

City of Pittsburgh
Department of Public Safety
Bureau of Emergency Medical Services

700 Filbert Street
Pittsburgh, PA 15232-2404
412-622-6930
www.pittsburghpa.gov/ems/

Notice of Request for Proposals

Contract for Ambulance Billing Services

The City of Pittsburgh, Department of Public Safety, Bureau of Emergency Medical Services (“Pittsburgh EMS”) is requesting Proposals for the provision of a fully comprehensive and automated ambulance billing and collection system. This system shall include technical and administrative support as well as statistical reporting for Pittsburgh EMS.

The following is pertinent information for use in preparing your Proposal. This information will be used as a guide in the preparation of any subsequent contract.

I. Overview of Pittsburgh EMS

1. The City of Pittsburgh was incorporated on July 20, 1816 and chartered as a home-rule municipality on January 5, 1976. The City of Pittsburgh is the largest of 130 municipalities in Allegheny County with a population of **306,000**. It operates under a strong mayoral form of government and provides the following services as authorized by its charter: public safety, sanitation, cultural and recreational services, public improvements, planning and zoning, and general administrative services.
2. Currently the City of Pittsburgh is operating under a Recovery Plan in accordance with the Municipalities Financial Recovery Act (“Act 47”). The Recovery Plan was filed with the City of Pittsburgh Clerk on June 11, 2004 and amended June 30, 2009, and includes initiative EM02, regarding outsourcing of EMS Billing.
3. Pittsburgh EMS was officially established in 1975 and today is a premier system dedicated to the reduction of morbidity and mortality for residents and visitors of one of the country’s most livable cities.
4. Pittsburgh EMS is a third service, municipal program providing advanced life support care and transport and medically-directed rescue services. Pittsburgh EMS does not currently provide non-emergency or routine medical transports.

5. Pittsburgh EMS is licensed by the Pennsylvania Department of Health (License #03093-Relicense, expiration July 1, 2018).
6. Pittsburgh EMS provides coverage through ten (10), twenty-four (24) hour medics units and three (3), sixteen (16) hour (0700-2300) medic units. Staffing is currently all Advanced Life Support (“ALS”), with two (2) Paramedics per medic unit. In addition, Pittsburgh EMS provides medically-directed rescue with two (2), twenty-four (24) hour ALS/Rescue units staffed by two (2) Paramedics. Pittsburgh EMS also participates in the Public Safety Teams of River Rescue and Hazardous Materials. In conjunction with Pittsburgh EMS, the City of Pittsburgh provides Emergency Medical Responders (“EMR”) through the Bureau of Fire.
7. Pittsburgh EMS is comprised of one hundred and sixty one (161) Paramedics, ten (10) District Chiefs, five (5) Command Staff (including the Chief) and several clerical and accounting personnel.
8. Pittsburgh EMS responds to approximately sixty thousand (60,262) calls for service annually, resulting in approximately forty two thousand (42,475) patient transports. Dispatch is provided by Allegheny County Emergency Operations Center. Calls are received through 911 and are prioritized using the Medical Priority Dispatch System (“MPDS”).
9. Additional background information on Pittsburgh EMS is available at www.pittsburghpa.gov/ems/.

II. EMS Billing – Current Operation

1. Pittsburgh EMS billed third party payers and individuals for emergency ambulance transportation and rescue from the early 1980’s until 2005, when it began utilizing Contractors to perform this important service. City residents have traditionally been considered ‘subscribers’ and have not been directly billed, although the City reserves the right to do so. Non-residents are directly invoiced for service and are fully responsible for payment.
2. Currently, non-residents, people who may be working or visiting the City of Pittsburgh, are directly responsible for any bills associated with their medical care and emergency transportation provided by Pittsburgh EMS. These individuals may elect to turn their bills over to third party payers; however, any charges not covered remain the patient’s responsibility. To assist in these collections, Pittsburgh City Council passed legislation making failure to pay an ambulance bill a summary offense requiring individuals to appear in Municipal Court.
3. The Pittsburgh City Code, Section 170.02, authorizes billing for Pittsburgh EMS.

