



Addendum One

Date: April 20, 2020

RFP: FD-01-20 / EMS Billing & Collections • [Bid Webpage](#)

Open: May 5, 2020 / 2:00 PM Local Time

The following clarifications, changes, additions, and/or deletions are hereby made to the solicitation:

I. Questions + Answers:

Answers below were provided by the Department point of contact.

Group 1 (Received 4/9/20)

- 1) **In 2018 and 2019 the City transported 9,968 and 10,417 respectively. For both of those years can you provide:**
 - a. **What were the total dollars collected for services in 2018 and 2019?**
I don't know what the total dollars collected is.
- 2) **Please provide the total dollars collected for each category:**
 - a. **Medicare, Medicaid, Insurance & Self Pay**
I don't know how much is collected in each category
- 3) **Is the City still using ImageTrend for EMS Patient Care Reports?**
At the current time we are using Imagetrend
- 4) **Who is the current EMS Billing Provider?**
Current Biller is Business and Professional Services
- 5) **What is the current fee being paid to this provider?**
Prefer not to disclose fee
- 6) **It states in the RFP that a local telephone number be provided. Is an 800 number acceptable?**
A toll free 800 number is fine

Group 2 (Received 4/9/20)

- 7) **How many billable runs did the City have in 2019 broken out by type (BLS, ALS1, ALS2, SCT, Treat no Transport, etc)?**
10,417 I don't know the breakout
- 8) **Which ePCR software is the City currently using?**
Imagetrend
- 9) **What were the total charges in 2019?**
I don't know this.
- 10) **What were the total payments in 2019?**
I don't know this.
- 11) **What is the Charge Mix percentage for each financial class (Medicare, Medicaid, Self Pay, Private Insurance)**
I don't know this



- 12) **What is the Payer mix percentage for each financial class (Medicare, Medicaid, Self Pay, Private Insurance)**
I don't know this.
- 13) **Can you please provide the total number of transports in 2019 broken out by the Hospital the patient was transport to?**
I don't know this exactly, but it is usually about 70% to Shannon and 30% to Community.
- 14) **Who is currently providing EMS Billing services and what fee is being charged to the City?**
Billing Professional Services . I prefer not to disclose the fees.
- 15) **What amount was paid to the EMS Billing vendor in 2019?**
I'm not sure of the amount.

Group 3 (Received 4/9/2020)

- 16) **Please provide 2019's total payments, contractual adjustments and write-offs.**
Don't know.
- 17) **What is your current payer mix? (i.e. % of Medicare, Medicaid, Commercial Insurance, Self-pay, etc.)**
Don't know.
- 18) **What are your current charge rates?**
[blank]
- 19) **Are credit card payments currently allowed? If yes, who will be responsible for paying the credit card transaction fees?**
Yes cardholder
- 20) **What is the typical age of accounts sent over to collections?**
Don't know.
- 21) **How many accounts were provided to debt collection in 2019?**
Don't know.
- 22) **What was 2019's total value of accounts sent to collections?**
Don't know.
- 23) **What was 2019's debt collection recovery rate?**
Don't know.
- 24) **Who is your current EMS billing vendor? What is their commission rate?**
Business Professional Services / Prefer not to say.
- 25) **Who is your current debt collection vendor? What is their commission rate?**
I think the billing vendor handles this. / Don't know.

Group 4 (Received 4/13/2020)

- 26) **Does the City of San Angelo currently use a third-party billing company?**
Yes.
- 27) **If so, what is the name of your current billing service provider?**
Business Professional Services.
- 28) **What is the fee for service being charged by your current billing service provider?**
Prefer not to say.
- 29) **Has the current contract term been completed, and all renewal options exercised?**
In July 2020.



- 30) **In the two most recent fiscal or calendar years, what was the actual number of billable transports provided by the City?**
2019 – 10,417. 2018 – 9,968.
- 31) **Please provide the number of emergency and non-emergency transports broken down by service level**
Don't know for all.
- a) **ALS Emergency**
 - b) **ALS Non-Emergency**
 - c) **BLS Emergency**
 - d) **BLS Non-Emergency**
 - e) **ALS 2**
 - f) **Specialty Care Transport**
 - g) **Paramedic Intercept**
 - h) **Treat No Transport**
- 32) **In the two most recent fiscal or calendar years, what was the total amount of gross charges generated by the City for ambulance charges?**
Don't know.
- 33) **In the two most recent fiscal or calendar years, what was the total amount of cash posted by the City for ambulance transports?**
Don't know.
- 34) **Please provide the payer mix, i.e., the total percentage of charges that were billed to the following four main payer groups in the two most recent fiscal or calendar years.**
Don't know for all.
- i) **Medicare**
 - j) **Medicaid**
 - k) **Commercial insurance**
 - l) **Self-pay accounts**
- 35) **Please provide your current rates for each of the service levels.**
See Section 2.
- 36) **How much does the City charge per mile?**
\$14 per mile.
- 37) **What is your average loaded mileage?**
Don't know.
- 38) **What is the name of the ePCR system currently being used?**
Imagetrend
- 39) **Does the City use a collection agency?**
I think it is through billing agency.



