

6/25/14 Public Safety Committee
recommends approval.

14-1386

CITY OF MANITOWOC, WISCONSIN

REQUEST FOR PROPOSALS

EMS COLLECTION SERVICES

2014-2017



RFP Questions and Qualifications

COMPANY PROFILE & OVERVIEW

1. Provide the name, address, website, and phone number of the company headquarters and any affiliate branch/brand within your organization that you are proposing provide services to Manitowoc EMS.
2. Provide contact information for the individual that will be the primary contact person for correspondence pertaining to your proposal, including: name, title, address, telephone number, and email address.
3. When was your company established and in what States are you are licensed?
4. Please list the hospitals that you collect for in the State of Wisconsin?
5. How many total EMS clients do you collect for in the State of Wisconsin?
6. Give an overview of your experience in providing collection services in the healthcare industry.
7. What is the total number of FTEs employed within your company?
8. What percent of your clients are in the healthcare sector? Please describe your other sectors that you collect for?
9. Please describe your growth in the past 5 years.
10. Please provide a brief summary of the ownership structure.
11. Please provide a sample of proposed agreement for engagement.

REFERENCES

12. Please provide at least three (3) EMS references of similar size and volume.

Facility Name	Contact Name & Title	Contact Phone #	E-mail Address	Length of Relationship	Annual Billed Revenue
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13. Please provide any EMS client that has fired you in 2014, 2013, or 2012.

HIRING AND TRAINING

14. Describe your recruiting processes for collection staff.
15. Describe your training for HIPAA and FDCPA.
16. What programs do you have in place to address the need for staff re-training, where applicable?
17. Provide examples of your collection scripts that you train your collectors on.
18. Describe your staff's bilingual capabilities (Spanish, Hmong).
19. What, if any, incentives do you offer for staff to complete collection activities?
20. Please describe any specific healthcare training or certifications you provide your collectors.

SERVICE DELIVERY

21. Do you scrub accounts for bankruptcy before collections?
22. Please provide a sample statement.
23. Please provide a workflow for accounts.
24. What qualifies an account for Credit Bureau Reporting? Please identify all Credit Bureaus you utilize and what dollar thresholds are in place for reporting to a Credit Bureau.
25. Please describe your soft collections to ensure patient satisfaction.
26. Please describe your team and dedicated collector call campaigns.
27. Please describe your scoring that you perform on accounts before collecting, in order to prioritize accounts.

28. Does your company offer and manage payment plans for placed accounts?
29. Please describe your Skip Tracing capabilities.
30. Please describe your agency philosophy on legal actions. Please state your requirements for recommending legal action on an account. Do you obtain a client's approval before suing?
31. Do you call cell phones?
32. Please describe your TCPA Compliance for cell phones.
33. What is your process for identifying, managing, and tracking unpaid accounts?
34. How are complaints logged?
35. Would your company provide a dedicated Account Manager to support this contract?
36. Describe your efforts to track customer (Manitowoc EMS) satisfaction.
37. Do you currently file TRIP for the DOR in the State of Wisconsin?

QUALITY AND EXPERIENCE

38. Have you demonstrated a quantifiable recovery percentage for your customers based on the use of your methods? Provide low, high, and average recovery percentage.
39. Please share nationally recognized quality assurance certification (SSAE 16) designation.
40. Describe your process for ensuring HIPAA compliance and protection of data.
41. Please describe any awards that you have won in the past 5 years.
42. Do you record 100% of patient calls?
43. Please describe your disaster preparedness plan, including location of stored redundant data.
44. Please describe your predictive dialer and collection software that you use.
45. Are all records available for inspection by the City upon request?

REPORTING

46. Describe your typical reporting process/capabilities. Please include example of the following reports:
 - a. Acknowledgement Report
 - b. Cancel and Return/Closed Account Report
 - c. Remittance Report
 - d. Monthly Performance Summary Report
47. Provide details on your online tools for clients.

PRICING

48. Please provide your best price for Primary and Legal commissions for collections.

II. PROPOSAL TERMS & CONDITIONS

A. Inquiries

All responses, questions, and correspondence should be directed to Manitowoc Fire & Rescue Department. (920) 686-6540.

For those companies selected, there will be a meeting held at the Manitowoc City Hall, 900 Quay Street, Manitowoc, on August 18, 2014, at 2:00 PM, to review the proposals and ask questions of the providers. Finance, I.T., and Fire & Rescue Department staff will be on hand to answer any questions you may have on operations or to provide clarification on the RFP.

B. Submission of Proposals

The proposal should be prepared simply and economically, providing a straightforward, concise description of the proposer's capabilities to satisfy the requirements of the request for proposal. While additional data may be presented, the items listed in Section II must be addressed in your proposal. They represent the criteria against which the proposal will be evaluated.