4. City Ordinance #36 of October 29, 1991 requires residents to respond to requests for insurance information within thirty (30) days or face a fine up to three hundred dollars (\$300.00). Please note that this ordinance is rarely invoked.
5. Pittsburgh EMS uses an ongoing contract with Penn Credit for delinquent collections.
6. The EMS Billing Section does electronic claims with Medicare and Medicaid. Pittsburgh EMS has not entered into any agreements with any insurance or managed care programs for set fees for service.
7. Pittsburgh EMS implemented the EMS Charts computerized patient data collection program in 2013, for recording patient information. EMS Charts is approved by the Pennsylvania Department of Health, Emergency Medical Services Office for data collection requirements associated with licensure.
8. Payer Mix as of 2014:

The following information is accurate to the best of Pittsburgh EMS's knowledge and information.

• Bill Patient Total	11.18%
• Auto	2.63%
• Commercial Total	15.45%
• Medicaid Total	33.10%
• Medicare	13.65%
• Medicare HMO	23.21%
• Other	.78%

9. Base Charges (effective 1/1/14): See Appendix A

III. Confidentiality

1. The content of all Proposals will be kept confidential until selection of the Contractor is publicly announced. After the award of the contract, all Proposals will become public information.
2. All materials submitted in response to this RFP will become property of the City of Pittsburgh. Contractors shall not retain any rights, including, but not limited to intellectual property rights, to the information and/or ideas contained within or accompanying their Proposals or Cost Quotes.

IV. Submission

1. It is the responsibility of all interested Contractors to carefully read the entire RFP which contains all provisions applicable to successful completion and submission of a Proposal.
2. Pittsburgh EMS reserves the right to reject any and all Proposals and to waive any procedural formalities. Submission of a Proposal indicates acceptance by the Contractor of the terms and conditions contained in this RFP unless clearly and specifically noted otherwise in the Proposal.
3. Pittsburgh EMS will not be responsible for any costs related or incidental to this solicitation and incurred by interested Contractors who respond. During the evaluation process, Pittsburgh EMS reserves the right, to request additional information or clarification from potential Contractors.

V. Evaluation of Proposals and Reservations of Rights

Pittsburgh EMS will evaluate all Proposals submitted per the requirements below.

CRITERIA: Each of the Proposals submitted will be evaluated according to a Contractor's technical qualifications and compliance with the requirements of the RFP. Cost of services will not be the sole factor, but rather one of several factors in review of the Proposals.

ORAL INTERVIEWS: The City of Pittsburgh reserves the right to request in-person, oral interviews with the top three (3) rated Contractors after initial evaluation. The purpose of the interviews is to allow additional questioning by Pittsburgh EMS and to allow expansion upon the written responses in Contractors' Proposals.

FINAL SELECTION: It is anticipated that a Contractor will be selected by **November 6, 2015** and that a contract will be executed by **November 30, 2015** to take effect on or about **January 1, 2016**. Approval by City Council of the City of Pittsburgh is required before the contract may be executed. It is anticipated that City Council will approve a Contractor based upon the recommendation of the Chief of Pittsburgh EMS.

The City at its sole discretion reserves the following rights:

1. To cancel this RFP with or without the substitution of another RFP;
2. To take any action affecting this RFP, this RFP process, or the Services or facilities subject to this RFP that would be in the best interests of the City;
3. To issue additional requests for information;

4. To require one or more Contractors to supplement, clarify or provide additional information in order for the City to evaluate the Proposals submitted;
5. To conduct investigations with respect to the qualifications and experience of each Contractor;
6. To waive any defect, formality or irregularity in any Proposal received;
7. To reject any or all Proposals;
8. To award all, none, or any part of the Services that is in the best interest of the City, with one or more of the Service Providers responding, which may be done with or without re-solicitation;
9. To discuss and negotiate with selected Contractor(s) any terms and conditions in the Proposals including but not limited to financial terms; and
10. To enter into any agreement deemed by the City to be in the best interest of the City, with one or more of the Contractors responding.

