

CITY OF BERWYN  
REQUEST FOR PROPOSAL – Medical Billing Services



## REQUEST FOR PROPOSAL (Professional Services)

Name of Proposing Company: \_\_\_\_\_

Project Name: Medical Billing Services  
Proposal Due: November 17, 2014, 3:00pm  
Pre-Proposal Conference: None

**Required of Awarded Contractor:**  
Certificate of Insurance: Yes

Legal Advertisement Published: October 17, 2014  
Date Issued: October 17, 2014  
This document consists of 21 pages.

Return **original** and **two duplicate copies** of proposal in a **sealed envelope** marked with the Project Name as noted above to:

EVAN K. SUMMERS  
ASSISTANT CITY ADMINISTRATOR  
CITY OF BERWYN  
6700 W. 26<sup>TH</sup> STREET  
BERWYN, IL 60402  
708.749.6541  
[esummers@ci.berwyn.il.us](mailto:esummers@ci.berwyn.il.us)  
[www.berwyn-il.gov](http://www.berwyn-il.gov)

The Berwyn's City Clerk will receive proposals Monday thru Friday, 9:00 A.M. to 5:00 P.M. at City Hall, 6700 W. 26<sup>th</sup> Street, Berwyn, IL 60402.

**SPECIFICATIONS MUST BE MET AT THE TIME THE PROPOSAL IS DUE.**

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The City Staff reserves the right to accept or reject any and all proposals, to waive technicalities and to accept or reject any item of any proposal.

The documents constituting component parts of this Contract are the following:

- I. REQUEST FOR PROPOSALS
- II. TERMS & CONDITIONS
- III. DETAILED SPECIFICATIONS
- IV. PROPOSER’S RESPONSE TO RFP (Professional Services)
- V. PROPOSAL/CONTRACT FORM

Proposers **MUST** submit an original, and two (2) additional paper copies of the total proposal. Upon formal award of the proposal this RFP document shall become the Contract; the successful Proposer will receive a copy of the executed Contract.

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## **I. REQUEST FOR PROPOSALS**

### **1. GENERAL**

- 1.1 Notice is hereby given that the City of Berwyn will receive sealed Proposals up to **November 17, 2014 at 3:00pm.**
- 1.2 Proposals must be received at the City of Berwyn by the time and date specified. Proposals received after the specified time and date will not be accepted and will be returned unopened to the Proposer.
- 1.3 Proposal forms shall be sent to the City of Berwyn, ATTN: **CITY CLERK**, in a sealed envelope marked "SEALED PROPOSAL – Medical Billing Services". The envelope shall be marked with the name of the project, date, and time set for receipt of Proposals.
- 1.4 All Proposals must be submitted on the forms supplied by the City and signed by a proper official of the company submitting the Proposal. Telephone, email and fax Proposals will not be accepted.
- 1.5 By submitting this Proposal, the Proposer certifies under penalty of perjury that they have not acted in collusion with any other Proposer or potential Proposer.

### **2. PREPARATION OF PROPOSAL**

- 2.1 It is the responsibility of the Proposer to carefully examine the specifications and proposal documents and to be familiar with all of the requirements, stipulations, provisions, and conditions surrounding the proposed services. **DO NOT SUBMIT A PROPOSED CONTRACT. UPON ACCEPTANCE BY THE CITY, THIS RFP DOCUMENT SHALL BECOME A BINDING CONTRACT.** Upon selection, the City of Berwyn may negotiate and enter into an additional business associates agreement with the Proposer.
- 2.2 No oral or telephone interpretations of specifications shall be binding upon the City. All requests for interpretations or clarifications shall be made in writing and received by the City at least five (5) business days prior to the date set for receipt of Proposals. All changes or interpretations of the specifications shall be made by the City in a written addendum to the City's proposers of record.
- 2.3 In case of error in the extension of prices in the Proposal, the hourly rate or unit price will govern. In case of discrepancy in the price between the written and numerical amounts, the written amount will govern.
- 2.4 All costs incurred in the preparation, submission, and/or presentation of any Proposal including any Proposer's travel or personal expenses shall be the sole responsibility of the Proposer and will not be reimbursed by the City.
- 2.5 The Proposer hereby affirms and states that the prices quoted herein constitute the total cost to the City for all work involved in the respective items and that this cost also includes all insurance, bonds, royalties, transportation charges, use of all tools and

