



February 16, 2024

## **ADDENDUM 1**

### **REQUEST FOR PROPOSAL TITLE: EMS BILLING AND REVENUE CYCLE SERVICES**

**Proposal Due Date:** Thursday, February 29, 2024 at 5:00pm eastern standard time

**Attention Bidders:** We have been requested to issue an addendum to answer the following questions received before question submission deadline.

#### **Questions:**

Please Share payment trend file for past 6 months including claim details, Insurance total charge, payment amounts, paid dates, adjustment/ Write offs taken, current balance (NCR or GCR?), current insurance and disposition

**SEE ATTACHMENT 1.**

**THE ATTACHED REPORT IS ONLY PARTIALLY ACCURATE AS WE HAVE A LARGE BACKLOG AND BEHIND ON DENIALS AS WELL.**

Certification mentioned in RFP like NAAC, CAC, CACO and CEU is this required for all resources or the specific certification required for Coders, documentation Auditing. Please confirm

**ANYONE REVIEWING DOCUMENTATION AND BILLING CLAIMS MUST BE CAC AND CAD, A MINIMUM OF 1 CACO MUST BE ON STAFF. THE CACO MUST CONFIRM ALL AUDITING.**

Host and maintain all detailed patient records as backup documentation and audit support. What is the expectation on how the vendor should do it? Do they not have an Practice Management System, EHR/ EMR to do it currently?

**ALL DOCUMENTATION IS HOUSED IN ZOLL BILLING. VENDOR WOULD BE RESPONSIBLE FOR PROVIDING ANY REQUESTED INFORMATION AND EXPLANATION IN EVENT OF AN AUDIT.**

Will the vendor be billing claims from day1 i.e. the initial claim submission, RFP states "Excluding the initial batch, vendor must identify and submit claims to the proper payer. Need clarification what you meant by Initial batch

**YES, BILLING ON DAY ONE AND CONTINUING THE LENGTH OF THE CONTRACT.**

Will vendor need to perform eligibility verification on 100% of patients including self-pay?

**YES**

Please share the volume of patient calls?

**INCOMING PATIENT PHONE CALLS: AVERAGE OF 81.6 WEEKLY**



Please share the AHT for patient call and the Abandonment rate.

**WE DO NOT HAVE AN AVERAGE HOLD TIME; CALLS ARE ANSWERED AND HANDLED AS THEY COME IN.**

Please share the call arrival pattern/ distribution by week for patient calls?

**NO PATTERN AS STATEMENTS GO OUT DAILY FROM OUR CLEARINGHOUSE.**

Are the patient statements printed in house or do you have a statement vendor?

**VENDOR**

Do the patient collection efforts also include bad debt?

**YES**

What is there current statement dunning cycle?

**EVERY 30 DAYS**

Does the City of Cleveland have an existing patient payment portal?

**YES**

How are 835's received today?

**CLEARINGHOUSE/AUTO IMPORT INTO ZOLL BILLING**

Does payment posting include self-pay, if so, how are patient payments received?

**YES, CREDIT CARD PORTAL, CREDIT CARD OVER THE PHONE, CHECK AND WALK IN CASH**

If payments received via lockbox will vendor have access or does pay to address need to change?

**ADDRESS WILL NOT CHANGE**

For receipt and management of incoming mail – how will vendor access mail, would it be through an imaging system?

**TBD**

Do you use a clearinghouse to submit claims today?

**YES**

RFP states vendor will be awarded 40k EMS backlogged claims to bill, code and collect, is this one time clean up project apart from existing volume ~75K trips. If yes, please confirm the duration 6 or 12 months and what is the date range of the backlog?

**THIS RFP IS FOR ONGOING CONTINUAL BILLING SERVICES. THE BACKLOG IS INCLUDED AND IS DATED FROM APRIL 2023 TO PRESENT.**

Do we have any collections agency for delinquent accounts?

**THE CITY DOES HAVE AN AGENCY BUT ALL EFFORTS MUST BE EXHAUSTED BEFORE WE TURN ANY BALANCES OVER TO THEM.**



Underpayments - do we have contract uploaded in the PMS for the vendors to verify?  
**WE ARE A 911 SERVICE, ONLY CONTRACTED WITH MEDICARE AND MEDICAID**

Insurance Verification - Kindly share the mix between phone calls vs web portals?  
**THERE IS AN ELIGIBILITY SYSTEM BUILT INTO ZOLL. ONLY WHEN SYSTEM FAILS TO PRODUCE RESULTS, WOULD YOU USE PORTAL. CURRENTLY, WE ONLY HAVE TO CALL FOR PEAK AND DEVOTED. CALLS WILL NEED TO BE MADE TO PATIENTS WHOSE INSURANCE IS NOT READILY AVAILABLE.**

