offered in any other manner, oral or written will not be considered. A final proposal cannot be changed or withdrawn after the submission date, except for modifications requested by the Municipality after the date of receipt and following oral presentations.

**2.11 Late Submissions**

PROPOSALS NOT RECEIVED PRIOR TO THE DATE AND TIME SPECIFIED IN THE COVER LETTER WILL NOT BE CONSIDERED AND WILL BE RETURNED UNOPENED AFTER RECOMMENDATION OF AWARD.

**2.12 Rejection of Proposals**

The Municipality of Anchorage reserves the right to reject any or all proposals if determined to be in the best interest of the Municipality.

**2.13 Equal Employment Opportunity Contract Compliance**

2.13.1 Every municipal contract shall include language substantially the same as the following: "The contractor will not discriminate against any employee or applicant for employment because of race, color, religion, national origin, ancestry, age, sex, sexual orientation, gender identity, marital status, or physical or mental disability. The

contractor will comply with all laws concerning the prohibition of discrimination including, but not limited to, Title 5 and Title 7 of the Anchorage Municipal Code.”

2.13.2 Every municipal contract shall state, in all solicitations or advertisements for employees to work under the contract, that all qualified applicants will receive consideration for employment without regard to race, color, religion, national origin, ancestry, age, sex, sexual orientation, gender identity, marital status, or physical or mental disability.

**3.0 SCOPE OF SERVICES**

**3.1 EMS**

Contractor shall provide billing and collection for all patients transported by the Anchorage Fire Department/AreaWide EMS and provide electronic and system claim filing for all third party payers in National Standard Format in accordance with the Health Insurance Portability and Accountability Act (HIPAA).

Ambulance personnel do not collect insurance billing information. The billing contractor is required to obtain billing information from the various destination facilities, from the patient, or other sources as required.

AAWEMS differentiates between BLS, ALS1, and ALS2, as well as Emergent (immediate) versus Non-Emergent (delayed) on the Patient Care Report. This coding is entered by AFD billing staff prior to delivery of the PCRs to the billing contractor, and the billing contractor shall audit the coding and make corrections as needed prior to billing or claims submission.

On-Line Access to Account Info and Reports: Contractor will provide and maintain a website with real-time data for information searches and reports or queries. Contractor will provide designated MOA administrators and billing staff with webpage access to view patient accounts, print billing statements and ePCR’s, answer inquiries regarding account status, run statements and data summary reports, data queries, etc. Contractor will explain on-line access for patients to view their own account status, print off hardship applications, make secure payments, etc.

**Transport Fees (AMC 16.95.070)**

EMS Transport billing fees will be consistent with the MOA fee schedule current at the time of transport service (AMC 16.95.070 Fees.). Current fees are listed below and became effective January 1, 2017:

Basic Life Support:	\$800 (\$900 for non-MOA resident)
Advanced Life Support:	\$950 (\$1,050 for non-MOA resident)
Mileage Charge:	\$12 per loaded mile



The added \$100 non-MOA resident fee must be verified by the billing contractor as correctly charged on runs with patient resident zip codes outside the MOA. Persons determined as homeless with not be charged the non-resident fee.

**Transport Fees - MOA residents transported via CVFR (AMC 16.95.070B)**

RFP Attachment C is an information sheet explaining charges with regard to MOA-resident transports on Chugiak ambulances; this document is sometimes distributed by Chugiak ambulance personnel. Contractor shall include a copy of this information sheet with the initial billing notice to Chugiak transported patients who appear to be eligible to its provisions found in Anchorage Municipal Code (AMC 16.95.070B) which states the following:

*For Municipality of Anchorage residents receiving volunteer ambulance transport services from the Chugiak Volunteer Fire Department, the mileage fee and costs assessed to the patient for transport providing life support services under A.1. or A.2. of this section shall be reduced to an amount equal to their Medicare and/or other health insurance coverage.*

**3.2 General EMS Billing and Claim Filing Requirements:**

**3.2.1** Prepare and submit notices for Anchorage Areawide patient transports indicating amounts due and whether or not insurance has been billed, within 15 working days of receipt of transport data from AFD.

