

**CITY OF WAUSAU
REQUEST FOR PROPOSAL
EMS BILLING AND COLLECTION SERVICES AND
ELECTRONIC PATIENT CARE REPORTING SYSTEM**

The City of Wausau is requesting proposals from qualified providers for comprehensive EMS billing and collection services and related hardware devices and data collection software solutions to perform patient tracking and mobile electronic patient care reporting functions for the City of Wausau Fire Department.

The City of Wausau recognizes that efficiencies and benefits will be derived for the City and the proposer if both the EMS billing and collection services and the patient care system are provided by a single contract and as such all proposals must include both components of the RFP.

Proposals should provide the city with the greatest amount of patient care data tracking and financial reporting flexibility as possible. Proposers are invited to propose specific tasks and activities to improve billing, patient tracking and collections.

The City’s current contract expires December 31, 2015 and as such is interested in expedited implementation with a “go live” on or near January 1, 2016.

The expected time schedule is as follows:

| | |
|---|---|
| Distribution of the RFP..... | October 30, 2015 |
| Pre-Proposal Telephone Conference..... | November 10, 2015 at 2PM CST |
| Proposal Due Date | November 18, 2015 at 3PM CST |
| Oral Presentations and Demonstrations with Finalists..... | December 3 rd and 4 th , 2015 |
| Finance and Council Approval | December 8, 2015 |
| Implementation Activities Begin | December 9, 2015 |

The proposal must be submitted by 3PM CST, on Thursday November 18th, 2015. Six copies of the proposal should be submitted in a sealed envelope clearly labeled "*Sealed Proposals for EMS Billing and Collection Services and Electronic Patient Care Reporting System*" with the service provider’s name and address on the outside of the sealed envelope. Sealed proposals should be delivered or sent to the City Clerk, City of Wausau, 407 Grant Street, Wausau WI 54403. All proposals shall be valid for at least 90 days from the date of the bid opening. The signed contract must be returned within 30 days of the notice of award of contract.

Questions regarding the RFP may be directed to: Maryanne Groat, Finance Director 715-261-6645 or mgroat@ci.wausau.wi.us.

A pre-proposal phone conference call will be held on November 10th at 2:00PM CST. This is not considered a mandatory meeting. The dial in number for this call is 712-770-4010 , access code 701-634#

The City of Wausau reserves the right to reject any or all proposals or to waive any technicality and accept any proposal that is deemed in the best interest of the city. The city reserves the right to select, and subsequently award the proposed service to the provider which best meets the city’s needs, quality levels and budget restraints.

Costs incurred in preparing the proposal are the sole burden of the preparer.

CONTRACT TERM:

The contract award shall be for a base contract period of five (5) years

ELIGIBILITY:

To be eligible to respond to this RFP the proposing service provider shall demonstrate the following:

- Authorized to bill for EMS services in the State of Wisconsin
- Have five years of documented successful experience and current knowledge of the primary response EMS/ambulance services billing.
- Experience and knowledge regarding the Medicare and Medicaid regulations and automated for electronic claims filing for Medicare, Medicaid and third party insurance.
- Possess all of the necessary licenses.
- Maintain insurance as required by this proposal.
- Fair Debt Collection Practices Act Compliant
- HIPAA Compliant

TERMS AND CONDITIONS:

The service provider shall also be required to agree with the terms and conditions provided on Exhibit 1.

BACKGROUND:

The City of Wausau provides EMS services to residents and visitors to the City of Wausau and maintains ambulance contracts for services with six small neighboring towns. The City of Wausau’s population is 39,106 and the total population of the service area is 47,089. The department has three stations with a 60 member crew of full time firefighting, fire inspection, hazardous materials response and ambulance crew. The department has a fleet of three front line ambulances and 2 back up ambulances. The City’s current dispatch system is Tiburon software. Dispatch services are provided by Marathon County. Other 2014 statistics include:

- 4,491 requests for EMS service and 3,680 of transports.
- 81.01% ALS
- Payor mix: 49.03% Medicare, 19.05% Medicaid, 12.44% Commercial Insurance, 19.48% Private Pay
- Gross Charges \$3,278,739
- Gross Revenue \$1,462,384

The 2015 fee schedule is as follows:

| | |
|--|------------|
| BLS Resident | \$575.00 |
| BLS - Non Resident | \$750.00 |
| ALS1 - Resident | \$650.00 |
| ALS1 - Nonresident | \$850.00 |
| ALS2 - Resident | \$725.00 |
| ALS2 - Nonresident | \$950.00 |
| Mileage - Resident | \$13.50 |
| Mileage - Nonresident | \$15.00 |
| Oxygen | \$65.00 |
| Spinal Immobilization | \$150.00 |
| BLS - On Scene Care | \$225.00 |
| ALS - On Scene Care | \$625.00 |
| ALS On Scene Care - Nonresident | \$825.00 |
| Specialty Care Transport Fee - Resident | \$900.00 |
| Specialty Care Transport Fee - Nonresident | \$1,050.00 |

The City currently uses 911 Pro Billing as their service provider. 911 Pro Billing provides the City with unlimited access to LEADERS Service Bridge (LifeQuest Emergency Ambulance Data Electronic Reporting System) which is an Image Trend product. The city utilizes 911 ProBilling and related affiliates for the

collection services including management of delinquent accounts and the management of the State of Wisconsin Tax Intercept Program. Currently, delinquent collection service generally begins after 120 days. This delinquent account management may be included within the proposal but is not deemed to be a mandatory service.