VI. Pre-Proposal Conference and Questions

1. A **mandatory** Pre-Proposal Conference will be held on **October 14, 2015**, at 10:00 AM, in the Office of the Chief of Pittsburgh EMS located at 700 Filbert St., Pgh, PA 15232. Both verbal and written questions will be accepted during the conference or at any other time prior to **October 27, 2015** and should be submitted to the Office of the Chief of Pittsburgh EMS at 412-622-6932. All interested Contractors must confirm their attendance at the Pre-Proposal Conference by calling the Office of the Chief of Pittsburgh EMS at 412-622-6932 by 10:00 AM, Eastern Standard Time, on Friday, **October 9, 2015**.
2. Any ambiguity, inconsistency or error discovered in the RFP must be brought to the attention of the Chief of Pittsburgh EMS. The Chief must receive all requests for interpretations or corrections no later than five (5) business days prior to the deadline for submission. Only interpretations of or corrections to the RFP made in writing by the Chief of Pittsburgh EMS will be binding. Written interpretations and corrections will be shared with all parties who attended the Pre-Proposal Conference.
3. Unauthorized contact with City of Pittsburgh personnel other than the Chief of Pittsburgh EMS regarding this RFP may be grounds for elimination from the selection process.

VII. Proposal Guidelines

1. Technical Proposals and a separate Cost Quote must be received at Pittsburgh EMS, Office of the Chief Mark Bocian, 700 Filbert Street, Pittsburgh, PA 15232-2404, prior to 5:00 PM, Eastern Standard Time, on **October 27, 2015**. Office hours are Monday through Friday, 8:00 AM – 5:00 PM, excluding holidays. Technical Proposals and Cost Quotes received after the time specified will be returned unopened after recommendation of award. Facsimile submissions will not be accepted.
2. The Cost Quote must be delivered in a separate, sealed envelope clearly marked “Emergency Medical Services Billing Proposal Cost Quote.” There should be no dollar units or reference to costs in the Technical Proposal.
3. The Cost Quote shall be for the proposed five (5) years of the contract. The Cost Quote requires that the Contractor estimate the net revenue for each of the five (5) years based on the information provided in this RFP and project the cost for services to Pittsburgh EMS.
4. It is expected that the Contractor’s fees associated with all services will be based on a single, flat percentage of net collections, after refunds and adjustments.
5. If the Contractor elects to submit a Proposal and Cost Quote on the options of a Collection Agency for Delinquent Accounts and/or a Technology Interface for Field Data Collection, these may be included in the appropriate respective packages referenced above.
6. All Proposals must be submitted in two (2) formats:
 - a. Hardcopy on 8.5 x 11 paper, securely bound; and
 - b. Electronically in either MSWord or .pdf format.
7. The Proposal packet must include a master copy (so marked) and six (6) copies to include all of the following:
 - a. Title page including the Request for Proposals subject; the Contractor’s name; the name, address, email address, and phone number of the contact person; and the date of the Proposal.
 - b. Transmittal Letter (limited to three (3) pages) which must:
 - i. Be signed with a brief statement outlining the Contractor’s understanding of the work to be done, its commitment to perform the work within the time period specified, if applicable; and a statement as to why the Contractor believes itself to be the best qualified to perform the work;

- ii. Include the name(s) of the person(s) authorized to make representations for the Contractor, his/their title(s), address(es), telephone number(s), and email address(es);
 - iii. Provide any professional ethical conflicts that may interfere with handling the contract, including matters or cases where the Contractor currently represents an individual or entity with an interest adverse to the City of Pittsburgh; and should include a disclosure of any finder's fees, fee splitting, firm affiliation or relationship with any broker-dealer, payments to consultants, lobbyists, or commissioned representatives or other contractual arrangements of the firm that could present a real or perceived conflict of interest.
 - iv. Be signed by a corporate officer or other individual who has the authority to bind the Contractor.
- c. Detailed Proposal which must be in the order set forth in Sections XII and XIII of this RFP. Proposals should be prepared in such a way as to provide a straight-forward, concise delineation of the Contractor's capability to satisfy the requirements of the RFP. Emphasis should be concentrated on:
- i. Conformance to the RFP instructions;
 - ii. Responsiveness to the RFP requirements; and
 - iii. Completeness and clarity of content.

VIII. Contract

1. The Contractor to whom the award is made will be required to execute a written contract with the City of Pittsburgh. If, during the life of the contract, the City of Pittsburgh transfers the management and/or ownership of Pittsburgh EMS to another entity, all rights and responsibilities under the contract will be transferable to the new EMS entity and will likewise remain in effect for the Contractor until the expiration of the current term.
2. The term of the agreement will be five (5) years, with an option to renew for an additional one-year term. Pittsburgh EMS may not terminate this agreement within the first six (6) months of execution.
3. Contractor and the Pittsburgh EMS Billing Contract Administrator shall meet monthly for the first twelve (12) months of the contract and quarterly thereafter, in person, to review the status of the billing operation.