**3.2.2** Account Preparation: Hospital records are expected to be a key source of insurance information for Contractor. Note some hospital access and records requests may be a more manual process than automated:

- Providence Alaska Medical Center face sheets are pulled for all patient transports to that facility.
- ANMC notifications are confirmed.
- Alaska Regional Hospital face sheets are requested for all patient transports to that facility.
- Alaska Medicaid eligibility is checked for every patient.

**3.2.3** Provide detailed billing and statement capabilities for all levels of ambulance transport to include itemized charges on patient notices. Provide error adjustment and on-demand rebilling capabilities.

**3.2.4** Provide ability to extract and code pertinent medical and billing information from AFD, CVFR and GFR patient care reports. Maintain ability to receive and utilize this data in the format specified by AFD.

**3.2.5** Whenever corrections, updates or missing fields in the Prehospital Care Report require reconciliation in the PCR itself for billing, requests will be submitted to AFD billing staff.

**3.2.6** Provide and maintain current claim filing capability in accordance with payor requirements and HIPAA standards using but not limited to current HCPC and ICD coding for all mandated claims.

- 3.2.7** Provide system generated HCFA 1500, Medicaid claim forms and other claim formats as required.
- 3.2.8** Secure any information that may be required to complete the claim submission process including insurance information, required signatures, etc.
- 3.2.9** Bill all Commercial insurance carriers, third party payers, Medicaid of Alaska, TriCare, Veterans Administration, Alaska Native Medical Center/Indian Health Service, Medicare, Worker's Comp, Auto Insurance, and other carriers as needed.
- 3.2.10** File mandated claims on behalf of the Municipality Of Anchorage including Medicare, Medicaid, Veterans Administration and TriCare.
- 3.2.11** Process ANMC/IHS PO's and bill accordingly.
- 3.2.12** Denials/Appeals: Review all Medicaid denials and down-grades; file appropriate appeals. Analyze denials received and file appropriate appeals to Medicare, Tricare, VA, and ANMC according to respective regulations and processes. Assist patients with appeals to denials from third party insurers.
- 3.2.13** Handle all patient inquiries regarding notices, billings, insurance processing and payment options.
- 3.2.14** Maintain a local or toll-free phone number for patient and other inquiries; this phone number will appear on all notices and communications and be answered during business hours by a live person who can professionally assist caller with Anchorage Areawide billings.
- 3.2.15** Document and retain record of patient contacts, both written and verbal, including letters sent, claims sent, responses received including denials, claims pended, phone conversations, payments, requests for information, etc.
- 3.2.16** Provide for and retain applicable documentation of certification of medical necessity, patient's release of medical information and authorization to bill, and assignment of benefits.
- 3.2.17** Provide an internal QA monitoring evaluation program for contractor customer service communications; provide capability and process for contractor to review and address as necessary customer service complaints.
- 3.2.18** Include an MOA-provided 4" X 5.5" patient satisfaction survey card (postage pre-paid) with each initial billing, color coded for transports via AFD, CVFR and GFR.
- 3.2.19** Send demand notice to court on all deceased patients.

### **3.3 Accounts Receivable Processing**

The billing contractor under this RFP does not have to adhere to the MOA's policies on accounts receivables.

#### **3.3.1 Processing for Accounts without Authorization to Bill**

For all accounts that require signed authorizations to bill, a letter is generated to explain the need for signature on an enclosed authorization to bill form. If a signed authorization to bill is not received within 20 working days, the letter is followed up with a phone call. Once the authorization is received, the relevant billing processes outlined in this document are followed.

*If the authorization to bill signature is not received within 60 days, the Contractor will proceed to handle the account as a patient-responsible billing, unless and until such time as the necessary signature is provided to bill insurance.*

### **3.3.2 Processing on Accounts for Patients with Insurance**

Notice of Insurance Billing to Insured patient is sent to include the following information:

- Name of patient
- Date of transport
- Amount of charges
- Name of carrier billed
- Address of carrier
- Policy number used in billing
- Form to correct / provide additional insurance information
- Contact information for questions
- Return envelope

Follow-up calls are placed to insurance carrier within 60 days to determine status of claims if no reply is received. Continuing contact at no more than 30 day intervals is conducted until claims are processed.

Secondary or tertiary insurance billings are provided as necessary.

Required written notice to the patient of the remaining financial obligation to pay, timeline and collection activities are outlined under “patient-responsible balance”.