EMS BILLING AND COLLECTION SERVICES:

The scope of services requested by the City in connection with this RFP is to provide emergency medical services (EMS) billing, account collections, patient phone support, financial reporting and analytical services. This includes complete management of the billing process from patient transport to preparation of delinquent accounts for collections by the City, or by another third party collection agency if this service is not part of the contract.

The service provider shall provide all necessary software and equipment needed to meet the service requirements of this RFP. The vendor shall remain the owner of the software and equipment. The service provider shall also provide a system that will ensure secure as well as complete and uninterrupted flow of service. This includes daily back-up systems, off site storage and a data recovery plan/system should a business continuity issue or a disaster occurs. The service provider shall have a security officer and maintain a system security plan that details all methods used to safeguard and protect confidential information. The service provider shall follow best practices including but not limited to: IPS/IDS and annual security assessments. The service provider shall notify the City of all security breaches within 48 hours. The service provider must also agree to retain records according to the City's record retention plan provided on Exhibit 2.

The City is open to new ideas for enhancing revenue collection and reducing costs. Proposals for value-added services should be addressed in your response.

At the beginning of the term of service, the service provider will be expected to meet with City staff on a monthly basis to review billing issues, receivables performance and any other issues that have been encountered. Upon agreement of both parties, these meetings may become less frequent, but will be held at a minimum of once per year. Meetings may be via conference call.

The service provider shall maintain a financial system that maintains strong internal control procedures. The accounting policies and internal control procedures will be updated and reviewed with the City on an annual basis. The City or its auditors may review the procedures at the service providers work facilities and perform testing to ensure procedures are adequate and working as designed.

The service provider shall implement collection processes, maintain standards of conduct, policies and procedures for each patient account in accordance with applicable federal, state and local laws, regulations and polices including but not limited to HIPAA, the Red Flag Rules or other identity theft prevention regulations, the Fair Debt Collection Practices Act, the Fair Credit Reporting Act and Medicare, Medicaid and other reimbursement regulations. The service provider shall designate a compliance officer within its agency to ensure there is proper training and monitoring of compliance.

The service provider shall assign to the City's contract certified ambulance coders/billers as recognized by the National Academy of Ambulance Coding and a dedicated account manager.

The service provider will meet the following minimum customer service levels:

- Maintain a Customer Service Call Center between the hours of 7:30AM and 5PM Central Standard Time (CST) Monday through Friday, excluding holidays.
 - Maintain a toll free number for billing inquiries.
 - Average Wait time must be held to a time not to exceed 2 minutes and voice mail messages must be returned within 24 hours.
 - Service provider will respond to patient and third party questions in a respectful, prompt and professional basis.

- Inform the City staff of any conflicts with patients/responsible parties and with any complaints received.
- Service provider's system must be available and operational 99.50% of the City's business hours per month.
- The billing and collection system and service shall:
 - Invoice in accordance to the rates established annually by the City.
 - Allow for rate changes twice per year without any additional contract fees.
 - Accept billing information electronically and seamlessly interface with the service provider's electronic patient care reporting system.
 - Perform monthly self-audits for billing compliance with Medicaid, Medicare and other applicable regulations.
 - Utilize certified coders to properly code EMS services provided to the patient, determine medical necessity of a transport and code account accurately, determine if all signature protocols have been met prior to billing, review transport documentation in order to apply the appropriate codes of patients condition, verify that only those transports with a completed patient care report are billed.
 - Utilize current diagnostic coding to ensure compliance with federal and state regulations.
 - Identify and follow up with City ambulance staff for unbilled electronic patient care records within five days.
 - Promptly identify missing claim information and obtain through the Wausau ambulance staff, hospital facilities or skip tracing products or any other 3rd party solution the information necessary to bill for the transport.
 - Service provider must process patient invoices for co-pays and deductibles, private pay and uninsured patients within 7 business days.
 - Upon receipt of the patient claim information electronically submit accurate and complete Medicare, Medicaid and insurance claims in accordance with all applicable laws and regulations within 3 business days.
 - Properly bill secondary and tertiary insurance claims.
 - Verify reimbursement rates and resolve claim disputes/denials and perform follow up services with 3rd party payors within 48 hours of the receipt of the dispute or denial.
 - Continually monitor claims and contact insurance companies and other providers regarding the status of open claims.
 - Provide monthly patient statements and other notices so patients are informed of outstanding balances and make reasonable efforts to collect unpaid amounts.
 - All payments must be posted to the patient account within 2 business days of receipt.
 - Accept online payments along with electronic funds transfers, credit cards and check or cash payments.
 - Accept weekly and monthly installment payments.
 - Any suspense payments must be researched on a daily basis and processed within 2 business days.
 - Refunds must be processed within an average of one week from the date of over payment.
 - Accept delinquent accounts from the City or the City's collection agency that require additional third party billing.
 - Return accounts to the City upon request or based upon a specific set of criteria.
 - Maintain detailed records of communications and collection efforts.
 - Any write-offs to customer accounts must be authorized by the City.
 - Electronically submit delinquent account information to the City and/or the City's collection agency in a manner and at a frequency agreed to by the City.
 - Implement and adhere to the City-approved write-off policy and procedures for those individuals unable to pay transport fees.