IX. Minority and Women Business Enterprises

1. Minority Business Enterprise (MBE) and/or Women Business Enterprise (WBE) participation is requested in all City of Pittsburgh contracts. Such participation may be demonstrated by utilization of MBE/WBE firms through the use of subcontracts with such firms in support services, supplies, etc.
2. Proposals shall include a plan on how and to what extent the MBE/WBE participation will be utilized, consistent with the criteria set forth in Appendix B, Minority and Women Business Enterprise Participation Plan. A copy of current MBE/WBE certification letter for the bidding Contractor or subcontractor(s) must be submitted with the Proposal. PENNDOT, the County of Allegheny, the City of Pittsburgh are recognized governmental certifications. Port Authority of Allegheny County and regional minority purchasing councils must be accompanied by one of the abovementioned governmental entities.
3. The goals suggested by the City of Pittsburgh for the MBE and/or WBE utilization are 25% and 10% respectively. The manager of the MBE/WBE program for the City of Pittsburgh, Office of the Mayor will review each Proposal in cooperation with the Equal Opportunity Review Commission and may authorize waivers of the requirement in cases where these conditions cannot be met. Proposed subcontracting firms must be clearly identified in the Proposal. Following the award of the contract, no additional subcontracting will be allowed without the express prior written consent of the City of Pittsburgh.

X. Proposed Timeline

Distribution of RFP:	September 20, 2015
Confirm Attendance at Pre-Proposal Conference:	October 9, 2015
Pre-Proposal Conference:	October 14, 2015
Deadline for Inquiries:	October 20, 2015
Deadline for Submission of Proposal:	October 27, 2015
Selection of Contractor:	November 6, 2015
Execution of Contract:	November 30, 2015
Commencement of Work:	January 1, 2016

XI. City of Pittsburgh Responsibilities

1. Maintain an electronic data collection system for Patient Care Reports (PCR).
2. Establish guidelines, in consultation with the Contractor, for data collection by EMS personnel and monitor compliance.
3. Allow electronic access to Pittsburgh EMS PCRs and EOC CAD data downloads.

4. Establish charges for services provided by EMS.
5. Establish and maintain a Lockbox at a financial institution for deposit of all fees collected through the Contractor's efforts. The Lockbox will provide the Contractor with all documentation accompanying payments or received at the Lockbox. The City of Pittsburgh will be responsible for all Lockbox fees.
6. Provide an EMS Billing Contract Administrator.
7. Establish criteria for when delinquent accounts:
 - a. Can be held beyond ninety (90) days by the Contractor;
 - b. Are to be referred to a collection agency; and
 - c. Are to be referred to the EMS Billing Contract Administrator for a decision on further action.
8. Issue checks for refunds, overpayments, or payments received in error after appropriate requests are submitted by the Contractor.
9. Process payment within fifteen (15) days of receipt of the Contractor's invoice based on the prior month's collection.
10. Reimburse patients when Contractor determines an ambulance refund is warranted. Circumstances when a refund is warranted include, but are not limited to overpayment or an incorrect payer/payee by sending a Departmental Invoice to Pittsburgh EMS.

XII. Scope of Work/Contractor Responsibilities

1. Assume management of open accounts and new accounts for the time period January 1, 2016 through December 31, 2020 in accordance with the responsibilities outlined below.
2. Assume management of all aspects of the EMS billing process (with the exception of those aspects specifically mentioned above as City of Pittsburgh/Pittsburgh EMS responsibilities) for all patients cared for by Pittsburgh EMS effective January 1, 2016 through the length of the contract.
3. Comply with all federal, state and local laws and regulations and insurance company requirements with respect to billing and collection of ambulance fees.
4. Implement and comply with a Compliance Program consistent with the intent and activities included in the U.S. Office of Inspector General (OIG) Compliance Program Guidance for Third Party Medical Billing Companies, 62 F.R. 70138 of December 18, 1998.

