



**BOSTON PUBLIC HEALTH COMMISSION
BOSTON EMERGENCY MEDICAL SERVICES**

**ADDENDUM #2 TO RFP: 15-001
EMERGENCY MEDICAL TREATMENT/TRANSPORT
BILLING AND COLLECTION SERVICES**

DECEMBER 26, 2014

A. This Addendum shall be considered part of the bid documents for the above mentioned services as though it had been issued at the same time and shall be incorporated integrally therewith. Where provisions of the following supplementary data differ from those of the original bid documents, this Addendum shall govern and take precedence.

B. Bidders are hereby notified that they shall make any necessary adjustments in their pricing as a result of this addendum. It will be construed that each bidder's proposal is submitted with full knowledge of all modifications and supplemental data specified herein.

C. Please include a signed copy of this addendum with your bid submittal. FAILURE TO DO SO MAY SUBJECT BIDDER TO DISQUALIFICATION.

QUESTIONS FROM POTENTIAL PROPOSERS

1. The RFP requirements (Attachment B – checklist) indicate that vendors must submit all forms, including Attachment E, the Jobs and Living Wage documents, however, the instructions on Appendix E indicate that it is required at the time of contract award. Which requirement applies? Should vendors submit the form, but leave it blank, until contracting?

The proposer is considered the covered vendor and all covered vendors must complete the form and submit it to Boston Public Health Commission, agreeing to the conditions. Only subcontractors of the covered vendor shall submit the form at the time of contract award.

2. Section B.1 of Attachment C – Business Profile, asks us to list ALL contracts for which we have provided goods or services within the past two years for work of similar character. Since some vendors will have an extensive client list, would it be acceptable for vendors to provide a representative list of several (for example 5) contracts of a similar size and scope to Boston?

Proposers may submit contract details of the last 10 clients within the past two years for work of similar size and scope.

3. Addendum 1, question 28, pertains to billing and collection data for prior years. In the matrix for 2013, the Agency has listed actual collections of \$29,093,799. Do these collections represent revenue that is sourced back to claims with a date of service falling within calendar year 2013 or does this revenue represent dollars that were received by the agency and deposited within calendar year 2013?

The information was provided by our current billing vendor, and represents collections based on date of service.

4. Does contractor use their Medicare numbers or client's medicare numbers for billing?

Client's/Provider's Medicare number.

5. Will client choose between either paper or electronic survey to be distributed to patients?

In accordance with Section 2.0.0 (F), a patient satisfaction survey shall be included in the invoice mailing with a return, postage paid envelope. Proposers should also include an option for submission of customer satisfaction survey via an on-line form.

6. What are the top 15 diagnoses codes as it relates to billing?

Abdominal Pain

789.09

Injury Multiple

959.8

Semi-Conscious

780.09

Chest Pain, NOS

786.50

difficulty in walking

719.7

Alcohol Abuse, Unspecified

305.00

Syncope and Collapse

780.2

Shortness of breath

786.05

Seizures Other

780.39

Neurotic disorder nos

300.9

Malaise and fatigue nec

780.79

Dizziness and giddiness

780.4

Respiratory Distress

786.09

Injury Knee Leg Ankle Foo

959.7

Headache

784.0

7. How many surveys were sent in your most recent FY?

Survey letters are sent to every patient – 82,995 transports/claims billed in FY 2014

8. How many surveys that were sent by mail, were returned in the same FY?

5,771

9. How many surveys were received on-line (if applicable) in the same FY?

This is too soon, on-line option recently added to patient statements.

10. Can your agency provide a sample report produced by the incumbent that aggregates and/or summarize the survey results for the city?

Detailed weekly reports are prepared and provided to BEMS with Account#, Incident#, Overall Satisfaction Score, Patient Feedback/Comments, Phone# and Crew Information.

11. The Transports by Level of Service pie chart on page 4 of the proposal does not add up to 100%. Is there a service level for .3%?