- Accounting and reporting services shall include:
 - Service provider must provide comprehensive set of standard reports that allows the City to monitor the performance of the EMS billing program and allows the proper accounting of the financial transactions.
 - Reporting must be provided electronically within 5 business days after period end.
 - The following list of reports represents the minimum requirements:
 - Distribution of Charges and Collection -which tracks payments, financial mix of patients, services and supplies and non-resident and resident charges over a month, quarter and year.
 - Aged Receivable Report – this report will provide a listing of all outstanding invoices by patient and classified by thirty, sixty, ninety, one-hundred twenty and more 120 days with totals.
 - Monthly Payment Listing – this report lists all payments, required charge offs and refunds posted to each patient’s account.
 - Overpayment (Refund Request) Report – this report lists all patients due refunds as a result of overpayment on account.
 - Non-sufficient Funds Report – This report will list all non-sufficient fund checks that have been returned.
 - Total emergency and non-emergency revenues, revenues by ALS and BLS classifications.
 - Monthly Bank Reconciliation, if required.
 - Monthly Accounts Receivable reconciliation- this report will summarize the changes in accounts receivable from month to month.
 - Unbillable Accounts Report a listing of accounts where charges cannot be determined due to missing pertinent information.

- Analytical Services shall include:
 - Provide annually, each shift of EMS personnel with a minimum of two hours training related to documentation and quality patient care data regulations for Medicare, Medicaid and insurance companies at no charge.
 - Service provider is expected to communicate current and future EMS billing rules, state and federal regulations and industry changes at no extra charge.
 - Service provider will serve as a consultant regarding EMS billing during the term of the contract at no additional cost.

ELECTRONIC PATIENT CARE REPORTING SYSTEM

The service provider is expected to provide an Electronic Patient Care Reporting System (ePCR) during the term of the contract.

- The system is expected to be comprehensive in its ability to provide for the collection of patient tracking including: demographics, treatment, transport and the maintenance of patient care records.
- The ePCR shall be HIPAA compliant.
- Service provider shall provide all required software and equipment, which will remain the property of the service provider. Service provider shall be responsible for the cyclical replacement of the equipment as well as ongoing repair and maintenance and upgrades as new software versions or technology become available.
- Service provider Help Desk must be available during the hours of 7:30am to 5:00pm Monday through Friday with procedures for after hours, 24/7 support.
- The Service provider shall provide 4 tablets or other portable computer devices and related technology for mobility for remote patient care reporting at the initiation of the contract.
- Implementation, web based training sessions and on-going support will be provided at no additional charge to the City throughout the contract.
- The service provider will provide an implementation plan that will provide a timeline for the delivery of the hardware and software, an outline of the proposed training process including training materials

and training period. The training for each of the three shifts will consist of two sessions to minimize disruptions. An extra session will be scheduled for personnel who were absent during the initial training.