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equipment, superintendence, overhead expense, all profits and all other work, services and conditions necessarily involved in the work to be done and materials to be furnished in accordance with the requirements of the Contract Documents considered severally and collectively.

**3. MODIFICATION OR WITHDRAWAL OF PROPOSALS**

3.1 A Proposal that is in the possession of the City may be altered by a letter bearing the signature or name of the person authorized for submitting a Proposal, provided that it is received prior to the time and date set for the Proposal opening. Telephone, email or verbal alterations of a Proposal will not be accepted.

3.2 A Proposal that is in the possession of the City may be withdrawn by the Proposer, up to the time set for the Proposal opening, by a letter bearing the signature or name of the person authorized for submitting Proposals. Proposals may not be withdrawn after the Proposal opening and shall remain valid for a period of ninety (90) days from the date set for the Proposal opening, unless otherwise specified.

**4. RESERVED RIGHTS**

4.1 The City reserves the exclusive right to waive sections, technicalities, irregularities and informalities and to accept or reject any and all Proposals and to disapprove of any and all subcontractors as may be in the best interest of the City. Time and date requirements for receipt of Proposals will not be waived.

**II. TERMS AND CONDITIONS**

**5. CITY ORDINANCES**

5.1 The successful Proposer will strictly comply with all ordinances of the City of Berwyn and laws of the State of Illinois.

**6. USE OF CITY'S NAME**

6.1 The Proposer is specifically denied the right of using in any form or medium the name of the City for public advertising unless express permission is granted by the City.

**7. INDEMNITY AND HOLD HARMLESS AGREEMENT**

7.1 To the fullest extent permitted by law, the Proposer shall indemnify, keep and save harmless the City and its agents, officers, and employees, against all injuries, deaths, losses, damages, claims, suits, liabilities, judgments, costs and expenses, which may arise directly or indirectly from any negligence or from the reckless or willful misconduct of the Proposer, its employees, or its subcontractors, and the Proposer shall at its own expense, appear, defend and pay all charges of attorneys and all costs and other expenses arising therefrom or incurred in connection therewith, and, if any judgment shall be rendered against the City in any such action, the Proposer shall, at its own expense, satisfy and discharge the same. This agreement shall not be construed as requiring the Proposer to indemnify the City for its own negligence. The Proposer shall indemnify, keep and save harmless the City only where a loss was caused by the negligent, willful or reckless acts or omissions of the Proposer, its employees, or its subcontractors.

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**8. NONDISCRIMINATION**

8.1 Proposer shall, as a party to a public contract:

- (a) Refrain from unlawful discrimination in employment and undertake affirmative action to assure equality of employment opportunity and eliminate the effects of past discrimination;
- (b) By submission of this Proposal, the Proposer certifies that it is an "equal opportunity employer" as defined by Section 2000(e) of Chapter 21, Title 42, U.S. Code Annotated and Executive Orders #11136 and #11375, which are incorporated herein by reference. The Equal Opportunity clause, Section 6.1 of the Rules and Regulations of the Department of Human Rights of the State of Illinois, is a material part of any contract awarded on the basis of this Proposal.

8.2 It is unlawful to discriminate on the basis of race, color, sex, national origin, ancestry, age, marital status, physical or mental handicap or unfavorable discharge for military service. Proposer shall comply with standards set forth in Title VII of the Civil Rights Act of 1964, 42 U.S.C. Secs. 2000 et seq., The Human Rights Act of the State of Illinois, 775 ILCS 5/1-101et. seq., and The Americans With Disabilities Act, 42 U.S.C. Secs. 12101 et. seq.