Proposals shall be clearly marked, "EMS BILLING SERVICES" and must be received by 4:00 PM on Thursday August 7, 2014, at the City Clerk's Office, 900 Quay Street, Manitowoc WI 54220.

Submit five (5) hard copies of the proposal. Proposals should be submitted to the attention of:

City Clerk's Office

Proposal for: **EMS BILLING SERVICES COLLECTIONS**

City of Manitowoc

900 Quay Street

Manitowoc WI, 54220

(920) 686-6950

The proposal should include the following:

- Title Page

Title page showing the request for proposal's subject; the billing service provider's name; the name, address, and telephone number of the contact person; and the date of the proposal.

- Table of Contents

- Transmittal Letter

A signed letter of transmittal briefly stating the proposer's understanding of the services to be provided, the commitment to perform the services, a statement why the proposer believes itself to be best qualified to provide Collection services to the City of Manitowoc, and a statement that the proposal is a firm and irrevocable offer for the calendar years 2014-2017.

- Detailed Proposal

The detailed proposal should address all items set forth in the questions and qualifications of this request for proposal.

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- Proposer Guarantees and Warranties (Appendix A).

- Listing of Client References

- Fee Schedules

- Sample copy of your standard contract for service

- Proof of Insurance

C. Terms and Conditions

The City of Manitowoc reserves the right to except or reject any or all proposals. At the discretion of the City of Manitowoc, service providers submitting proposals may be requested to make oral presentations as part of the evaluation process.

There is no expressed or implied obligation for the City of Manitowoc to reimburse responding providers for any expenses incurred in preparing proposals in response to this request.

Proposals submitted are considered public information in accordance with Wisconsin statutes governing data practices. Should you have any sections of the proposal that are considered trade secrets, please identify those in a separate document at the end of the proposal.

III. EVALUATION PROCEDURES

Proposals will be evaluated on the basis of conformance with the terms of this RFP, and on how those proposals meet the overall objectives of the City. The City reserves the right to reject any or all proposals received which are deemed incomplete. The evaluation process will consist of the following:

A. Review Committee

Proposals submitted will be evaluated and a committee will conduct interviews. The Review Committee will evaluate and rank all responsive bid proposals on the basis of the general qualifications of the Service Provider, the responsiveness of the proposal to the City's needs, and the competitive pricing of services.

B. Evaluation Criteria

Proposals will be evaluated using seven (7) sets of criteria. Firms meeting the mandatory criteria will have their proposals further evaluated using the following principal selection criteria:

1. Experience
2. Expertise
3. Technology
4. Fees
5. Processes
6. Accounts Receivable and Reports
7. Service Delivery Capabilities

The City seeks competitively priced billing services; however, cost may not be the primary factor in the final selection of billing service provider. Revenue collection capability and performance will be an important factor in the selection.

C. Oral Presentations

During the evaluation process, the review committee will request the highest rated proposers to make oral presentations. Such presentations will provide firms with an opportunity to answer any questions the review committee may have on a firm's proposal. The number of proposers asked to make such oral presentations will be determined based on the quality of the written proposals.

D. Final Selection

The City will select a billing service provider based upon the recommendation of the review committee.

E. Right to Reject Proposals

Submission of a proposal indicates acceptance by the firm of the conditions contained in this Request For Proposal, unless clearly and specifically noted in the proposal submitted and confirmed in the contract between the City of Manitowoc and the billing service provider selected. The City of Manitowoc reserves the right, without prejudice, to reject any or all proposals. The City may choose not to select some services as noted in this RFP.

The City of Manitowoc appreciates your time and effort in completing your response to our Request For Proposal for EMS billing collections. We look forward to reviewing your proposals.

APPENDIX A

PROPOSER GUARANTEES AND WARRANTIES

- I. The proposer certifies it can and will provide and make available, as a minimum, all services set forth in Section II, Nature of Services Required.
- II. Proposer warrants that it currently has and will furnish an errors and omissions insurance policy providing the amount of coverage identified in this RFP for the willful or negligent acts, or omissions of any officers, employees, or agents thereof.
- III. Proposer warrants that it will not delegate or subcontract its responsibilities under an agreement without the prior written permission of the City of Manitowoc.
- IV. Proposer warrants that all information provided by it in connection with this proposal is true and accurate.
- V. Proposer must identify below any specific area(s) where they cannot meet the requirements set forth in this RFP.

Signature of Official: _____

Name (typed): _____

Title: _____

Firm: _____

() _____

Telephone Number

Address

City State Zip

Terms of Payment, from the City to 3rd party _____

Date: _____