- The system will have an incorporated workflow so that patient care records are forwarded to the appropriate staff for review and quality assurance approval. The system should facilitate and document communication between coordinator and crew regarding the evaluation and documentation process.
- The software solution should:
 - Be easy to apply upgrades to each workstation and portable device.
 - Provide real time data collection.
 - Provide a mobile application that allows responders to collect, reference and communicate call and patient information on mobile computer devices throughout the course of the EMS call at a patient's side.
 - Provide the ability to function when no connectivity is available.
 - Provide for wireless updates which are sent to all computer devices automatically upon connection without the need of user intervention.
 - Provide for automated alerts and notifications regarding system events such as updates, shut downs and maintenance. Provide regular back up of data to off-site storage.
 - Portable computer devices and software must provide the ability to use a digitized pen platform and electronic signature.
 - System performance must be in compliance with State and Federal required electronic patient care data collection regulations and must have the capacity to remit this data electronically to repositories and clearinghouses.
 - Provide for efficient and effective charting and documentation of the patient assessment.
 - Maintain a database of demographic information about the patients treated by the City of Wausau.
 - Allow flexible reporting including standard, customizable and ad hoc reports related to patient data.
 - Ability of custom reporting system to query data provided based upon multiple fields. For example, a user can create a report that finds all cases involving cardiac arrest that did not receive aspirin and break down the results by employee, disposition or other agency defined parameter.
 - Ability to query all reports tied to a particular employee based upon employee number.
 - Ability to scan and/or take photos of relevant identification documentation such as insurance cards and driver's license.
 - Provide ability to configure and choose mandatory data element and fields.
 - Maximize efficiency and quality through the use of a variety of tools including: automated alerts, auto-population of like fields, automated to do list, drop-down lists, check boxes, pre-defined responses and visual indication of incomplete mandatory fields that help a medic generate an electronic PCR efficiently while caring for the patient.
 - Generate HIPAA required privacy notices acknowledgements and assure signature compliance.
 - Integrate with current CAD system
 - Wirelessly capture and record into the patient care record common elements such as ECG, defibrillators, blood pressure and heart rate from the City's Zoll monitors.
 - Provide the necessary tools to ensure total compliance with the City's rules regarding documentation on signature protocol, medical necessity, mileage calculation and supply usage.
 - Data captured will at a minimum include: dispatch date and time, en route date and time, at scene date and time, at patient side date and time, time to procedure, departed scene date and time, destination date and time, hospital name or destination, patient symptoms, patient history, findings and assessment detail, care events, disposition, patient signature, witness signature and/or hospital signature, resident or non-resident classification, patient name (last, first, middle initial), gender, date of birth, age, race, weight, height, patient address, incident

- location, social security number, insurance type and company, insurance policy number, Medicare or Medicaid number, responsible party, responsible party address and relationship, service provided, supplies used, mileage data.
- Have the ability to set-up automated schedules and tasks including sending an email or fax and generate a pdf.
 - Have the ability to electronically transmit patient care report to the hospital.
 - Provide an automated quality indicator that allows staff to quickly document and resolve outstanding issues.
 - Ability to delegate authorization of access to modules or data based upon a level of authorization. Ability to authorize user accounts/ids, passwords and access rights from a central location.
 - Ability to manage multiple patient care reports from the same incident at the same time and move from one to the other without data loss.
 - Ability to call up reference documents such as protocols, standard operating procedures while entering patient data without losing patient data and toggle back and forth between the reference material and patient reports.
 - Ability to provide interactive guidelines based upon the patient complaints.
 - Easy access to “vitals” entry screen throughout the documentation process.
 - Ability to automatically calculate relevant scores upon entry of data elements such as GCS and APGAR.
 - Ability to calculate age upon entering date of birth.
 - Ability to allow for addenda to be included in a patient record with a date and time stamp.
 - Ability to query all uncompleted reports by unit, shift and station.
 - All collected data will be stored and hosted by the service provider but will remain the property of the City of Wausau.
 - Provide the necessary data to optimize the billing process.

PROPOSAL CONTENT:

Any proposal which lacks or contains any misrepresentation of the following information may be rejected by the City as being nonresponsive to this RFP and no longer considered:

1. Cover title page indicating : Service provider name, address, telephone and primary contact person information, date of proposal
2. Transmittal Letter signed by an official authorized to bind the company
3. Technical Background of the Service provider:
 - a. Brief history and qualifications of the company
 - b. Bio of key personnel
 - c. Listing of EMS clients served, length of service, run volume, services provided and total dollars collected.
 - d. Description of technology used for patient care tracking and billing and collection system.
 - e. Disclose whether any contracts have been terminated for default in the last five years. If there has been termination for default; describe the nature and circumstances.
 - f. Describe any regulatory violations, litigation or material legal actions, together with any fines and penalties cited, commenced or imposed for the past five years.
 - g. Describe any federal or state investigation involving fraudulent or abusive billing practices that are ongoing or have occurred within the last five years and the outcome of such investigations.
 - h. Indicate whether you are licensed to do business in Wisconsin.
 - i. Provide Server and Network Diagram and details of cloud based or on premise servers.
4. Describe your data protection and security program:
 - a. Indicate the individual responsible for compliance with security and safety and a bio of their experience in the protection of data.
 - b. Include description of how data is encrypted and transmitted via fire walls.
 - c. Indicate if data is encrypted at rest and when traveling across the internet.
 - d. Indicate your back up protocol and off-site storage facilities.
 - e. Provide a copy of your disaster recovery plan.