5. Ensure compliance with HIPAA rules and regulations.
6. Arrange to accept EMS Charts databases and cover the annual fees for EMS Charts which shall include the base package and optional modules. The base package includes quality assurance, standard and custom reporting, continuing education, human resources and help desk support. Optional modules include geocoding (GIS), CAD imports, SyncPad, research, SynPad transactions, and HL7 interface.
7. Contractors may recommend PCR software other than EMS Charts to facilitate their billing operation. If the Contractor elects to do so, it must provide a written description of the reasons and advantages of this recommendation. Additionally, the Contractor must assume responsibility for the initial purchase of this software, must provide and cover the cost of periodic training of Pittsburgh EMS personnel in the use of this new software, and must identify to the City of Pittsburgh the monetary and non-monetary cost of on-going maintenance of this software. The contractor however will be responsible for all annual fees associated with the recommended PCR software as well as any fees associated with interfacing into the Allegheny County 911 CAD system and HL 7 interface.

Provide electronic patient tracking technology for special events, mass casualty incidents, triage tags, etc. The system must be capable of interfacing with patient care reporting system as well as the Allegheny County CAD system.

8. Maintain all billing records in electronic form for a period of seven (7) years, or in accordance with Federal, State, and Municipal record retention schedules, whichever is longer.
9. Maintain all data and billing records in a form permitting transfer to a new Contractor within thirty (30) days.
10. Deploy and maintain “mirror databases” locally.
11. Allow twenty four (24) hour, “read-only” online access to Pittsburgh EMS to the billing databases and standard reports.
12. Develop an easy interface for Pittsburgh EMS to search by patient name, address, date of service, etc. and to view the current status of patient accounts.
13. Allow exporting of billing databases to Microsoft Excel or Microsoft Access for generation of ad hoc queries and reports by Pittsburgh EMS.
14. Generate, at minimum, the following reports on a monthly, quarterly, and yearly basis. Differentiate between resident, non-resident, and combined totals. Variations to individual reports, or additions to the list, may occur through discussion between the Contractor and Pittsburgh EMS:

- a. Acknowledgement Report for transport patients by date of service
Collection Statistics – transports, gross charges, adjustments, net charges, receipts, balance, gross %, net %, and % paying patients
 - b. Insurance Report – receipts and A/R by carrier
 - c. Collection Statistics – collections per month and % of total billed
 - d. Activity Report by zip code, listing payer and charges and receipts
 - e. System Financial Summary – including listing of adjustment totals PTD and YTD
 - f. Adjustment Detail Report – account number, name, DOS, adjustment, type, and amount adjusted
 - g. Refund Listing – patient number, name, address, service date, charges, payment, payment date, refund, and reason for refund
 - h. Credit Balance Report – account number, name, and credit balance
 - i. Number of Accounts by Carrier Category (Medicare, Medicaid, Commercial, HMO, Self Pay, Collection Agency) – including posting month, total PCRs, total per month, total paid
 - j. Compliance Report for Paramedics/EMTs – including, but not limited to, number of patient signatures, employee identifier, and date of service
 - k. Copies of all Medicare and Medicaid EOBs posted for the month.
15. Develop an “electronic dashboard,” accessible daily by the Chief and the EMS Billing Contract Administrator that provides a one screen synopsis of the current state of the EMS billing operation.
 16. Forward an invoice and Notice of Privacy Policy to each patient within three (3) business days of receipt of a completed PCR.
 17. Submit all insurance claims for reimbursement, if applicable, within three (3) business days of receipt of adequate information to file a claim.
 18. Forward statements to insured patients on a regular cycle not to exceed thirty (30) days between mailings from the initial invoice/request for information until the account is appropriately closed in accordance with agreed upon procedures.
 19. Respond to requests from patients and payers within two (2) business days when additional information or documentation is requested to process a claim.
 20. Obtain approval from Pittsburgh EMS for the content of all correspondence sent to patients.
 21. All written communication with patients must, at minimum, include: patient name, date of transport, amount of charges, form to request/authorize billing of insurance carrier, and patient identification/policy numbers or name and address of carrier billed and identification/policy numbers used, contact information for questions, and a return envelope.