### **3.3.3 Processing on Accounts for Patients without Insurance, and for Patient-Responsible Balance**

Initial Notice to Self-Pay patients is sent according to the schedule referenced at 3.2.1. Notice of Patient-Responsible balance is sent to patient within 7 (seven) working days of resolution of insurance benefits. The Notice will include:

- Name of patient
- Date of transport
- Amount of charges and balance due
- Form to request / authorize insurance billing or provide further insurance information
- Contact information for questions
- Return envelope

After the initial notice is sent, a cycle of three (3) letters/demands for payment are mailed to the home addresses provided, until payment is received. Also, a cycle of three (3) telephone contact attempts are made, including one call after 5 PM. If the only address provided for the patient is Brother Francis Shelter or Beans Café, then telephone contact attempts are not required. Once these

steps are exhausted, a final 10-day notice is sent indicating the account may be sent to a third party collection agency.

### **3.4 Payment Processing**

The billing contractor will be responsible for the receipt and deposit of ambulance transport billing payments from patients, guarantors, and third party payers.

Payments will be directly **deposited daily** into an MOA-owned account used only for ambulance receipts.

- Provide ability to receipt patient payments and post to patient accounts.
- Provide adjustment capability to patient accounts.
- Provide ability to post credits or overpayments to accounts and refund appropriately.
- Work with MOA Finance and Public Health Department personnel as needed to properly transfer and account for funds received from bulk payers.
- Provide information to MOA Finance personnel regarding returned checks and escheatment processing.

#### **3.4.1 Other Account Handling Circumstances:**

- Once EMS accounts have become delinquent, written payment notices including final demand for payment must include prominent language alerting debtors that accounts sent to Collections will have an added collection fee applied to the balance due which could amount to 25% or more of the balance due.
- Balances under \$25.00: Accounts with uncollected balances less than \$25.00 will not be sent the final 10-day notice letter and will be written off by the contractor. These amounts will be reported to MOA monthly.
- Payment Plans: Contractor may extend payment plans for a maximum of eight (8) months per transport charge. If a payment plan falls into default the patient will be sent a 15 day notice to cure, if the plan is not brought into compliance the account advances immediately to the final notice stage. Only one payment plan is afforded per account (i.e. per transport.) However, in the event a patient has multiple transports, a payment plan beyond eight months may be submitted to the Contract Administrator for approval.
- Probate Write-Offs: On deceased patients, once accounts are filed with probate and confirmed, the account will be immediately submitted to MOA for request to write-off.

#### **3.4.2 Refund Processing**

Contractor shall conduct detailed tracking and research of all items with credit balances and requests for refund. All refunds are issued by the end of the month following the occurrence.

### **3.4.3 Assignment of Accounts to a Third-Party Collector**

Once all billing and notice / collection efforts and steps are completed but accounts remain unresolved, Contractor will process accounts and prepare for submission to collections within two weeks, to be submitted with the next monthly batch sent to the MOA Finance section. Contractor will send individual accounts to collections and will not combine multiple transport accounts for the same patient. The contractor shall prepare an Excel spreadsheet in accordance with MOA-defined format, delineating all account information for the third-party collector. The spreadsheet shall be submitted to the MOA Finance section and include the following information:

- Name of Patient, billing address, DOB, phone #
- Account Number
- Date of ambulance transport
- Balance due on account

Once the delinquent accounts have been processed by MOA for the collection agency, contractor shall zero out the account balance in the billing system and note date it was sent to collections.

The MOA reserves the right to assume the collection function itself.

### **3.4.4 EMS Financial Hardship Adjustment**

The contractor shall implement the Financial Hardship Adjustment policy for Anchorage Areawide EMS. Any development of form letters, implementation clarifications or other questions will be coordinated with the Administrator. Upon request or upon contractor recognizing such potential financial need from communications with responsible party, patients will be offered the financial hardship packet by the contractor.

Patients will be informed they have 45 days from the application mailing date to submit all required information for program eligibility. Patients should be encouraged to submit sufficient information to explain their financial hardship / circumstances including an optional letter or statement describing their situation.

Contractor will submit completed hardship applications along with a brief summary of each application to the Administrator for review and final determination of write-down.