- f. Provide a copy of any security audits and improvement recommendations.
 - g. Provide an affirmative statement of your company's willingness to meet the city's indemnification and insurance coverage requirements. A certificate of insurance will be required if a contract is issued.
 - h. Provide evidence of PCI compliance.
 - i. Indicate the notification process of any data breach at the service providers site within 48 hours regardless of whether the city's data was involved.
5. Describe your compliance program:
- a. Identify the individual responsible for compliance with billing processes, maintain standards of conduct, policies and procedures for each patient account in accordance with applicable federal, state and local laws, regulations and polices including but not limited to HIPAA, the Red Flag Rules or other identity theft prevention regulations, the Fair Debt Collection Practices Act, the Fair Credit Reporting Act and Medicare, Medicaid and other reimbursement regulations. Provide a bio of their experience in this area.
 - b. Description of your internal training programs to ensure quality services.
 - c. Description of HIPAA, Medicare, Medicaid compliance methodology or certifications.
 - d. Provide a listing of regular or annual third party or internal compliance and financial audits performed.
6. Qualifications and Services EMS billing and collection
- a. Describe your internal control and monitoring processes designed to ensure protection of assets and maximization of revenues.
 - b. Description of staffing levels and skill levels and number of certified ambulance coders. Provide a short bio of staff who will be assigned to the City's accounts.
 - c. Describe how trained staff will provide continuous coverage on City's accounts.
 - d. Description of claim denial procedures and staffing levels assigned to denials.
 - e. Description of the billing process, how the run is entered and invoiced, frequency of statements, how insurance information and signatures are obtained.
 - f. Describe customer service capabilities including hours of operations and quality review of staff responses to inquiries.
 - g. Description of collection services provided and oversight procedures designed to reduce uncollectible accounts.
 - h. Describe how financial transactions related to deposits and refunds will be processed and credited to the city's account.
 - i. Describe training and consulting services you will provide to the City to include how you will assist the City in incorporating best practices into the process. Provide specific details of similar work done for other communities.
 - j. Provide a description of collection averages and bench marks used to evaluate performance.
 - k. Description and frequency of reports provided and whether query access and ad hoc reporting is available. Include examples of standard reports available.
7. Electronic Patient Care Reporting System:
- a. Provide a listing of equipment and replacement schedule provided in the contract.
 - b. Provide a frequency of system upgrades
 - c. Provide a summary of the system capabilities and features.
 - d. Indicate necessary system configuration, hardware and software installation requirements.
 - e. Provide a listing of other agencies using this software.
 - f. Provide a listing of other dispatch software that you currently integrate with.
8. Provide an implementation plan that includes:
- a. A time schedule.
 - b. Delivery of hardware and software.
 - c. A complete outline of proposed training procedures including methodology, training materials and class size
 - d. Ongoing support for equipment, software and additional training
 - e. Support personnel, hours of operations and qualifications.
9. Complete the attached questionnaire.

10. Provide a comprehensive and complete disclosure on fees and commissions and the method of payment. Please separately itemize the costs for the billing portion and the patient care component of the service. Provide any other costs for system upgrades separately.
11. The City and County will likely be changing our Dispatch system in 1-3 years. Please provide costs associated with the conversion as it relates to its impact on the patient care software. Also provide a list of all Dispatch Software integrations currently available with your software.
12. Provide a sample contract and business associate agreement.
13. Outline the process for the return of documentation, electronic files and other information at contract termination.
14. Provide a listing of five references. Include a contact name, address, telephone number and number of annual transports. It is preferable that the references are utilizing both billing and electronic patient care reporting services.
15. Provide any additional information on the collection of delinquent accounts and related fees for services.
16. Provide other information deemed necessary to evaluate the service.

EVALUATING PROPOSALS:

An evaluation committee will be established to review and rank proposals. The Committee will consist of representatives from the City of Wausau Fire Department and Finance Department and may include representatives from other City departments as deemed necessary. The evaluation committee will review and evaluate proposals as described below:

The Committee will evaluate and rate the proposal based upon the rating criteria established below.

| | |
|--|-------------------|
| Electronic Patient Care Reporting System | maximum 40 points |
| Reference recommendations | maximum 20 points |
| Professional and technical competency | maximum 20 points |
| Implementation and support plan | maximum 20 points |
| Cost of services | maximum 20 points |

Scores of the ranking and other information gathered during reference checks will be accumulated and the top proposers will be selected for presentations and demonstrations before the evaluation committee. If deemed appropriate the Evaluation Committee may submit a recommendation to select the top service provider and forgo proposals and demonstrations. Following oral presentations and demonstrations, if conducted, the evaluation committee will make a final evaluation of the respondents and submit its recommendation to the City Finance Committee and Common Council.

EXHIBIT 1

It is the intent of the City to contract with a private service provider. All service provider representations, whether verbal or written, will be relied on by the City in its evaluation of the responses to this Request for Proposal.

Any contract with the successful service provider, whether submitted by the provider or not, shall contain the following Terms and Conditions, and any exceptions taken to any of the terms, conditions or specifications of this request, must be clearly stated in your response to this request for proposal.