22. The following procedure for gathering information or obtaining payment from patients/payers is subject to negotiation with Pittsburgh EMS. Changes may be made based on feedback from Customer Satisfaction Surveys and complaints received. Pittsburgh EMS has the final say on the guidelines to be implemented throughout the length of the contract.
 - a. Written notice;
 - b. Telephone contact after thirty (30) days without response to the written notice; and
 - c. Continued telephone and written contact to include – a cycle of five (5) attempted contacts by phone, including at least one (1) attempt after 5:00 PM, one (1) attempt on a weekend, and one (1) attempt before 2:00 PM and a cycle of five (5) letters/demands for information/payment mailed to the home address provided
23. When efforts to obtain payment/information from the patient prove unsuccessful, a line-by-line accounting of the efforts made on each account shall be submitted to Pittsburgh EMS for review. Each review item must include the following: patient name, date of service, current balance, detailed notes as to the efforts taken, and results obtained.
24. Upon prior written approval from Pittsburgh EMS, account history forms shall be printed, and uncollectable balances shall be referred to a third-party collector. Any contract or agreement between the Contractor and a third-party collector must receive prior written approval by the City of Pittsburgh. The City of Pittsburgh reserves the right to accept or deny any such arrangement, in its sole discretion, or assume the collections function itself.
25. Write off accounts submitted to a collection agency then post reimbursement as bad debt recovery.
26. Provide detailed billing capabilities for all levels of ambulance transport to include itemized charges on patient invoices.
27. Secure and verify any and all information that may be required to complete a claim, including required signatures.
28. Provide documentation of certification of medical necessity, patient's release of medical information, and payment of benefits.
29. Provide local or toll-free telephone access for patients to contact the Contractor with billing questions, Monday through Friday (excluding national holidays), from 9:00 AM through 5:00 PM Eastern Standard Time.

30. Post payments made to the Lockbox to patient accounts within twenty four (24) hours.
31. Provide error adjustment and on-demand rebilling capabilities.
32. Provide verification of billing and insurance information for patients with multiple transports.
33. Document and retain a record of patient contacts, both written and verbal, including letters sent, claims sent, responses received, denials, claims pending, phone conversations, payments, and requests for information.
34. Analyze denials received and file appropriate appeals to Medicaid, Medicare, and others according to regulations and processes (including an administrative judge's orders/instructions). Contractor shall be responsible for filing appeals to denied claims or partially denied claims when an internal review shows justification for reimbursement of the claims. This shall occur within twenty (20) business days of notification of denial. The Contractor shall also be responsible for all costs of appeals and hearings unless the City of Pittsburgh agrees in a prior writing to pay a portion of the cost.
35. Maintain the total days in accounts receivable at less than ninety (90) days or show documentation justifying to Pittsburgh EMS to explain why this level is exceeded due to specific payer or processing issues.
36. Assist patients with appeals to denials from third party insurers.
37. Maintain documentation of patient's release of medical information and assignment of benefits.
38. Make no telephone inquiries to patients at their residence beyond 8:00 PM, Eastern Standard Time. Contractor shall always identify itself as "City of Pittsburgh EMS Billing" during all telephone conversations.
39. Implement Customer Satisfaction Surveys for the EMS Billing operation and shall work with Pittsburgh EMS to develop, distribute, and report a similar Customer Satisfaction Survey regarding the patient's care and interaction with Pittsburgh EMS.
40. Provide, at its own expense, an annual audit of its billing and collection operation by an independent company selected by Pittsburgh EMS.
41. If a bill is denied due to failure to bill in a timely fashion, Contractor shall accept all financial responsibility for administrative costs concerning the patient's account. Contractor shall be responsible for all Pittsburgh EMS billing mail and correspondence returned or rejected by the United States Postal Service.

Contractor shall provide all administrative mailing and handling costs at their expense.

42. At the end of the contract term, Contractor shall be allowed to exercise collection efforts on any existing accounts in Contractor's possession. Contractor shall bring to conclusion all patient accounts in their possession in accordance with procedures outlined in the contract. This will be done in an expedient manner, and shall not exceed six (6) months after the termination date. Accounts in possession of Contractor at the end of the six (6) month time frame will be deemed uncollectable and returned to the City of Pittsburgh for further action at its discretion.
43. In the event Contractor is found to be in default of the contract and the contract is terminated, all patient account information and billing will be immediately turned over to the City of Pittsburgh. This shall include, but is not limited to all active, inactive, or resolved patient accounts.
44. Supply all equipment, space, and materials needed to provide the abovementioned services.