**9. SEXUAL HARASSMENT POLICY**

9.1 The Proposer, as a party to a public contract, shall have a written sexual harassment policy that:

- 9.1.1 Notes the illegality of sexual harassment;
- 9.1.2 Sets forth the State law definition of sexual harassment;
- 9.1.3 Describes sexual harassment utilizing examples;
- 9.1.4 Describes the Proposer's internal complaint process including penalties;
- 9.1.5 Describes the legal recourse, investigative and complaint process available through the Illinois Department of Human Rights and the Human Rights Commission and how to contact these entities; and
- 9.1.6 Describes the protection against retaliation afforded under the Illinois Human Rights Act.

**10. EQUAL EMPLOYMENT OPPORTUNITY**

10.1 In the event of the Proposer's non-compliance with the provisions of this Equal Employment Opportunity Clause, the Illinois Human Rights Act or the Rules and Regulations of the Illinois Department of Human Rights ("Department"), the Proposer may be declared ineligible for future contracts or subcontracts with the State of Illinois or any of its political subdivisions or municipal corporations, and the Contract may be canceled or voided in whole or in part, and such other sanctions or penalties may be imposed or remedies invoked as provided by statute or regulation. During the performance of this Contract, the Proposer agrees as follows:

- 10.1.1 That it will not discriminate against any employee or applicant for employment because of race, color, religion, sex, marital status, national origin or ancestry,

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age, physical or mental disability unrelated to ability, order of protection status, military status, sexual orientation, sexual identity or an unfavorable discharge from military service; and further that it will examine all job classifications to determine if minority persons or women are underutilized and will take appropriate affirmative action to rectify any such underutilization.

- 10.1.2 That, if it hires additional employees in order to perform this Contract or any portion thereof, it will determine the availability (in accordance with the Department's Rules and Regulations) of minorities and women in the area(s) from which it may reasonably recruit and it will hire for each job classification for which employees are hired in such a way that minorities and women are not underutilized.
- 10.1.3 That, in all solicitations or advertisements for employees placed by it or on its behalf, it will state that all applicants will be afforded equal opportunity without discrimination because of race, color, religion, sex, marital status, national origin or ancestry, age, physical or mental disability unrelated to ability, order of protection status, military status, sexual orientation, or an unfavorable discharge from military services.
- 10.1.4 That it will send to each labor organization or representative of workers with which it has or is bound by a collective bargaining or other agreement or understanding, a notice advising such labor organization or representative of the Proposer's obligations under the Illinois Human Rights Act and the Department's Rules and Regulations. If any such labor organization or representative fails or refuses to cooperate with the Proposer in its efforts to comply with such Act and Rules and Regulations, the Proposer will promptly so notify the Department and the contracting agency and will recruit employees from other sources when necessary to fulfill its obligations thereunder.
- 10.1.5 That it will submit reports as required by the Department's Rules and Regulations, furnish all relevant information as may from time to time be requested by the Department or the contracting agency, and in all respects comply with the Illinois Human Rights Act and the Department's Rules and Regulations.
- 10.1.6 That it will permit access to all relevant books, records, accounts and work sites by personnel of the contracting agency and the Department for purpose of investigation to ascertain compliance with the Illinois Human Rights Act and the Department's Rules and Regulations.
- 10.1.7 That it will include verbatim or by reference the provisions of this clause in every subcontract it awards under which any portion of the contract obligations are undertaken or assumed, so that such provisions will be binding upon such subcontractor. In the same manner as with other provisions of this Contract, the Proposer will be liable for compliance with applicable provisions of this clause by such subcontractors; and further it will promptly notify the contracting agency and the Department in the event any subcontractor fails or refuses to comply therewith. In addition, the Proposer will not utilize any subcontractor declared by

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the Illinois Human Rights Commission to be ineligible for contracts or subcontracts with the State of Illinois or any of its political subdivisions or municipal corporations.

