



THE CITY OF LAKE FOREST

Lake Forest Fire Department

Request for Proposal

Ambulance Billing and Collection Services

Proposal Submission:

Due by 11:00pm on February 16, 2022

One (1) hard or electronic copy to:

Jamie Nixon

255 W Deerpath

Lake Forest, IL 60045

nixonj@cityoflakeforest.com



SECTION 1 – GENERAL INFORMATION

1. Purpose

The City of Lake Forest (hereinafter referred to as “CITY”) is soliciting proposals from qualified firms and organizations to provide ambulance/paramedic billing and collection services. The bidding organization must be current in and be able to maintain compliance with HIPAA and the Centers for Medicare and Medicaid Services. Deadline for proposal submission is 11:00pm on February 16, 2022. Any submissions received after the deadline will not be considered.

SECTION 2 – BACKGROUND INFORMATION

1. The CITY provides ALS2, ALS, and BLS services to residents and non-residents of Lake Forest. The CITY also provides the same services through an Intergovernmental Agreement (IGA) for Rockland Fire Protection District (RFPD) and the Village of Lake Bluff.
2. The CITY currently bills for BLS and ALS transports, including mileage. The fee schedule for ambulance transport services provided by the CITY in 2022 in Lake Forest and RFPD is:

	BLS	ALS	AL2
Resident	\$900.00	\$1,000.00	\$1,100.00
Non-Resident	\$1,300.00	\$1,400.00	\$1,500.00
Mileage Fee	\$11.00 per mile	\$11.00 per mile	\$11.00 per mile

3. Services provided by the CITY within the Village of Lake Bluff for residents and non-residents are subject to the Village of Lake Bluff’s rates per their fee schedule.
4. All rates are subject to change per the CITY’s fee schedule and established IGAs.

SECTION 3 – REQUESTED INFORMATION

1. Describe process of billing/invoicing patients and insurance entities, including the timeline of the original invoice and typical follow-up communications.
2. Are you able to provide patients with payment plans? If so, describe the process for communicating payment arrangements and follow-up communication to patients. Include examples of typical correspondence and examples of typical payment plan.

3. Explain at what point charges are deemed uncollectible. What are the next steps taken in these cases? Are items turned over to the CITY for further collection efforts, or directed to collections agency? Other options available?
4. What are your standard hours of operation? For the CITY and for patients?
5. What is your relationship with the surrounding hospitals? Does your organization have digital access through their software? (Lake Forest Hospital, Condell, and Highland Park Hospital)
6. Explain your method(s) in obtaining insurance or other third-party payor information.
7. Demonstrate how you bill Medicare, private insurance carriers, and public aid electronically, in a HIPAA-compliant manner.
8. Demonstrate and explain how your organization is compliant and stays up to date with Center of Medicare and Medicaid Services fee schedule, rules and regulations, and documentation guidelines.
9. Do you have a HIPAA Compliance Officer on staff?
10. What controls do you utilize to insure the proper posting of payments?
11. Describe how your company can enhance the revenue collected by the CITY.
12. Process in handling hardship letters?
13. How are refunds documented and processed?
14. Provide a breakdown of the team and each role that will be assigned to the CITY if both parties were to enter into an agreement.
15. Provide a brief explanation of your organization's experience with GEMT process and how your organization can assist in the process of this reporting.
16. Provide a breakdown of any additional fees charged by your organization, if any, relating to GEMT?
17. Provide a brief explanation of your organization's experience with CMS data collection process and how your organization can assist in the process of this reporting.
18. Provide a breakdown of any additional fees charged by your organization, if any, relating to CMS data collection?
19. Considering our IGA with RFPD and Lake Bluff, is your organization able to classify these specific calls differently (i.e., mutual aid buckets) and bill at their specified rates? If so, please explain.
20. How are subpoenas and request for medical records handled if received by your organization?
21. Are any of your services (not limited to ambulance billing/collection services) contracted out?
22. Please explain how your organization would work with our current billing service provider to ensure a smooth transition.
23. Provide a brief explanation of your records management system, secured patient portal, and billing platform. List software used.

SECTION 4 – PROPOSAL FORMAT

1. **Letter of Transmittal** – must include the point of contact person regarding the proposals and a brief explanation of why your organization will be a good fit.
2. **Organizational Overview** – Statement of qualifications and capability to perform duties, including your organizations commitment and approach to the CITY.
3. **Sample Documents** – must include samples of the following
 - a. Patient invoices and communication
 - b. Standard reports provided to the CITY (i.e., list of trips, missing patient information, financial reports, etc.)
 - c. Chart identifying patient contact process
 - d. Billing payment processes
 - e. Automated claims submission to third-parties (e.g., insurance providers, CMS, etc.)
4. **Response to Requested Information** – Include your organization’s response to each item listed in *Section 3 – Requested Information*
5. **Compliance** – Include information relating to all compliance efforts and processes and provide most recent internal and external audit programs and results.
6. **Fee Proposal** – provide an explanation of fees charged based on amount collected by your organization. Include collection percentage your organization proposes.
7. **References** – provide a list of references of five (5) current Illinois clients similar in size and scope. Reference should include contact information and average dollar collected per trip.
8. **Additional Services** – list and explain any additional services, if any, your organization is currently capable of providing related to EMS and fire services. Please also list any additional services anticipated to be implemented within the next three years by your organization, if any.

SECTION 4 – PROPOSAL TERMS AND CONDITIONS

Incurred Costs

The City of Lake Forest will not be liable for any costs incurred by the responding company in their preparation, presentation, interview, or demonstration as a response to this request for proposal.

Right to Reject

The City of Lake Forest reserves the right to reject any or all proposals in part or in full.