### **3.4.5 Assistance with identification of patients reported as John Doe/Jane Doe or Unknown:**

Where AFD EMS medical reports are listed as Jane/John Doe or Unknown (or similar), the billing contractor will conduct research of various sources such as hospital records, vital statistics, newspaper notices, etc., to determine where possible names and demographic information to update the patient records and proceed with billing the transport. Contractor will send AFD a list of these record

updates on a monthly basis, along with an explanation of the credible source of information supporting this record change.

**3.5 Reporting:** Contractor must utilize and maintain an EMS accounting and reporting software system capable of supporting the EMS billing function, and which provides for production of detailed data, reports and analysis information.

Contractor. This list may not be all inclusive of reporting requirements for the contract term:

**3.5.1 Monthly Detail Reports:**

Contractor will provide monthly reports of all activity / receipts received during the month being reported, and inclusive of all billing charges entered for the transports occurring during the month being reported.

- Accounts Receivable Monthly Activity Report which includes:
  - a) Beginning A/R Balance
  - b) Total BLS and ALS Charges
  - c) Total Payments by Payer categories
  - d) Contractual Adjustments by Major Payers
  - e) Other adjustments with breakdowns as to refunds, bad debt adjustments, etc.
  - f) Ending A/R Balance
- Monthly Activity Report by Ambulance Unit
- Monthly charges and revenue report broken out by AFD, CVFR and GFR
- Detailed deposit records which include deposits by payor, additional detail as required by the MOA's reconciliation accountant.
- Detailed charges for the month which include # runs, amounts charged, dates of service, mileage, and run numbers.
- Aging report of accounts receivable by payer category
- Detailed adjustment reports for the month by adjustment type.
- Detailed refund information issued during the month showing the AFD run #, the amount refunded and to whom the refund was issued.
- Monthly invoice showing the following detail: Invoice date, month of performance, total EMS receipts, less refunds, net collections X contractor fee = amount owed to contractor. (EMS and FINS detail and amount owed will be shown separately on the invoice.)

**3.5.2 Monthly Quality Control Reports:**

Contractor will coordinate with AFD as needed to collect identified quality control data, evaluate or make recommendations for report quality improvements, support the department's efforts to improve the billing process, and other related steps as required by AFD.

**3.5.3 Formatting of Monthly Reporting**

Contractor will provide monthly reports to AFD administrators; formatting preferences or requirements will be addressed as needed.

### **3.6 Records Retention**

Retain records in accordance with Federal, State and MOA mandated records retention schedules. Contractor shall maintain EMS records necessary to support the billing and receipt of payment and shall retain those records for at least seven years from the date services were provided. Upon contract completion or contract termination, Anchorage may require the Contractor to submit to Anchorage its files related to services under this contract.

Anchorage Fire Department is responsible to retain the electronic patient medical records for seven years from date of service for patients age 19+; and for patients under age 19 retains records for two (2) years after patient reaches 19 or seven years, whichever is longer.

For records retention on FINS/CRTK, the contractor shall maintain current records plus three (3) years historical records on billing and related files.

### **3.7 Confidentiality**

Provide for patient confidentiality of all medical records as required by law and stipulated in the sample contract.

### **3.8 System Compatibility/Requirements**

Maintain compatibility with State and Federal agency software for electronic claim filing, receiving and processing of electronic remittance advises and ACH transactions.

### **3.9 Compliance**

The contractor is responsible for maintaining compliance with all governmental agency laws and regulations and insurance company requirements with respect to billing and collection of ambulance fees.

### **3.10 Training and Consultation on EMS-Related Issues**

**3.10.1** Provide on-demand training to AFD staff on Medicare issues, documentation, signature, HIPAA requirements and related topics. Generally a minimum of 4 separate training sessions may be expected. The number may be increased at AFD's discretion, for example to address changes in regulatory environment or to improve claims processing.

**3.10.2** Upon request assist AFD with quality control issues or needs for data and other information or calculations. Compile and provide AFD data reports and information as requested to assist in research, testing or department planning/evaluation projects.

**3.10.3** Participate in estimated quarterly meetings with the AFD Contract Administrator or other MOA/AFD personnel to address the following:

- Review of monthly reports, data elements, quality of AFD medical documentation, status of billings, etc.
- Establishment or revision of protocols as needed
- Review statistics on Paramedic compliance with signature requirements
- Changes in Medicare Regulations, and applications to AFD operations, etc.
- American Ambulance Association Updates
- Updates on HIPAA regulations
- System management and/or upgrade planning, continuing education opportunities, etc.