**11. DRUG FREE WORK PLACE**

Proposer, as a party to a public contract, certifies and agrees that it will provide a drug free workplace by:

- 11.1 Publishing a statement: (1) Notifying employees that the unlawful manufacture, distribution, dispensation, possession or use of a controlled substance, including cannabis, is prohibited in the City's or Proposer's workplace. (2) Specifying the actions that will be taken against employees for violations of such prohibition. (3) Notifying the employee that, as a condition of employment on such contract or grant, the employee will: (A) abide by the terms of the statement; and (B) notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five (5) days after such conviction.
- 11.2 Establishing a drug free awareness program to inform employees about: (1) the dangers of drug abuse in the workplace; (2) the City's or Proposer's policy of maintaining a drug free workplace; (3) any available drug counseling, rehabilitation and employee assistance programs; (4) the penalties that may be imposed upon employees for drug violations.
- 11.3 Providing a copy of the statement required above to each employee engaged in the performance of the contract or grant and to post the statement in a prominent place in the workplace.
- 11.4 Notifying the contracting or granting agency within ten (10) days after receiving notice of any criminal drug statute conviction for a violation occurring in the workplace from an employee or otherwise receiving actual notice of such conviction.
- 11.5 Imposing a sanction on, or requiring the satisfactory participation in a drug abuse assistance or rehabilitation program by, any employee who is so convicted as required by Section 5 of the Drug Free Workplace Act.
- 11.6 Assisting employees in selecting a course of action in the event drug counseling, treatment and rehabilitation is required and indicating that a trained referral team is in place.
- 11.7 Making a good faith effort to continue to maintain a drug free workplace through implementation of the Drug Free Workplace Act.

**12. PATRIOT ACT COMPLIANCE**

- 12.1 The Proposer represents and warrants to the City that neither it nor any of its principals, shareholders, members, partners, or affiliates, as applicable, is a person or entity named as a Specially Designated National and Blocked Person (as defined in Presidential Executive Order 13224) and that it is not acting, directly or indirectly, for or on behalf of a Specially Designated National and Blocked Person. The Proposer further represents and warrants to the City that the Proposer and its principals, shareholders, members,

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partners, or affiliates, as applicable are not, directly or indirectly, engaged in, and are not facilitating, the transactions contemplated by this Contract on behalf of any person or entity named as a Specially Designated National and Blocked Person. The Proposer hereby agrees to defend, indemnify and hold harmless the City, and its elected or appointed officers, employees, agents, representatives, engineers and attorneys, from and against any and all claims, damages, losses, risks, liabilities and expenses (including reasonable attorney's fees and costs) arising from or related to any breach of the foregoing representations and warranties.

**13. INSURANCE REQUIREMENTS**

13.1 The Proposer shall be required to obtain, from a company or companies lawfully authorized to do business in the jurisdiction in which the project is located, such general liability insurance which, at a minimum, will protect the Proposer from the types of claims set forth below which may arise out of or result from the Proposer's operations under this Contract and for which the Proposer may legally liable:

13.1.1 Claims under workers compensation, disability benefit and other similar employee benefit acts which are applicable to the operation to be performed;

13.1.2 Claims for damages resulting from bodily injury, occupational sickness or disease, or death of the Proposer's employees;

13.1.3 Claims for damages resulting from bodily injury, sickness or disease, or death of any person other than the Proposer's employees;

13.1.4 Claims for damages insured by the usual personal injury liability coverage which are sustained: (1) by a person as a result of an offense directly or indirectly related to employment of such person by the Proposer, or (2) by another person;

13.1.5 Claims for damages, other than to the work itself, because of injury to or destruction of tangible property, including loss of use resulting therefrom;

13.1.6 Claims for damages because of bodily injury, death of a person or property damage arising out of ownership, maintenance or use of a motor vehicle;

13.1.7 Claims for damages as a result of professional or any other type of negligent action by the Proposer or failure to properly perform services under the scope of the agreement between the Proposer and the City.

