



Request for Proposals (RFP)

Addendum #1

City of Torrance | 3031 Torrance Blvd, Torrance CA 90503 | www.TorranceCA.Gov

RFP No. B2020-34

Emergency Medical Services (EMS) Billing Services for the City of Torrance Fire Department

There are no changes to the RFP submittal Due Date, Time or Location

RFP SUBMITTAL INFORMATION

Proposals may be mailed or hand delivered. No faxed Proposals will be accepted.

Late proposals will not be accepted.

Location: Office of the City Clerk

3031 Torrance Blvd.

Torrance, CA 90503

Date: Monday, November 2, 2020

Time Deadline: **3:00 p.m. Local (Pacific) Time**

The following changes are hereby incorporated into the subject RFP:

Original Specification	Changed Specification
<p>COST PROPOSAL, page 22 of the RFP</p> <p>Proposer shall provide two (2) methodologies:</p> <ol style="list-style-type: none"> 1) A fee-based percentage of actual collected revenue; and 2) A per-call fee for each incident. <p>Torrance Fire reserves the right to select which method will be used for actual payment of services. With adequate notice, Torrance Fire reserves the right to choose which of these two methodologies will be utilized at the beginning of each year of the contract. No “up front” or ongoing costs will be borne by Torrance Fire, nor will Torrance Fire provide any staff to support the contract, other than what has been outlined in the RFP.</p>	<p>COST PROPOSAL</p> <p>Proposer shall provide two (2) methodologies:</p> <ol style="list-style-type: none"> 1) A fee-based percentage of net collections defined as total cash collections less refunds; and 2) A per-call fee for each incident. <p>Torrance Fire reserves the right to select which method will be used for actual payment of services. With adequate notice, Torrance Fire reserves the right to choose which of these two methodologies will be utilized at the beginning of each year of the contract.</p> <p>Pricing shall include all expenses of billing and collection including, but not limited to, stationery, forms, envelopes, postage, phone facilities. No “up front” or ongoing costs will be borne by Torrance Fire, nor will Torrance Fire provide any staff to support the contract, other than what has been outlined in the RFP.</p> <p>If you charge various rates for different billing services (as opposed to one rate for all), please provide your rates for all 911 ambulance transports – ALS, ALS assessments, BLS.; Medicare and Medicaid; Ground Emergency Medical Transport (GEMT), Inter-Governmental Transfer (IGT), Quality Assurance Fee (QAF) and other federal, state, or local ambulance transport cost recovery programs; first responder fees, treat-no-transport fees, inter-facility transports, and any other industry standard FIRE/EMS billing services that you provide.</p>

Vendors were given until 12:00 noon Pacific Time on Friday, October 9, 2020, to email questions to Alec Miller, Assistant Chief EMS Division. This addendum includes all questions submitted by authorized representatives by that deadline. No other questions will be allowed.

Question	City's Response
1. Do you currently outsource EMS Billing? If so, can you provide the name of the vendor and the fee you are being charged?	This will be the City's first EMS Billing contract for a fee. Currently, McCormick Ambulance does the patient billing for the BLS and ALS emergency transports under their name and, as a BLS provider, keeps the BLS fees from all transports and passes through the TFD ALS fees to the City.
2. Please confirm the City's ePCR of choice. Are you interested in different ePCR options? If so, will the vendor be financially responsible for the cost?	Torrance Fire Department (TFD) uses W.A.T.E.R. as our contracted ePCR vendor. We are not looking to change vendors. If TFD decides to change ePCR vendors in the future, the EMS Billing contractor will not be financially responsible for costs associated with the change. (https://wateronscene.com/)
3. Will the vendor be financially responsible for the cost of your ePCR software and hardware? If so, please provide all specifications.	No, the EMS Billing contractor will not be financially responsible for ePCR software or hardware.
4. Please provide the net charges for fiscal 2019?	N/A. Please use already provided information about allowable fees, Medicare/Medicaid fee schedules, the number of transports and payor mix in the response to question #9, and your collection rates to estimate charges and collections, as needed.
5. Please provide the total collections for 2019?	See response to question #4.
6. Please provide the average revenue collected per transport for fiscal year 2019?	See response to question #4.
7. Please provide the average loaded mileage per transport?	Unknown. However, the vast majority of all transports occurs within city limits; probably less than five (5) mile-transports. As stated in the RFP, the City encompasses an area of approximately 21 square miles.