In addition to a specified term of the agreement, there shall be a termination provision that provides that either party may terminate the agreement before it expires upon 180 days' notice in writing to the other party.

INDEMNIFICATION:

Service provider shall defend indemnify, release and hold harmless the City, its employees, agents, representatives, and elected or appointed officials, from and against any and all liabilities, losses, judgments, actions, suits, obligations, debts, demands, damages, penalties, claims, costs, charges and expenses, including reasonable attorneys' fees, of any kind or of any nature whatsoever which may be imposed, incurred, sustained or asserted against the City, its employees, agents, representatives, and elected or appointed officials as a result of any act or omission on the part of the Service provider or others whose services are engaged in by the Service provider or anyone directly or indirectly employed by or controlled by the Service provider arising directly or indirectly in the course of the performance of the work provided for in the contract.

INSURANCE:

Service provider shall, at its sole expense, maintain in effect at all times during the term of this contract, insurance coverage with limits not less than those set forth below issued by a company or companies authorized to do business in the State of Wisconsin and satisfactory to the City. Such coverage shall be primary. Prior to execution of the contract, the Service provider shall furnish to the City a Certificate of Insurance and upon request, certified copies of the required insurance policies. The Certificate shall name the City, its employees, agents, representatives, and elected or appointed officials as additional insureds. The policy of insurance shall state that coverage shall not be cancelled by the insurer in less than thirty (30) days after the insured and the City have received written notice of such cancellation.

- Workers' Compensation Insurance in the amount of the statutory limits under Wisconsin law, and Employer's Liability Insurance in the amount of \$500,000.
- General Liability Insurance including Products or Completed Operations, Bodily Injury, and Property Damage Liability: \$5,000,000.
- Auto Liability for bodily injury and property damage \$2,000,000.
- Errors & Omissions/Professional Liability \$2,000,000.
- Cyber Liability \$2,000,000
- Directors and Officers Liability \$1,000,000
- Blanket Crime coverage covering all persons handling funds under this contract against loss by dishonesty, robbery, burglary, theft, destruction or disappearance, computer fraud, credit card forgery or other related crime risk. The policy limit must be written to cover losses equal to the amount of maximum monies collected, received and in the possession of the service provider at any given time.

FORCE MAJEURE

Any default in the performance of this AGREEMENT caused by any of the following events and without fault or negligence on the part of the defaulting party shall not constitute a breach of contract: labor strikes, riots, war, acts of governmental authorities, unusually severe weather conditions or other natural catastrophe, or any other cause beyond the reasonable control or contemplation of either party.

GOVERNING LAW

This AGREEMENT shall be governed, construed and enforced in accordance with the laws of the State of Wisconsin.

ASSIGNMENT

Neither party shall, without the prior written consent of the other party, assign the benefit or in any way transfer the obligations of this AGREEMENT or any part hereof. This AGREEMENT shall insure to the benefit of and be binding upon the parties hereto, and except as otherwise provided herein, upon their executors, administrators, successors and assigns.

MODIFICATION

This AGREEMENT may not be modified except in writing by an authorized signatory of each party.

NOTIFICATION

All notices under this AGREEMENT shall be in writing and delivered by overnight delivery service or certified mail, return receipt requested, to the representative designated by each party to receive such notices, at the addresses provided. Either party may change its address by providing notice in accordance with this Section.

SEVERABILITY

If any term, condition or covenant of this AGREEMENT is held by a court of competent jurisdiction to be invalid, void, or unenforceable, the remaining provisions of this AGREEMENT shall be binding on both parties.

ENTIRE AGREEMENT

This AGREEMENT and any attachments thereto, constitutes the entire understanding between the parties relating to the service provided and supersedes all prior agreements between them, whether written or oral respecting the subject matter hereof.

EXHIBIT 2

ACCOUNTS PAYABLE RETENTION

Purchase invoices 7 years and destroy provided record has been audited

Vouchers 7 years and destroy provided record has been audited

ACCOUNTS RECEIVABLE RETENTION

Accounts receivable invoices 7 years and destroy provided record has been audited