Are there any major payers that the do not participate with?  
**WE ARE A 911 SERVICE, ONLY CONTRACTED WITH MEDICARE AND MEDICAID**

The City's EMS Billing and Revenue Cycle RFP (EMSB RFP 010824) requires responses to a "Technical and Functional Requirements matrix" referred to as Attachment G in the Proposal Format section point #8 on page 18. Attachment G in the RFP document is the "City of Cleveland Additional Vendor Questions" section. Please confirm that this requirement is valid and if so, provide a copy of the Technical and Functional Requirements matrix.  
**PLEASE SEE ATTACHMENT G**

Have any of the 50,000 backlogged trips been billed or worked at all?  
**AT THE TIME OF THIS RESPONSE, THERE ARE 54,628 UNWORKED CLAIMS AND CLAIMS COME IN DAILY.**

Re: Page 5 Ambulance Service Level/Fee Schedule  
-Are these rates still in effect for 2023-2024?  
**SEE ATTACHED PUBLIC NOTICE FOR RATES UNTIL AT LEAST OCTOBER OF 2024. RATES ARE REVIEWED ANNUALLY AND ONLY INCREASED BY THE COMMISSIONER OF EMERGENCY MEDICAL SERVICES.**

Re: Page 11 Operational Requirements  
How much Patient Call Volume does the City currently receive per day?  
**AVERAGE OF 81.6 PER WEEK**

Re: Attachment H  
Is there a cap, or maximum allowed on the Fee Proposal Schedule?  
**WE DO NOT PLACE ANY RESTRICTIONS ON THE PROPOSALS.**

Does your agency utilize a bank lockbox for receipt and deposit of payments?  
**WE DO NOT USE A LOCKBOX CURRENTLY. THAT IS TBD**

If so, will the billing vendor have online access? **TBD**

Will the billing vendor be required to pay the lockbox fee, or will the cost be covered by the agency? **TBD**

If you require the billing vendor to pay, can you provide the current cost of the lockbox?  
**TBD**



Will the billing vendor be required to mail Notice of Privacy Practices to transported patients?  
**NO, WE HAVE A VENDOR THAT MAILS OUR INVOICES.**

In the two most recent fiscal or calendar years, what was the total amount of cash posted by your agency for ambulance services? Please separate the amounts in years (i.e., total for 2022, total for 2023).

**2022 - \$14,345,067.87**

**2023 - \$8,515,462.62**

In the two most recent fiscal or calendar years, what was the total amount of gross charges generated by your agency? Please separate the amounts in years (i.e., total for 2022, total for 2023).

**2022 – JAN TO DEC: 74,805 BILLED \$49,071,909.05**

**2023 – JAN TO APR: 17,865 BILLED \$15,562,137.98**

**2023 – MAY TO DEC: 16,257 BILLED \$14,096,330.73**

Does your agency charge for any supplemental fees, such as oxygen, backboards, etc.?  
If so, please provide the list and associated rates.

**WE DO NOT CHARGE FOR SUPPLEMENTALS. SEE PUBLIC NOTICE.**

What is your average loaded mileage?

**4.32**

Please provide the Charge Mix, i.e., the total percentage of charges that were billed to the following four main payer groups in the two most recent years (can be fiscal or calendar based):

Medicare

**2022 – 15%**

**2023 – 25%**

Medicaid

**2022 – 47%**

**2023 - 49%**

Commercial insurance

**2022 – 26%**

**2023 - 10%**

Self-pay accounts

**2022 – 10%**

**2023 – 11%**

**THE BALANCE IS AUTO, BWC, MISC.**



What is the anticipated go-live for this project?

**06/01/2024**

Is offshore support allowed?

**THE CITY'S EXPECTATION OR DESIRE IS TO HAVE LOCAL WORKFORCE AS CLOSE AS POSSIBLE. IF THE COMPANY IS BIDDING SOLELY TO OUTSOURCE OR OUTSOURCING ANY PORTION OF THE WORK, AN EXPLANATION AS TO WHY MUST ACCOMPANY THE PROPOSAL.**

Specifically, can the work requested in this RFP be outsourced to the Philippines (and potentially India)?

**THE CITY'S EXPECTATION OR DESIRE IS TO HAVE AS MUCH LOCAL AS POSSIBLE. IF THE COMPANY IS BIDDING SOLELY TO OUTSOURCE, AN EXPLANATION AS TO WHY MUST ACCOMPANY THE PROPOSAL.**

If so, are there any limitations (i.e., can all requested services be supported offshore or just certain scopes)?