Question	City's Response																																																												
8. Can you please confirm how many invoices do you require and at what interval?	Currently, our ambulance contract requires the ambulance Contractor, who performs all billing services, to send a minimum of four collection notices within a fifty-day period. Billing methods and techniques must comply with all applicable federal, state, and local billing laws.																																																												
9. Please provide the number of transports for each call type for fiscal year 2019? <ul style="list-style-type: none"> • ALS Emergency • ALS Non-Emergency • BLS Emergency • BLS Non-Emergency • ALS 2 • SCT 	FY 2018-19 Emergency Transports by Primary Payor Category <table border="1" data-bbox="760 426 1546 825"> <thead> <tr> <th>Primary Payor Category</th> <th>BLS</th> <th>ALS</th> <th>ALS2</th> <th>Total</th> </tr> </thead> <tbody> <tr> <td>Auto</td> <td>4</td> <td>4</td> <td>21</td> <td>29</td> </tr> <tr> <td>Commercial</td> <td>437</td> <td>1134</td> <td>0</td> <td>1571</td> </tr> <tr> <td>Covered California</td> <td>8</td> <td>14</td> <td>0</td> <td>22</td> </tr> <tr> <td>MCare Allow Private 420MN</td> <td>3</td> <td>7</td> <td>0</td> <td>10</td> </tr> <tr> <td>Medicaid</td> <td>104</td> <td>206</td> <td>1</td> <td>311</td> </tr> <tr> <td>Medicaid Health Plan</td> <td>573</td> <td>771</td> <td>3</td> <td>1347</td> </tr> <tr> <td>Medicare</td> <td>640</td> <td>1671</td> <td>21</td> <td>2332</td> </tr> <tr> <td>Medicare HMO</td> <td>769</td> <td>2023</td> <td>17</td> <td>2809</td> </tr> <tr> <td>Private Pay</td> <td>192</td> <td>308</td> <td>2</td> <td>502</td> </tr> <tr> <td>Work Comp</td> <td>16</td> <td>21</td> <td>1</td> <td>38</td> </tr> <tr> <td>Total</td> <td>2,746</td> <td>6,159</td> <td>66</td> <td>8,971</td> </tr> </tbody> </table>	Primary Payor Category	BLS	ALS	ALS2	Total	Auto	4	4	21	29	Commercial	437	1134	0	1571	Covered California	8	14	0	22	MCare Allow Private 420MN	3	7	0	10	Medicaid	104	206	1	311	Medicaid Health Plan	573	771	3	1347	Medicare	640	1671	21	2332	Medicare HMO	769	2023	17	2809	Private Pay	192	308	2	502	Work Comp	16	21	1	38	Total	2,746	6,159	66	8,971
Primary Payor Category	BLS	ALS	ALS2	Total																																																									
Auto	4	4	21	29																																																									
Commercial	437	1134	0	1571																																																									
Covered California	8	14	0	22																																																									
MCare Allow Private 420MN	3	7	0	10																																																									
Medicaid	104	206	1	311																																																									
Medicaid Health Plan	573	771	3	1347																																																									
Medicare	640	1671	21	2332																																																									
Medicare HMO	769	2023	17	2809																																																									
Private Pay	192	308	2	502																																																									
Work Comp	16	21	1	38																																																									
Total	2,746	6,159	66	8,971																																																									
10. Please describe your current practice for managing Notice of Privacy Practice (NPP). Will the successful vendor be responsible for mailing NPP's?	We will rely on our billing partner/contractor to provide customers with NPPs																																																												
11. Do you currently use a lockbox for all payments and correspondence? If so, who will be responsible for the cost of the lockbox?	No; refer to the answer to question 1 for the first part of this question. The contractor will be responsible for setting up a lockbox and generation of a report and the necessary interfaces, including cash interfaces with receipt of funds and reporting the deposits to the City. Please include the cost in your cost proposal. Also, describe your current practice, including what reports/interfaces and at what frequency (daily or less frequently) are generated.																																																												
12. Will the City have an ambulance transport partner or will they be operating/staffing their own fleet?	The City will operate their own fleet of ambulances.																																																												
13. Will the City or their transport partner provide ePCRs to WATER and the billing contractor?	The City will be creating ePCRs via WATER and making them available to the billing provider.																																																												