13.2 The Proposer shall demonstrate having insurance coverage for a minimum of \$2 million for professional liability (errors and omissions).

13.3 As evidence of said coverage, Proposer shall provide the City with certificates of insurance naming the City of Berwyn as an additional insured and include a provision for cancellation only upon at least thirty (30) days prior notice to the City.

**14. SUBLETTING OF CONTRACT**

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- 14.1 No contract awarded by the City shall be assigned or any part subcontracted without the written consent of the City Administrator. In no case shall such consent relieve the Proposer from its obligation or change the terms of the Contract.

All approved subcontracts shall contain language which incorporates the terms and conditions of this Contract.

**15. TERM OF CONTRACT**

- 15.1 The term of this Contract shall be as set forth in the Detail Specifications set forth in Section III below. This Contract is subject to the City purchasing policy with regard to any extensions hereof.

**16. TERMINATION OF CONTRACT**

- 16.1 In the event of the Proposer's nonperformance, breach of the terms of the Contract, or for any other reason, and/or that sufficient funds to complete the Contract are not appropriated by the City, the Contract may be canceled, in whole or in part, upon the City's written notice to the Proposer. The City will pay the Proposer's costs actually incurred as of the date of receipt of notice of default. Upon termination, the Proposer will deliver all documents and products of whatever kind, and their reproducible originals related to the project, which have been produced to the date of the notice of termination.

**17. BILLING & PAYMENT PROCEDURES**

- 17.1 Payment will be made upon receipt of an invoice referencing City purchase order number. Once an invoice and receipt of materials or service have been verified, the invoice will be processed for payment in accordance with the City payment schedule. The City will comply with the Local Government Prompt Payment Act, 50 ILCS 505/1 et seq., in that any bill approved for payment must be paid or the payment issued to the Proposer within sixty (60) days of receipt of a proper bill or invoice. If payment is not issued to the Proposer within this sixty (60) day period, an interest penalty of 1.0% of any amount approved and unpaid shall be added for each month or fraction thereof after the end of this sixty (60) day period, until final payment is made.

- 17.2 The City shall review in a timely manner each bill or invoice after its receipt. If the City determines that the bill or invoice contains a defect making it unable to process the payment request, the City shall notify the Proposer requesting payment as soon as possible after discovering the defect pursuant to rules promulgated under 50 ILCS 505/1 et seq. The notice shall identify the defect and any additional information necessary to correct the defect.

- 17.3 Please send all invoices to the attention of City of Berwyn, Fire Department, Attn: Fire Chief 6700 W. 26<sup>th</sup> Street, Berwyn, IL 60402.

**18. RELATIONSHIP BETWEEN THE PROPOSER AND THE CITY**

- 18.1 The relationship between the City and the Proposer is that of a buyer and seller of professional services and it is understood that the parties have not entered into any joint venture or partnership with the other.

**19. STANDARD OF CARE**

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- 19.1. Services performed by Proposer under this Contract will be conducted in a manner consistent with that level of care and skill ordinarily exercised by members of the profession currently practicing in the same locality under similar conditions. No other representations express or implied, and no warranty or guarantee is included or intended in this Contract, or in any report, opinions, and documents or otherwise.
- 19.2 If the Proposer fails to meet the foregoing standard, Proposer will perform at its own cost, and without reimbursement from the City, the professional services necessary to correct errors and omissions caused by Proposer’s failure to comply with the above standard and reported to Proposer within one (1) year from the completion of Proposer’s services for the Project.
- 19.3 For Professional Service Agreements: Project site visits by Proposer during construction or equipment installation or the furnishing of Project representatives shall not make Proposer responsible for: (i) constructions means, methods, techniques, sequences or procedures; (ii) for construction safety precautions or programs; or (iii) for any construction contractor(s’) failure to perform its work in accordance with contract documents.