Receipts 7 years and destroy provided record has been audited

Collection blotters 1 year after audit and destroy

JOURNALS, REGISTERS & LEDGER RETENTION

Receipts journal 15 years and destroy

Voucher/order register 15 years and destroy

General journal 15 years and destroy

Journal voucher 15 years and destroy

Appropriation journal 15 years and destroy

Appropriation journal 15 years and destroy

General ledger 15 years and notify State Historical Society

Trial Balance Until audited and destroy

**CITY OF WAUSAU
REQUEST FOR PROPOSAL
EMS BILLING AND COLLECTION SERVICES AND
ELECTRONIC PATIENT CARE REPORTING SYSTEM**

| | YES | NO | EXPLANATION (IF NECESSARY) |
|---|-----|----|----------------------------|
| ELECTRONIC PATIENT CARE REPORTING SYSTEM | | | |
| Please detail the electronic patient care system capabilities with the following check list: | | | |
| The ePCR shall be HIPAA compliant. | | | |
| Service provider Help Desk is available during the hours of 7:30am to 5:00pm Monday through Friday with procedures for after hours, 24/7 support | | | |
| Implementation, web based training sessions and on-going support will be provided at no additional charge to the City throughout the contract. | | | |
| The system will have an incorporated workflow so that patient care records are forwarded to the appropriate staff for review and quality assurance approval. The system will facilitate and document communication between coordinator and crew regarding the evaluation and documentation process. | | | |
| Upgrades will be easily applied to each workstation and portable device. | | | |
| Software will provide real time data collection. | | | |
| The mobile application allows responders to collect, reference and communicate call and patient information on mobile computer devices throughout the course of the EMS call at a patient's side. | | | |
| Software provides the ability to function when no connectivity is available. | | | |
| Software/system provides for wireless updates which are sent to all computer devices automatically upon connection without the need of user intervention. | | | |
| Software provides for automated alerts and notifications regarding system events such as updates, shut downs and maintenance. Provide regular back up of data to off-site storage. | | | |
| Portable computer devices and software provide the ability to use a digitized pen platform and electronic signature. | | | |
| System performance is in compliance with State and Federal required electronic patient care data collection regulations and has the capacity to remit this data electronically to repositories and clearinghouses. | | | |
| Software submits cardiac arrest data to the Cardiac Arrest Registry to Enhance Survival. | | | |
| Software provides for efficient and effective charting and documentation of the patient assessment. | | | |
| Software maintains a database of demographic information about the patients treated by the City of Wausau. | | | |
| Software allows flexible reporting including standard, customizable and ad hoc reports related to patient data. | | | |
| Software provides the ability of custom reporting system to query data provided based upon multiple fields. For example, a user can create a report that finds all cases involving cardiac arrest that did not receive aspirin and break down the results by employee, disposition or other agency defined parameter. | | | |
| Software provides the ability to query all reports tied to a particular employee based upon employee number. | | | |
| Software and hardware will allow mobile scanning and photos of relevant identification documentation such as insurance cards. | | | |
| Software provide the ability to configure and choose mandatory data element and fields. | | | |
| Software provides efficiency and quality through the use of a variety of tools including: automated alerts, auto-population of like fields, automated to do list, drop-down lists, check boxes, pre-defined responses and visual indication of incomplete mandatory fields that help a medic generate an electronic PCR efficiently while caring for the patient. | | | |
| Software generates HIPAA required privacy notices acknowledgements and assure signature compliance. | | | |
| Software integrates with current CAD system | | | |
| Software and hardware will wirelessly capture and record into the patient care record common elements such as ECG, defibrillators, blood pressure and heart rate from the City's Zoll monitors. | | | |
| Software provides the necessary tools to ensure total compliance with the City's rules regarding documentation on signature protocol, medical necessity, mileage calculation and supply usage. | | | |
| Data captured will at a minimum include: dispatch date and time, en route date and time, at scene date and time, at patient side date and time, time to procedure, departed scene date and time, destination date and time, hospital name or destination, patient symptoms, patient history, findings and assessment detail, care events, disposition, patient signature, witness signature and/or hospital signature, resident or non-resident classification, patient name (last, first, middle initial), gender, date of birth, age, race, weight, height, patient address, incident location, social security number, insurance type and company, insurance policy number, Medicare or Medicaid mber, responsible party, responsible party address and relationship, service provided, supplies used, mileage data. | | | |
| Software has the ability to set-up automated schedules and tasks including sending an email or fax and generate a pdf. | | | |
| Software has the ability to electronically transmit patient care report to the hospital. | | | |
| Software provides an automated quality indicator that allows staff to quickly document and resolve outstanding issues. | | | |
| Software has the ability to delegate authorization of access to modules or data based upon a level of authorization. Ability to authorize user accounts/ids, passwords and access rights from a central location. | | | |
| Software will manage multiple patient care reports from the same incident at the same time and move from one to the other without data loss. | | | |
| Software has the ability to call up reference documents such as protocols, standard operating procedures while entering patient data without losing patient data and toggle back and forth between the reference material and patient reports. | | | |
| Software will have an interactive guidelines based upon the patient complaints. | | | |
| Software provides easy access to "vitals" entry screen throughout the documentation process. | | | |
| Software has the ability to automatically calculate relevant scores upon entry of data elements such as GCS and APGAR. | | | |
| Software has the ability to calculate age upon entering date of birth. | | | |
| Software has the ability to allow for addenda to be included in a patient record with a date and time stamp. | | | |
| Software has the ability to query all uncompleted reports by unit, shift and station. | | | |
| Collected data will be stored and hosted by the service provider but will remain the property of the City of Wausau. | | | |
| Software will provide the necessary data to optimize the billing process. | | | |