Question	City's Response
<p>14. Besides in SECTION III (Proposal Submittal Form), where everything will be submitted on the provided forms and possibly extra sheet(s), does the City have a preference for the format, additional included content, and order of the RFP response for other sections/content bidders may provide as part of the submission?</p>	<p>As noted in the RFP, vendor's response should be on the provided forms; if additional space is required you may attach additional sheets. On page 24 of the RFP, the proposer is to reference the page numbers of the proposer's attached additional sheets for any questions or requirements. Also mark the additional material with the Requirement/Specification/Question number it refers to. TFD wants clear, thorough but concise and easy to follow proposals.</p>
<p>15. Because of the significant proprietary and confidential nature of client lists and collection percentages (and due to us having well over 100 partner agencies), can this information be limited/summarized and submitted under separate cover?</p>	<p>For the Collection rates questions on page 20 of the RFP, please see the answer to question 16. For the Contracts list, please still follow the table format on page 19 of the RFP.</p>
<p>16. We have multiple EMS billing clients with multiple different payer mixes varying significantly by city/region/state. Combining them into an overall collection percentage is at best inaccurate and in reality, an unreliable way to gauge collection performance. For example, collection rates may be higher in Eastern States when compared to Southern States, Florida higher compared to California. May we limit our response to just Southern California (or California) clients to provide a better illustration of our representative performance?</p>	<p>Yes, preferably provide the collection rates and payor mixes for both Southern California and California.</p>
<p>17. How many transports per year are you currently performing? How are they broken down, i.e. Emergent vs Non Emergent?</p>	<p>Refer to answer to question 9. Currently, all transports are 911 emergency transports.</p>
<p>18. What is the percentage breakdown of ALS1, ALS 2, BLS1, BLS 2?</p>	<p>Refer to answer to question 9.</p>
<p>19. What is your current cash per call rate?</p>	<p>Refer to answers to questions 4 and 1.</p>
<p>20. What is the breakdown of MediCal, Medicare, Commercial & Self Pay percentages?</p>	<p>Refer to answer to question 9.</p>
<p>21. Are your transports for specific healthcare systems or other routine medical facilities or both? Please specify.</p>	<p>We transport all 911 derived medical emergencies within City limits. This does not include inter-facility transports.</p>

Question	City's Response
22. What ePCR system are you currently using?	Refer to RFP.
23. What was the total amount of cash posted for ambulance transports for the City of Torrance for FY 2019?	Refer to answers to questions 4 and 1.
24. What was the total amount of gross charges generated for ambulance transports for the City of Torrance for FY 2019?	Refer to answers to questions 4 and 1.
25. What is your current revenue margin percentage?	Refer to answers to questions 4 and 1.
26. Who is your current billing services provider?	Refer to answer to question 1
27. For the Customer Satisfaction Survey (p. 9), is the City expecting the survey to be provided to patients electronically only (web link provided on invoices)? Or is the expectation that the Survey will be mailed?	WEBLINK via QR code or similar on invoices
28. If the Survey is to be mailed, how many pages will the survey be (front and back, font, etc.)?	N/A
29. If the Survey is to be emailed, will the ePCR include email address information?	N/A
30. On page 20, the RFP requests a collection rate breakdown for first responder, treat-no-transport, etc. Because each department levies these costs differently (some included in the base, some not, etc.) it will be difficult and possibly not conclusive to provide numbers broken out this way. Would the City accept general performance rates for the Los Angeles County and California regions to satisfy this requirement?	If collections rates from emergency transports are available, please provide these, along with the general performance rates for the Los Angeles County, Southern California and California. If not, the general collection rates, are fine to provide with specifying what is included.
31. Please provide the planned implementation date of the first deployed Torrance Fire Ambulance.	January 2021
32. Please provide the name of your CAD vendor along with version.	Flex (by Motorola, formerly Spillman) – Build 2020.2.15.3086. We do not anticipate needing any type of integration as our data come from our ePCR.