**3.11 Fire Inspection (FIN) Billing and Collection**

- a. FIN's shall be transmitted to the Contractor once per week in PDF format (see sample at Attachment E.) Contractor shall send the property owner an initial invoice for inspection charges, along with a copy of the related FIN. Invoice notices must state account payments are due 30 days from invoice date, and late fees are assessed on overdue accounts. This initial notice shall be sent within 10 working days of receipt of FIN from AFD. Where necessary, Contractor may be required to further research the property owner/responsible party and address for billing.
- b. Contractor shall provide two additional written payment notices to the property owner, and make at least one phone call attempt to reach the responsible party for payment. The Contractor shall assess the property owner with late-payment fee of \$25 at 45 days; late payment fees will be credited first when payment is made. Once accounts have become delinquent, written payment notices must include prominent language alerting debtors that accounts sent to Collections will have an added collection fee which could amount to 25% or more of the balance due.
- c. Upon approval by the Fire Marshall of an inspection fee adjustment, the Contractor will be notified by AFD. The Contractor shall notify the property owner in writing of the adjustment. On average, there are about 5 fee adjustments per month, or about 60 per year.
- d. Contractor shall be responsible for the receipt and deposit of inspection billing payments; these will be directly deposited **daily** into an MOA-owned account used only for inspection receipts. Contractor shall work with MOA Treasury staff to establish protocols for this account/process. Where applicable, the Contractor shall post credits or over-payments to accounts and refund appropriately to the payer. Refunds shall be issued by the end of the month following occurrence.
- e. At the conclusion of 90 days from the initial FIN notice date, the Contractor shall prepare an Excel spreadsheet in accordance with MOA formatting requirements, of unpaid accounts delineating account information for a



third party collector. The spreadsheet shall be submitted to the MOA Finance Department and include the following information:

- Name on property account, billing address and phone #
- Account number and FIN number
- Balance Due

Once the delinquent accounts have been processed by MOA for the collection agency, contractor shall zero out the account balance in the billing system and note it was sent to collections. The MOA reserves the right to assume the collection function itself.

- f. The Contractor shall submit the following reports to the Administrator on FIN & CRTK activity, due by the 20<sup>th</sup> day of the following month. **Reports shall be provided for FIN and CRTK activity separately. Additionally, contractor shall process FIN and CRTK as separate revenue functions in the contractor's software, so separate reports or queries can be run.** Reports shall be submitted for month-to-date and year-to-date in printed format (formatted electronic copies will be provided upon request):
- Detailed charges for the month which include the inspection type, property address being charged, amount charged, date of inspection, property type and property owner.
  - Aged Accounts Receivable Listing by property owner
  - Accounts Receivable Monthly Activity Report which includes Beginning A/R Balance, Total Inspection Charges, Total Payments, Fee Adjustments/ other adjustments, refunds, etc., collection Assignments, third party collection receivables, Ending A/R Balance.
  - Detailed deposit records which include each deposit for the month with the property account credited; other reports as required by MOA reconciliation accountant.
  - Detailed refund information for each refund issued during the month showing the property owner's name, the amount refunded and to whom the refund was issued.
  - Monthly invoice showing the following detail: Invoice date, month of performance, total FINS/CRTK receipts, less refunds, net collections X contractor fee = amount owed to contractor. (EMS & FINS detail and amount owed to contractor will be shown separately on the invoice.)

### **3.12 Supplies**

Contractor must supply all equipment, space, and materials and resources needed to provide services described in Section 3.0: Scope of Services.

### **3.13 Audit Capabilities**

Provide and retain records of all financial transactions for municipal and regulatory audits.

## **4.0 PROPOSAL AND SUBMISSION REQUIREMENTS**

To achieve a uniform review process and obtain the maximum degree of comparability, it is required that the proposals be organized in the manner specified below. Proposals shall not exceed twenty-five (25) pages in length (excluding letter of transmittal, resumes, title page(s), index /table of contents, attachments, and dividers. Information in excess of those allowed will not be evaluated /scored. One page shall be interpreted as one side of a single lined, typed 8-1/2" X 11", piece of paper

**4.1 Title Page**

Show the RFP number and subject, the name of your firm, address, telephone number(s), email address, name of contact person, and date.