FY 2014, BLS is 91.3% / ALS is 8.1% / ALS2 is .60%

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

The NoPP Letter was provided and approved by BPHC, Intermedix is currently mailing this letter to each of the patients.

13. Will vendor be responsible for the cost of the lockbox?

The client (BPHC/BEMS) is responsible for the lockbox fees.

14. Please verify the timing of the patient satisfaction survey mentioned in 2.0.0. Is this expected to be released in intervals or an ongoing basis?

See survey related responses above. Survey is sent out to every patient, and responses summarized on a weekly basis.

15. In the 2.0.2 Reporting section,

a. In A, question 3 – how does the agency want to see the confirmation from the insurer, at the batch level or trip level?

Summary report can be at batch level, but Boston EMS needs to have the ability to research calls at the trip level when necessary.

b. In B, question 2 – how does the agency want to see the summary information for more than one transport, by each patient or by the trip?

Report can show summary information by trip, but we need the ability to research calls by individual patient as well.

- c. In B, question 6 – Can the agency provide clarification or additional examples on the level of detail expected for account changes?

Amount billed, amount collected, amount refunded, amount re-billed at adjusted level of service, amount collected, amount outstanding.

16. Can the agency provide the following reports from the incumbent?
- November 2014 month end report
 - June 30, 2014 year-end report
 - June 30, 2013 year-end report

The monthly and annual reports potentially contain protected health information (PHI) and would need to be redacted. Between the RFP itself, and addendum information, we believe adequate information has been provided on which to base a proposal.

17. Would it be acceptable to submit financial information at interview or via password-protected means?

No, financial information should be included with RFP submittal.

18. Would it be acceptable to submit a redacted copy of our proposal (confidential information already blacked out) for Open Records requests?

Any information provided in the bid proposal will become public record after the contract is awarded. It is the proposers' choice if they would like to redact, but if the proposer fail to provide BPHC with the required information, the proposal may be deemed unresponsive.

19. Could the shipping address please be clarified, there appears to be a discrepancy with which floor proposals should be sent to?

Proposals should be delivered to 1010 Massachusetts Ave, 2nd Floor, Boston, MA 02118. Please update Section 1.2.0 A: 3rd Floor to 2nd Floor.

20. Is there a MBE/WBE requirement with this contract. If so, what are the specifications of that requirements (minimum contract value/percentage etc.)?

There is not a MBE/WBE requirement for this contract.

21. Can you provide further clarification as to your process for evaluation of the pricing proposals among the various bidders, specifically as to how proposals made on Percent of Net Collected Revenue will be compared to Per Claim Inclusive Transaction Fee or to Net Collected Revenue Share?

As noted in 2.1-I, a firm's pricing proposal is important, however, it will not be the primary factor in the selection process. Boston EMS is open to any of the pricing options mentioned above, and will evaluate them based on which option maximizes revenue and provides the lowest overall cost.

22. In Section 2.0.2 – C (page 13), you reference “Daily” reports, yet none of the reports that are described in the RFP are Daily Reports. Is this a typo?

Section 2.0.2 references “daily and monthly reports”, but part A and B list examples of weekly and monthly reports. You may substitute “weekly” in place of “daily” in the second paragraph of section 2.0.2. Sample reports should be included with the proposal.

23. Is there further clarification or published guidance on the BPHC’s expectations in regard to the MBE/WBE requirements?

This contract does not have a MBE/WBE requirement. However; Boston Public Health Commission encourages contractors to use MBE/WBE businesses to provide goods and services for any subcontracting opportunities.

**END OF ADDENDUM#2 TO RFP: 15-001
EMERGENCY MEDICAL TREATMENT/TRANSPORT**

***Original RFP documents can be found by clicking here**
www.bphc.org/workingwithus/rfps-and-bids/Pages/RFPs-and-Bids.aspx

The undersigned Bidder hereby acknowledges receipt of the following Addendum.

Acknowledged for: _____
(Name of Company)

By: _____
(Signature of Authorized Representative)

Name: _____
(Print or Type)

Title: _____

Date: _____