Question	City's Response
<p>33. Please provide further specifications on this requirement: Work with the County of Los Angeles and do screening of all medically indigent patients.</p>	<p>If the County Of Los Angeles has a process for handling the billing of medically indigent patients, we will require the Contractor to work within those parameters.</p>
<p>34. Please provide an estimate on the number of patient surveys the successful billing vendor will mail on an annual basis. Will every patient be surveyed or only a percentage of patients?</p>	<p>We would prefer the patient surveys are handled electronically via a QR Code or similar on their invoice. If this service is not applicable to your organization, please provide a methodology and cost for surveying all billed patients sometime during the billing cycle.</p>
<p>35. Please provide a comprehensive list of approved fee schedules for all services that will be billed out under this contract.</p>	<p>Currently, the City has limited number of EMS services that have approved fee schedules, such as fees for 911 transports and the Paramedic responses to medical facilities. However, in an effort to improve the cost recovery of the TFD EMS services, we ask that you provide in your cost proposal the rates for fees that might be implemented in the future, such as first responder fees, treat no transport, etc. For the 911 transports, the currently allowed fees are stated in the RFP on page 8.</p>
<p>36. As described in the background, could you provide more detail and information on Mobile Integrated Health Care Services?</p>	<p>As an agency looking to maintain a forward leaning posture, we will always look for opportunities within EMS to provide services to our community. However, Mobile Integrate Health Care Services/Community Paramedic programs are not currently supported in Los Angeles County.</p>
<p>37. Will the City allow the successful vendor to obtain a City business license after being announced as the vendor of choice which will save the City time from processing multiple license requests?</p>	<p>Yes, as stated on page 1 of the RFP, proof of COT Business License will be required from the successful vendor only prior to award of the Contract.</p>
<p>38. Due to the current shelter in place environment, it is difficult to obtain notarized signatures. Will the City waive this requirement until the successful vendor is named vendor of choice at which time all notarized forms will be delivered? Also, is an electronic signature acceptable until the successful vendor is named vendor of choice, at which time original wet signatures will be delivered?</p>	<p>The affidavit does not require a notary signature. An electronic signature is acceptable in the bidding stage.</p>

Question	City's Response
<p>39. In section 21 on page 10 of the RFP, it states that payments will be deposited into a designated bank account. Will the city utilize a bank lockbox service for those incoming payments?</p> <p>a. If so, will the billing provider be required to pay the lockbox fees or will the cost be covered by the city?</p> <p>b. If you are requiring the vendor to pay those fees, can you provide the cost?</p>	<p>Refer to answer to question 11.</p>
<p>40. As part of the contract will the vendor be required to mail Notice of Privacy Practices to patients?</p>	<p>Refer to answer to question 10.</p>
<p>41. Are you able to provide the average loaded miles per transport?</p>	<p>Refer to answer to question 7.</p>
<p>42. Are you happy with your current EMS Billing Provider? Why has the City put out an RFP?</p>	<p>Refer to answer to question 1. Currently, TFD uses an ambulance contractor. The provision of medical transportation by TFD will occur when approved by the City Council and will require EMS billing services.</p>
<p>43. Of the total ALS2, ALS and BLS trips, are you able to provide the % of trips when oxygen was necessary?</p>	<p>We estimate 6% of all transports.</p>
<p>44. Of the total ALS2, ALS and BLS trips, are you able to provide the % of trips when additional services (bandages, dressings and disposable medical supplies) were used?</p>	<p>N/A. We currently do not track all disposable supplies used in the ePCR.</p>
<p>45. Do you have the average number of miles traveled/trip or the total number of miles traveled in 2019</p>	<p>Refer to answer to question 7.</p>
<p>46. Are you able to provide information on total revenue, contractual allowances, refunds, write-offs, etc. for 2019 and if available 2020.</p>	<p>Refer to answer to question 4.</p>
<p>47. Revenue from 2019</p>	<p>Refer to answer to question 4.</p>
<p>48. Are the billing services currently being outsourced? If yes, who is your current vendor and what is the rate/fee being charged?</p>	<p>Refer to answer to question 1.</p>

Question	City's Response
49. Why is the City going out to RFP at this time?	Refer to answer to question 42.
50. Are there any particular areas that the Fire Department is looking to improve in regards to EMS Billing?	The City is looking to maximize cost recovery utilizing all available resources, including First Responder Fees, QAF, IGTs, etc.
51. The reference section of the RFP states: "Please supply the names of companies/agencies located in Southern California for which you've recently supplied comparable goods/services as requested in this RFP. " Are having Southern California EMS Billing clients a requirement of the RFP?	No, it is not a requirement.
52. What is the annual Charge amount associated with the 9,125 transports?	N/A. Refer to answer to question 4
53. What is the annual payment amount associated with the 9,125 transports?	N/A. Refer to answer to question 4
54. Are vendors required to send HIPAA notices to all transported patients?	Yes
55. For the last completed fiscal year, please provide the following information: a. Total billable volume (count) by service line item i.BLS-EM A0429 ii.BLS-NE A0428 iii.ALS-EM A0427 iv.ALS -NE A0426 v.ALS2-EM A0433 vi.ALS A0432 vii.SCT	N/A. Refer to answer to question 9 for FY 2018-19 count.