**4.2 Table of Contents**

Clearly identify the materials by section and page number.

**4.3 Letter of Transmittal** (Limited to two (2) pages.)

**4.3.1** State the name of your company and office addresses. Briefly state your firms understanding of the services to be performed and make a positive commitment to provide the services as specified.

**4.3.2** Give the name(s) of the person (s) who are authorized to make representations for your firm regarding your proposal, their titles, address, and contact information.

**4.3.3** Provide any professional or ethical conflicts that may interfere with handling this contract, including matters and/or cases where the firm currently represents an individual or entity with interest adverse to Anchorage.

**4.3.4 The letter must be signed by a corporate officer or other individual who has the authority to bind the firm.**

**4.4 Evaluation Criteria and Information**

Restate in writing the section number and text for each question below, then provide a written response. If a question does not apply to your organization, respond with "not applicable." Provide separation/clarification in your responses to demonstrate information applying to EMS and FINS.

**4.4.1 Organization & Experience – 25 points**

**4.4.1.1** Provide a description of the type and volume of medical billing transactions, including insurance claims handled by your organization. Include the length of time your company has been billing and collecting for EMS services, the payer mix and experience with account collections.

- 4.4.1.2** Provide three (3) references for which your firm has provided the same or similar services as described in this RFP within the last twelve (12) months. Include for each reference the following: a point of contact, telephone number, a brief description of the services including number of billing transactions handled per year, length of billing service, and approximate amount collected per year and payor mix by percentage.
- 4.4.1.3** Provide an organizational chart and describe the overall structure of your firm. Provide the name, education and experience of the individuals who will be responsible for the management of the contract and those who will directly supervise services on behalf of the firm. Include the position and title of these individuals, where their authority and position fit in your firm's structure, and their resumes.
- 4.4.1.4** Provide a copy of your most recent audited annual report or certified balance sheet and income statement for your most recent fiscal year end. Provide the gross collection rate for two or more non-overlapping calendar year periods for at least one EMS entity for whom you currently perform billing (calendar year 2015-16, at a minimum), utilizing the below formula; also include amount billed, amount collected and payor mix by percentage applicable to this calculation.

Payments Received – Refunds Issued

Gross Billings – Mandatory Write-Downs if any (i.e. Medicare, etc)

**4.4.2** Methodology – 20 points

- 4.4.2.1** Explain how you will enter data and process billings for EMS & FINS. Explain the process to review runs for EMS billing and coding, obtain insurance billing information as required, and administer a report corrections process. Describe your sources and process to research John/Jane Doe medical reports and for locating responsible payers. Explain your plan for secure data exchanges between MOA and vendor, and how the MOA will access real-time account status and generate reports. Explain your plan to address discrepancies or locate FINS property owners.
- 4.4.2.1** Describe the planned approach for billing medical runs including through primary and secondary payers, etc., and private pay. Describe plans for responding to patient inquiries and calls, and how you will maintain and monitor high quality customer service.

Explain your schedule of invoice notices and plan for tracking account status; include a flow chart demonstrating accounts flow/handling from receipt of data from AFD to payment and/or third party collections.

**4.4.2.2** Describe your planned approach to expedite and maximize receipts. Explain how you will administer the hardship program and set up payment plans. Describe your payment processing including issuing credits for overpayments; also describe your process to meet monthly reporting requirements to AFD.

**4.4.2.3** Describe your sources and plan to keep current on Medicare regulatory or other legal changes in the EMS environment; provide your plans for AFD document records retention during the term of this contract. Also provide any additional information on the firm's methodology in meeting the scope of work requirements; describe in your overall approach any special considerations that may be envisioned including sub-contact work.

**4.4.3** Resources – 20 points

**4.4.3.1** List the number of personnel, by job title and function, who will actually be processing EMS billings and the percentage of time these individuals will be dedicated to the MOA's processing? Describe how you will staff the FIN's billing work.

**4.4.3.2** Address and explain your plan to add staff to perform the services required by this contract. If no additional staffing is anticipated or planned, explain how you will perform the services with existing personnel. Provide a description of your staff's experience specifically billing EMS transports, and how you plan to provide ongoing staff training.