XIII. Specific Information Requested

1. RFP Proposals shall:
 - a. Include a description of the Contractor's plans and experience with disaster database recovery and provide references.
 - b. Describe, in statistical terms, the Contractor's experience with system downtime and provide references.
 - c. Provide documentation verifying a minimum of three (3) years of experience in specialized EMS billing for emergency ground transportation. Include documentation regarding the billing and collecting techniques utilized, the length of time the current version of the Contractor's billing software has been in use, and experience and performance results from similar municipal government contracts.
 - d. Provide documentation verifying experience billing in excess of twenty thousand (20,000) emergency medical transports annually for a single EMS agency or a combined total of forty thousand (40,000) emergency medical transports for several EMS agencies.
 - e. Provide references of at least three (3) medical transportation clients to verify the Contractor's performance as a patient accounts receivable service. References shall include a description of the organization and the name,

address, and telephone number of the Contractor's primary contact at the organization.

- f. Provide information related to additional support services and benefits the Contractor can provide to Pittsburgh EMS at no additional charge. Such support services include, but are not limited to, provision of access to EMS subject matter experts.
- g. Provide information related to technology interface for field data collection. Pittsburgh EMS is interested in maintaining a technical solution to its field data collection process. This technical solution would be provided at the Contractor's sole expense and would include, at minimum:
 - i. Mobile computing hardware that is:
 - aa. Ruggedized;
 - bb. Capable of docking in the ambulance or in the station;
 - cc. Capable of collecting data and preparing a PCR in a stand-alone mode;
 - dd. Capable of interacting with the City of Pittsburgh's server housing historical patient data; and
 - ee. Capable of wireless transfer of data to the City of Pittsburgh's network.
 - ii. Software that:
 - aa. Possesses either the ability to integrate EMS Charts, or any other software currently used by Pittsburgh EMS, into the proposed solution, or another software program capable of collecting data elements required by and having the approval of the Emergency Medical Services Office of the Pennsylvania Department of Health; and
 - bb. Capable of providing software updates (for the Contractor's software, if used) as they become necessary.
 - iii. Installation and Maintenance
 - aa. Contractor shall provide all services with regard to system design, hardware and software procurement, installation and testing, and on-going, daily maintenance (including provision of loaner devices during repair and replacement of malfunctioning or inoperative

equipment) of the system.

iv. 911 CAD Integration

- aa. Contractor shall create an interface to the CAD system to allow dispatch, call logging, and data integration between the mobile unit and CAD.

v. Replacement Schedule

- aa. Contractor shall provide a replacement schedule for incorporating new hardware technology as it becomes available.

XIV. Option – Collection Agency for Delinquent Accounts

This service is optional. Should a Contractor desire to offer this service, please respond to the following:

1. Contractor (or on behalf of its subcontractor) shall demonstrate through documentation that its primary business focus is concentrated on healthcare collections.
2. Contractor (or on behalf of its subcontractor) shall include a listing of references containing a minimum of three (3) current references for whom collection of delinquent accounts is performed. Ambulance references are preferred, but not required. All such references shall include current contact information (name, telephone, and address) for reference checks as deemed necessary by Pittsburgh EMS.
3. Contractor's Proposal shall demonstrate and provide sufficient evidence of the quality control measures proposed and implemented to ensure professional contacts with Pittsburgh EMS patients for the delinquent collections. Such evidence shall include, but not be limited to, the agency's collector turnover rate, average years of experience, method of compensation, training practices, continuing education requirements, internal audit procedures, collection methods, philosophy, etc.
4. Contractor shall include documentation as to the collection methods, philosophies, and agency "culture" that the agency uses in its pursuit of delinquent accounts. Such documentation shall demonstrate the agency's ability to effectively balance returns on delinquent healthcare accounts with low patient complaint rates.
5. Contractor shall provide one (1) all-inclusive pricing structure that is inclusive of all costs associated with providing delinquent account collection services (separate from the costs associated with billing and collection services).