Question	City's Response
<p>56. For the last completed fiscal year, please provide the following financial information:</p> <ul style="list-style-type: none"> b. What was your total Gross Charges (\$)? c. What was your total Collections or Deposits (\$)? d. What was your average Cash Per Transport or Revenue/Deposits Per Transport? e. What was your average collection rate? f. Total Gross Charges (\$) by Payer Classification <ul style="list-style-type: none"> i. Medicare; ii. Medicare HMO; iii. Medicaid; iv. Medicaid HMO; v. Commercial Insurance; vi. Bill Patient/Self-Pay; vii. Contract; viii. Other g. Total Net Collections (\$) by Payer Classification <ul style="list-style-type: none"> i. Medicare; ii. Medicare HMO; iii. Medicaid; iv. Medicaid HMO; v. Commercial Insurance; vi. Bill Patient/Self-Pay; vii. Contract; viii. Other h. Total Discounts and Write-off (\$) by Payer Classification <ul style="list-style-type: none"> i. Medicare <ul style="list-style-type: none"> 1. Contractual Write-Off; 2. Write-off for Timely Filing ii. Medicare HMO <ul style="list-style-type: none"> 1. Contractual Write-Off 2. Write-off for Timely Filing iii. Medicaid <ul style="list-style-type: none"> 1. Contractual Write-off 2. Write-off for Timely Filing iv. Medicaid HMO <ul style="list-style-type: none"> 1. Contractual Write-Off 2. Write-off for Timely Filing v. Commercial Insurance <ul style="list-style-type: none"> 1. Contractual Write-off 2. Write-off for Timely Filing vi. Bill Patient/Self-Pay <ul style="list-style-type: none"> 1. Discount; 2. Charity; 3. Bad-Debt; 4. Other vii. Contract <ul style="list-style-type: none"> 1. Contractual Write-off 2. Write-off for Timely Filing viii. Other <ul style="list-style-type: none"> 1. Discount; 2. Charity; 3. Bad-Debt; 4. Other 	<p>N/A. Refer to answer to question 4</p>

Question	City's Response
<p>57. For the last completed fiscal year, please provide the following information:</p> <ul style="list-style-type: none"> a. Total billable volume (count) by Payer category <ul style="list-style-type: none"> i. Medicare ii. Medicaid iii. Commercial Insurance iv. Bill Patient/Self-Pay 	<p>N/A. Refer to answer to question 9 for FY 2018-19 count.</p>
<p>58. Does the City of Torrance currently utilize a lockbox service? What is the preferred method here</p>	<p>Refer to answer to question 11</p>
<p>59. Please provide an explanation of the current billing cycle and/or collections placement policy?</p>	<p>Refer to answer to question 8</p>
<p>60. Are you paying your current billing service a percentage of revenue collected or a flat fee and what is the current fee?</p>	<p>Refer to answer to question 1</p>
<p>61. How long has the current billing service been providing services for the City?</p>	<p>N/A</p>
<p>62. Is Proof of a City of Torrance Business License required for this contract?</p>	<p>Refer to RFP page 1 and the answer to question 37.</p>
<p>63. As Torrance Fire & EMS is a full service municipal fire department, would the City be interested in billing for Fire Department services also</p>	<p>City of Torrance Fire Department (Torrance Fire & EMS) is a department within the City of Torrance. Please refer to the revised Cost Proposal section with this Addendum 1.</p>
<p>64. Please provide the number of inter-facility transports and mobile integrated health care calls you provided last year.</p>	<p>None</p>
<p>65. Can you please describe your current process for screening all medically indigent patients with the County of Los Angeles?</p>	<p>N/A</p>
<p>66. Can the ePCR system W.A.T.E.R. Street EMS –</p> <ul style="list-style-type: none"> a. Provide a NEMESIS file? b. Provide an embedded attachment file? c. Auto Export billable trip data? 	<p>These specifics are unknown; however, our current ePCR provider has been able to integrate with multiple billing companies throughout the country.</p>
<p>67. Can you give further clarification on the Dual Billing aspect about the per trip fee?</p>	<p>We are not clear/unfamiliar with "Dual Billing". Federal, state or local laws or regulations should be followed.</p>

Question	City's Response
68. What is the current process for accepting and processing credit card payments? Is your current billing service doing that for the City or does the City have their own credit card processing account?	Refer to answer to question 1. McCormick Ambulance, the City's ambulance contractor, is currently doing that.
69. For the new Hardware and Software for the Torrance ambulances, what are the make, model and specs for these? a. Will these need to be purchased at one time or as needed when new ambulances come into use?	This question is unclear. We are not aware of and do not require Contractor to provide hardware or software to be used on Torrance Fire Ambulances.

Addendum Issued By Order Of,



Alec Miller
Assistant Chief, EMS Division

Issued October 14, 2020