**4.4.3.3** Describe the IT technology resources, including equipment, hardware, and software you propose to use in the performance of this service. Is this equipment currently in use or scheduled for acquisition at a future time? What are your plans for IT support?

**4.4.3.4** Describe your electronic records retention plan. Also describe backup capabilities in event of short-term equipment or facility failure; outline backup procedure for any down period or system failure.

**4.4.4** Cost – 30 points



**5.0.2 Quantitative Evaluation Criterion**

Evaluation Criteria “d”: Fee Points

The award of fee criteria points will be determined by the following calculation:

$$\frac{\text{Lowest cost proposal} \times \text{Maximum \# points for category}}{\text{Cost of proposal being scored}}$$

Example: For the purposes of this example  
 EMS deposits = \$8,000,000  
 FINS deposits = \$400,000.

**Vendor A:** Lowest cost proposer gets maximum number of fee points: **25 + 5 = 30**

**Vendor B:** Fee Points Calculated below: **18.8 + 3.8 = 22.6**

$$\text{EMS score: } \frac{480,000 \times 25}{640,000} = 18.8 \qquad \text{FIN score: } \frac{24,000 \times 5}{32,000} = 3.8$$

Sample Proposers	Vendor Fee: EMS	\$8,000,000 X Vendor Fee	EMS points
Vendor A	6%	\$480,000	25.0
Vendor B	8%	\$640,000	18.8

Sample Proposers	Vendor Fee: FIN	\$400,000 X Vendor Fee	FIN points
Vendor A	6%	\$24,000	5.0
Vendor B	8%	\$32,000	3.8

**5.1 Evaluation Process**

Evaluation of the proposals will be performed by a committee of individuals representing the Municipality of Anchorage. The committee will rank the proposals as submitted. The Municipality of Anchorage reserves the right to award a contract solely on the written proposal.

The Municipality also reserves the right to request oral interviews with the highest ranked firms (short list). The purpose of the interviews with the highest ranked firms is to allow expansion upon the written responses. If interviews are conducted, a maximum of three (3) firms will be short-listed. A second score sheet will be used to score those firms interviewed. The final selection will be based on the total of all evaluators’ scores achieved on the second rating. The same categories and point ranges will be used during the second evaluation as for the first. The highest ranked

proposer after the second scoring, if performed, may be invited to enter into final negotiations with the Municipality for the purposes of contract award.

## **6.0 SELECTION PROCESS**

The Proposer with the highest total evaluation points may be invited to enter into contract negotiations with the Municipality of Anchorage. If an agreement cannot be reached, the second highest Proposer may be contacted for negotiations. This process may continue until successful negotiations are achieved. However, the Municipality reserves the right to terminate negotiations with any proposer should it be in the Municipality's best interest. The Municipality of Anchorage reserves the right to reject any and all proposals submitted.

## **7.0 SAMPLE CONTRACT**

In addition to carefully reading all of the information in the RFP, all Proposers must carefully read and review the attached sample contract (ATTACHMENT A). The successful Proposer shall be required to enter into a Contract with the Municipality of Anchorage, which will be substantially similar to the sample.

Therefore, the Proposer must make any proposed changes to the sample Contract that the Proposer desires. All changes must be made legibly and conspicuously on and include two copies of changes attached with the Original Proposal. This may be in a sealed envelope if desired. Page(s) on which the change(s) appear must be tabbed as to be easily identified. The Proposer must also provide the rationale for all changes.

IF NO CHANGES ARE MADE, THE PROPOSER SHALL BE DEEMED TO HAVE ACCEPTED THE SAMPLE CONTRACT. IF THE PROPOSER MAKES CHANGES, SUCH CHANGES WILL BE CONSIDERED IN ANY NEGOTIATIONS WITH THE MUNICIPALITY OF ANCHORAGE. CHANGES MADE TO THE SAMPLE CONTRACT SHALL NOT BE CONSIDERED DURING PROPOSAL EVALUATIONS.

## **8.0 Attachments**

Attachment A: Sample Contract

Attachment B: Financial Hardship Adjustment Policy

Attachment C: CVFD Transport Fees Handout

Attachment D: Cost Worksheet