City Mayor's Office-Risk/Purchasing

800 Cushman Street Fairbanks, AK 99701 Phone (907) 459-6779 Fax (907) 459-6731

AMBULANCE BILLING AND COLLECTION SERVICES RFP 24-17

ADDENDUM NO. 1

August 23, 2024

Request for Proposal No.: RFP 24-17

Opening Date and Time: 2:00 PM, September 12, 2024

The City of Fairbanks (City) is responding to questions regarding RFP #24-17 Ambulance Billing and Collection Services as follows:

1. What fee is the city currently paying incumbent?

5.2%

2. Will the vendor be financially responsible for the cost of your ePCR software and hardware? If so, please provide all specifications.

The City of Fairbanks pays for the software and hardware.

- 3. Can you please provide the net charges for your most recent complete fiscal year? \$91,227
- 4. Can you please provide the total collections for your most recent complete fiscal year? \$1,893,486
- 5. Can you please provide the average revenue collected per transport for your most recent complete fiscal year?

\$467

- 6. Can you please provide a breakdown of your most recent complete fiscal year transports by primary payor for the following categories?
 - A. Medicare: 1601
 - B. Medicate: 1494

C. Commercial Insurance: 764

D. Patient Pay: 192

7. Can you please provide the average loaded mileage per transport?

1.96

8. Can you please confirm how many invoices do you require and at what interval?

The successful vendor would be expected to send invoices monthly.

9. Please describe your current practice for managing Notice of Privacy Practice (NPP). Will the successful vendor be responsible for mailing NPP's?

The City of Fairbanks provides the NPP online and while providing some services. The successful vendor may be required to send a copy with billing statements.

10. Do you currently use a lockbox for all payments and correspondence? If so, who will be responsible for the cost of the lockbox?

Yes, the City of Fairbanks pays the cost of the lockbox.

11. Please provide the following for each call type (annual volume/run mix for most recent fiscal year):

Call Type	Charge/Fee	Call Volume
ALS Emergency	\$1,000	2,206
BLS Emergency	\$1,000	1,718
ALS2	\$1,000	127
Treat No Transport	\$250	0 (2024 New)
Mileage	\$13.50	Avg Loaded Miles: 1.96
Other:		
		Total: 4,051

12. Please provide the following for each payor category (most recent fiscal year):

Payor Category	Gross Charges	Net Charges	Net Collections
Medicare	\$1,578,949		\$876,786
Medicaid	\$1,463,918		\$445,645
Commercial	\$762,388		\$554,955
Self-Pay	\$190,296		\$16,100
Totals:	\$3,995,551	\$91,227	\$1,893,486

13. Please provide the following for each payor category (most recent fiscal year):

Payor Category	Payor Mix
Medicare	40
Medicaid	37
Commercial	19
Self-Pay	4
Total:	100%

14. If you select a new billing partner with this RFP, will your current biller continue to work open accounts when the new vendor begins billing? If not, can you tell us total number of claims in open AR today and the dollar amount they represent?

Yes

15. How do you provide a HIPAA Notice of Privacy Practice to each patient?

The City of Fairbanks provides the NPP online and while providing some services. The successful vendor may be required to send a copy with billing statements.

16. The RFP requests an inclusion of the Disaster Recovery plan. Is this document excluded from the page count requirements?

Yes

17. The RFP requests a customer list with contact information. Can you clarify whether this is meant to be comprehensive, or perhaps not as it is for the purposes of references?

This information is requested for references.

This amendment must be acknowledged by manually signing this amendment sheet and submitting it with the sealed bid documents.

All other terms, conditions, and specifications of the original Request for Proposal remain unchanged.

CITY OF FAIRBANKS	ACKNOWLEDGEMENT
Christina Rowlett Risk Manager/Purchasing Agent	Signature and Date