**THE CITY'S EXPECTATION OR DESIRE IS TO HAVE AS MUCH LOCAL AS POSSIBLE. IF THE COMPANY IS BIDDING SOLELY TO OUTSOURCE, AN EXPLANATION AS TO WHY MUST ACCOMPANY THE PROPOSAL.**

Can you provide 2023 revenue and ambulance runs?

**2023 – JAN TO APR: 17,865 BILLED \$15,562,137.98**

**2023 – MAY TO DEC: 16,257 BILLED \$14,096,330.73**

**REVENUE COLLECTED: 2023 - \$8,515,462.62**

What was the average collections ratio in 2023?

**WE HAVE NOT SUBMITTED ANY BAD DEBTS TO COLLECTIONS IN THE PAST SIX MONTHS.**

Is there any liability bond required to be signed by the vendor?

**INSURANCE – YES**

**SURETY BOND – NO**

Does the vendor need to buy a license to Zoll or RescueNet?

**NO, WE WILL PROVIDE ACCESS TO ZOLL BILLING.**

Would any other coding certifications be considered aside from CAC (e.g., CPC, CCS)?

**NO, WE REQUIRE CERTIFICATIONS FROM NAAC. OTHER CERTIFICATIONS CAN BE HELD IN ADDITION.**

Will an encoder be provided?

**NO – TO BE CODED BY CAC**



For the compliance audit, is the expectation that 100% of accounts will be reviewed, or is there a specific percent?

INITIALLY, IT SHOULD BE AT LEAST 33%. THE CITY WILL AUDIT AS WELL BUT BASED ON INITIAL AUDIT, PERCENTAGE OF CLAIMS MAY INCREASE IF UNFAVORABLE. ADDITIONALLY, ALL OIG THIRD PARTY MEDICAL BILLING COMPANY GUIDELINES MUST BE FOLLOWED.

What is the turnaround expectation for coding of accounts? Is there an expectation of coding urgent encounters in a shorter timeframe?

THE EXPECTATION FOR CHOSEN VENDOR IS CLAIMS ARE WORKED WITHIN 14 DAYS FROM DATE OF SERVICE AFTER THE BACKLOG IS CAUGHT UP.

What is the per hour productivity expectation for coding?

THE EXPECTATION FOR CHOSEN VENDOR IS CLAIMS ARE WORKED WITHIN 14 DAYS FROM DATE OF SERVICE AFTER THE BACKLOG IS CAUGHT UP.

Will coders work out of a queue within the client system or will documentation be received in a different manner?

IN ZOLL BILLING, THE INCOMPLETE CLAIMS ARE IN A BUCKET OR QUEUE. THESE SHOULD BE WORKED IN CHRONOLOGICAL ORDER. THE PATIENT CARE REPORT IS ALREADY ATTACHED TO THE CLAIM AT CLAIM CREATION. THERE WILL BE DEMOGRAPHIC REPORTS PROVIDED FROM THE FACILITIES PATIENTS ARE TRANSPORTED TO THAT WILL BE SHARED ON A REGULAR BASIS.

How many claims do you bill out per month?

THE EXPECTATION IS THAT THE VENDOR WILL WORK ALL CLAIMS WITHIN 14 DAYS FROM DATE OF SERVICE AFTER BACKLOG IS UP TO DATE.

What is your clean claim rate?

IRRELEVANT AS VENDOR WILL TAKE OVER THE BILLING OF ALL CLAIMS OTHERWISE ANSWERED IN PRE-PROPOSAL CONFERENCE.

What is your gross to net %?

SEE ATTACHMENT 1.

THE ATTACHED REPORT IS ONLY PARTIALLY ACCURATE AS WE HAVE A LARGE BACKLOG OF CLAIMS WAITING TO BE BILLED AND ARE BEHIND ON DENIALS AS WELL.

Can you provide a detailed ATB including account number, date of service, payer, and balance?

NO, WE CANNOT PROVIDE ACCOUNT NUMBERS BUT YOU CAN SEE ATTACHMENTS 1 AND 2.

What aging bucket will the backlog start on (e.g., day 30, 60, 90 from discharge date)?

THERE IS NO DISCHARGE DATE. WE ARE A MUNICIPALITY PROVIDING EMS SERVICES SOLELY DRIVEN VIA 911 DISPATCH. OUR AGING STARTS FROM DATE OF SERVICE. PLEASE SEE ATTACHMENT 2 FOR EXAMPLE OF SIX MONTH AGING REPORT.



What are your top denials?

CO18  
CO22

Please ensure that a copy of this addendum is included and returned with the proposal specifications furnished to you by this office, as it will have the same force and effect as if it were part of the specifications originally issued. Please acknowledge receipt of this addendum by emailing it to [ERomero@clevelandohio.gov](mailto:ERomero@clevelandohio.gov).

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Signature of Potential Bidder & Today's Date

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Written Name of Potential Bidder & Name of Company