Contractor shall charge the patients' directly for collection costs. This shall include, but not be limited to, software, hardware, interfaces, personnel, telephone, mail, and associated resources necessary to perform collections services in a manner consistent with the intent of Pittsburgh EMS. Legal services of any type are not to be included or quoted as part of this Proposal and, as such, are outside of the scope of this RFP.

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Appendix A
EMS Billing Base Charges
Effective 1/1/2014

FEES FOR EMERGENCY MEDICAL SERVICES

Base Charge – BLS Emergency Medical Treatment & Transport Transport to a medical facility via ambulance Basic Life Support (BLS) level of care	\$700.00
Base Charge – ALS-1 Emergency Treatment & Transport Transport to a medical facility via ambulance Advanced Life Support (ALS) level of care	\$850.00
Base Charge – ALS-2 Emergency Treatment & Transport Transport to a medical facility via ambulance Advanced Life Support (ALS) level of care	\$900.00
Mileage – Loaded mile to a medical facility – ALS/BLS patient	\$13.00
Oxygen	\$60.00
EKG Monitor	\$100.00
Nitrous Oxide/Oxygen Analgesia	\$60.00
Cervical Collar	\$40.00
Additional Attendant	\$400.00
Rescue/Extrication	\$750.00
Service Charge	\$100.00
Response to and assessment of a patient without resultant transport	\$0.00

Appendix B

EQUAL OPPORTUNITY REVIEW COMMISSION
CITY OF PITTSBURGH

MINORITY AND WOMEN BUSINESS ENTERPRISE PARTICIPATION PLAN

SUBMITTED BY: _____

DATE: _____

APPROVED BY THE COMMISSION ON: _____

RE-SUBMITTED TO THE COMMISSION ON: _____

PROJECT NAME: _____

PROJECT NUMBER: _____

PROJECT LOCATION: _____

CONTRACT AWARDED TO: _____

COMPANY OWNER: _____

BUSINESS DEVELOPER: _____

BUSINESS DEVELOPER ADDRESS: _____

PROJECT MANAGER: _____

TELEPHONE NUMBER: _____

CONTACT FOR MBE/WBE
REPORTING: _____

TELEPHONE NUMBER: _____ Fax Number _____

PUBLIC AGENCY: _____

CONTACT PERSON _____

TELEPHONE NUMBER: _____

PROJECT DESCRIPTION

PROJECT SIZE: _____

ESTIMATE COST: _____

PUBLIC DOLLARS USED: _____

ESTMIATE MBE/WBE PARTICIPATION:

(PLEASE CHECK ONE)

UNION _____

NON-UNION _____

PROJECT BUDGET AND MBE/WBE PLAN SUMMARY

	Estimated Cost	MBE/WBE Plan Commitment
1. Professional Service		
2. Total Project Cost		
3. Total MBE/WBE Plan Commitment		
4. MBE/WBE Plan Commitment As a percent of Total Project Cost		
5. City goals as related to contracting Disparity. 18% MBE, 7% WBE		

PROFESSIONAL SERVICE BUDGET AND MBE/WBE PLAN

Itemize your project’s professional service contract budget below. Under each line in the budget list the MBE/WBE’s that you propose to use to provide professional services

MBE/WBE Contractor/Professional Services

MBE/WBE Name	Copy of Certification Attached		Amount	
	Yes	No	MBE	WBE
1.			\$	\$
2.			\$	\$
3.			\$	\$
4.			\$	\$
5.			\$	\$
Total Budget			\$	\$

MBE/WBE PARTICIPATION SUMMARY

MBE/WBE Participation Contract	Amount	Contractor	MBE	WBE	%
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Totals

PROPOSED MBE WBE CONTRACTORS

Please provide the following information on the minority or woman-owned business included in your MBE/WBE plan.

Name	_____	_____
Company Address	_____	_____
City, State Zip	_____	_____
Telephone	_____	_____
MBE or WBE	_____	_____
Certified by:	_____	_____

Name	_____	_____
Company Address	_____	_____
City, State Zip	_____	_____
Telephone	_____	_____
MBE or WBE	_____	_____
Certified by:	_____	_____

Name	_____	_____
Company Address	_____	_____
City, State Zip	_____	_____
Telephone	_____	_____
MBE or WBE	_____	_____
Certified by:	_____	_____