40) **On 4.6 of the RFP it asks that the vendor provide verifiable examples by listing a maximum of (5) projects for which tax compliance review and recovery services were provided or are being provided that are most relevant to this project. Can you clarify what you are referring to with the tax compliance review?**

Please disregard anything in that section other than:

“Please provide information in this section to demonstrate experience, responsiveness, a high level of customer service, and documented results in Billing & Collection services.”

Group 5 (Received 4/14/2020)

41) **Who is currently handling billing for services provided by EMS services?**
Business Professional Services.

a) In-House or Out Sourced

42) **If In-House:**

a) **How many staff members work in the billing department?**

43) **If outsourced:**

a) **Are you under contract and if so, when is it up for renewal?**

July 2020

b) **How much do they charge you for their services?**

Prefer not to say

44) **In how many counties are services provided?**

1 - Tom Green only provider

45) **What software is currently used for EMS PCRs? Do you currently have a billing software? Would we use our own software?**

ImageTrend / No / I suppose

46) **What is the total amount collected for 2019? Please provide total billed vs collected.**

Don't know.

47) **Dollar amount of charges submitted each month on average? Number of claims submitted monthly?**

Don't know.

48) **What are your rates for each level of service and mileage?**

See Section 2.

49) **During the initial term of this agreement, are there any foreseeable rate changes?**

Rates are usually adjusted on a yearly basis.

50) **Average amount of monthly reimbursements?**

About 300,000 I think.

51) **Turn around time for a typical claim to be paid by the top carrier(s)?**

Don't know.

i) **If excessive turn around time for payments-Why?**

52) **Who are the top 5 payors?**

Don't know.

53) **Any insurances that are not accepted?**

Don't know.

54) **Are you in network with any commercial payors?**

Don't know.



- 55) **What Practice Management and Electronic Medical Record software are currently used?**
ImageTrend.
- c) **Any known issues with the current system?**
Not looking for RFP for RMS.
- d) **Happy with this system or wanting to change?**
No opinion.
- 56) **Current concerns or issues with the EMS Billing Department? (Having trouble being paid, excessive denials, credentialing issues, etc)**
No opinion.
- 57) **Do you send patient statements? Would the contractor be responsible for sending them? Frequency?**
Contractor / As needed
- 58) **Do you turn patient accounts to a collection agency? Get understanding of policy (# of statements sent before, are balances adjusted when sent, fees added to accounts, etc.)**
Current billing company does this, I believe.
- 59) **Would the contractor be responsible for the A/R on past accounts?**
Yes.
- 60) **Would the previous contractor work those accounts?**
No.
- 61) **Do you write-off co-pay/co-insurance amounts for patients residing in the county?**
No.
- 62) **Any automatic write-off amounts for any services?**
I don't think so.
- 63) **Who would be responsible for handling any probate/estate accounts?**
Contractor.
- 64) **What contracts with facilities do you currently have?**
[Blank]
- a) **How many of the transports are expected under this contract?**
If 3 years over 30,000
- 65) **Please provide the yearly revenue received for 2019.**
Don't know.
- b) **Also add the amount of transports provided.**
Included in billable runs.
- c) **What are the charge amounts for BLS/ALS/ALS2/LSCT and Mileage?**
See Section 2.

II. BLS/ALS2/LSCT and Mileage Table

BLS Non-emergency	640
BLS Emergency	1025
ALS Non-emergency	800
ALS 1	1215
ALS 2	1760
Mileage	\$14 per mile



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For other questions or clarifications, please contact the Purchasing Division at SAPurch@cosatx.us. The deadline to submit questions is 7 days before the Due/Open date.

Sincerely,

A handwritten signature in blue ink that reads "Nolan A. Sosa".

Nolan A. Sosa
Purchasing Manager