**CITY OF WAUSAU
REQUEST FOR PROPOSAL
EMS BILLING AND COLLECTION SERVICES AND
ELECTRONIC PATIENT CARE REPORTING SYSTEM**

| | YES | NO | EXPLANATION (IF NECESSARY) |
|---|-----|----|----------------------------|
| PATIENT BILLING AND COLLECTION SYSTEM | | | |
| Please detail the patient billing and collection system capabilities with the following check list: | | | |
| Invoice in accordance to the rates established annually by the City. | | | |
| Allow for rate changes twice per year without and additional contract fees. | | | |
| Accept billing information electronically and seamlessly interface with the service provider's electronic patient care reporting system. | | | |
| Perform monthly self-audits for billing compliance with Medicaid, Medicare and other applicable regulations. | | | |
| Utilize certified coders to properly code EMS services provided to the patient, determine medical necessity of a transport and code account accurately, determine if all signature protocols have been met prior to billing, review transport documentation in order to apply the appropriate codes of patients condition, verify that only those transports with a completed patient care report are billed. | | | |
| Utilize current diagnostic coding to ensure compliance with federal and state regulations. | | | |
| Identify and follow up with City ambulance staff for unbilled electronic patient care records within five days. | | | |
| Promptly identify missing claim information and obtain through the Wausau ambulance staff, hospital facilities or skip tracing products or any other 3 rd party solution the information necessary to bill for the transport. | | | |
| Service provider must process patient invoices for co-pays and deductibles, private pay and uninsured patients within 7 business days. | | | |
| Upon receipt of the patient claim information electronically submit accurate and complete Medicare, Medicaid and insurance claims in accordance with all applicable laws and regulations within 3 business days. | | | |
| Properly bill secondary and tertiary insurance claims. | | | |
| Verify reimbursement rates and resolve claim disputes/denials and perform follow up services with 3 rd party payors within 48 hours of the receipt of the dispute or denial. | | | |
| Continually monitor claims and contact insurance companies and other providers regarding the status of open claims. | | | |
| Provide monthly patient statements and other notices so patients are informed of outstanding balances and make reasonable efforts to collect unpaid amounts. | | | |
| All payments must be posted to the patient account within 2 business days of receipt. | | | |
| Accept online payments along with electronic funds transfers, credit cards and check or cash payments. | | | |
| Accept weekly and monthly installment payments. | | | |
| Any suspense payments must be researched on a daily basis and processed within 2 business days. | | | |
| Refunds must be processed within an average of one week from the date of over payment. | | | |
| Accept delinquent accounts from the City or the City's collection agency that require additional third party billing. | | | |
| Return accounts to the City upon request or based upon a specific set of criteria. | | | |
| Maintain detailed records of communications and collection efforts. | | | |
| Any write-offs to customer accounts must be authorized by the City. | | | |
| Electronically submit delinquent account information to the City and/or the City's collection agency in a manner and at a frequency agreed to by the City. | | | |
| Implement and adhere to the City-approved write-off policy and procedures for those individuals unable to pay transport fees. | | | |
| Service provider must provide comprehensive set of standard reports that allows the City to monitor the performance of the EMS billing program and allows the proper accounting of the financial transactions. | | | |
| Reporting must be provided electronically within 5 business days after period end. | | | |
| The following list of reports represents the minimum requirements: | | | |
| Distribution of Charges and Collection -which tracks payments, financial mix of patients, services and supplies and non-resident and resident charges over a month, quarter and year. | | | |
| Aged Receivable Report – this report will provide a listing of all outstanding invoices by patient and classified by thirty, sixty, ninety, one-hundred twenty and more 120 days with totals. | | | |
| Monthly Payment Listing – this report lists all payments, required charge offs and refunds posted to each patient's account. | | | |
| Overpayment (Refund Request) Report – this report lists all patients due refunds as a result of overpayment on account. | | | |
| Non-sufficient Funds Report – This report will list all non-sufficient fund checks that have been returned. | | | |
| Total emergency and non-emergency revenues, revenues by ALS and BLS classifications. | | | |
| Monthly Bank Reconciliation, if required. | | | |
| Monthly Accounts Receivable reconciliation- this report will summarize the changes in accounts receivable from month to month. | | | |
| Unbillable Accounts Report a listing of accounts where charges cannot be determined due to missing pertinent information. | | | |
| ANALYTICAL SERVICES | | | |
| Please detail the analytical services provided under the contract: | | | |
| Provide annually, each shift of EMS personnel with a minimum of two hours training related to documentation and quality patient care data regulations for Medicare, Medicaid and insurance companies at no charge. | | | |
| Service provider is expected to communicate current and future EMS billing rules, state and federal regulations and industry changes at no extra charge. | | | |
| Service provider will serve as a consultant regarding EMS billing during the term of the contract at no additional cost. | | | |