**20. GOVERNING LAW**

- 20.1 This Contract will be governed by and construed in accordance with the laws of the State of Illinois without regard for the conflict of laws provisions. Venue is proper only in the County of Cook and the Northern District of Illinois.

**21. SUCCESSORS AND ASSIGNS**

- 21.1 The terms of this Contract will be binding upon and inure to the benefit of the parties and their respective successors and assigns; provided, however, that neither party will assign this Contract in whole or in part without the prior written approval of the other. The Proposer will provide a list of key staff, titles, responsibilities, and contact information to include all expected subcontractors.

**22. WAIVER OF CONTRACT BREACH**

- 22.1 The waiver by one party of any breach of this Contract or the failure of one party to enforce at any time, or for any period of time, any of the provisions hereof will be limited to the particular instance and will not operate or be deemed to waive any future breaches of this Contract and will not be construed to be a waiver of any provision except for the particular instance.

**23. AMENDMENT**

- 23.1 This Contract will not be subject to amendment unless made in writing and signed by all parties.

**24. NOT TO EXCEED CONTRACT**

- 24.1 The contract price is a “not-to-exceed” cost. At any time additional work is necessary or requested, and the not-to-exceed price is increased thereby, any change, addition or price increase must be agreed to in writing by all parties who have executed the Contract.

**25. SEVERABILITY OF INVALID PROVISIONS**

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25.1 If any provisions of this Contract are held to contravene or be invalid under the laws of any state, country or jurisdiction, contravention will not invalidate the entire Contract, but it will be construed as if not containing the invalid provision and the rights or obligations of the parties will be construed and enforced accordingly.

**26. NOTICE**

26.1 Any notice will be in writing and will be deemed to be effectively served when deposited in the mail with sufficient first class postage affixed, and addressed to the party at the party's place of business. Notices shall be addressed to the City as follows:

**Office of the Fire Chief  
City of Berwyn  
6700 W. 26<sup>th</sup> Street  
Berwyn, IL 60402**

And to the Proposer as designated in the Contract Form.

**27. COOPERATION WITH FOIA COMPLIANCE**

27.1 Contractor acknowledges that the Freedom of Information Act may apply to public records in possession of the Contractor or a subcontractor. Contractor and all of its subcontractors shall cooperate with the City in its efforts to comply with the Freedom of Information Act. (5 ILCS 140/1 et.seq.)

**28. NEGOTIATIONS**

The City of Berwyn reserves the right to negotiate specifications, terms and conditions which may be necessary or appropriate to the accomplishment of the purpose of this RFP. The City may require the RFP and the Proposer entire proposal be made an integral part of the resulting contract. This implies that all responses, supplemental information, and other submissions provided by the Proposer during discussions or negotiations will be held by the City of Berwyn as contractually binding on the successful Proposer.

**III. DETAIL SPECIFICATIONS**

**III. DETAIL SPECIFICATIONS  
MEDICAL BILLING SERVICES**

The City of Berwyn Fire Department is looking for an outside billing service to collect monies for ambulance services rendered by the Berwyn Fire Department for Advanced Life Support (“ALS”), Basic Life Support (“BLS”) calls, Auto Accidents, Auto accidents with Extrication, Car fire, Hazardous Materials spills and special response.

The City of Berwyn Fire Department is seeking a qualified firm to provide ambulance and fire billing collection, financial reporting and analytical services for ambulance and fire services rendered by the Berwyn Fire Department for Advance Life Support (“ALS”) and Basic Life Support (“BLS”) Fire/Rescue related calls for service. This includes complete management of the billing process from patient transports to account closures.

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The City of Berwyn maintains three fire stations which serve over 56,657 (U. S. Census). Each year the City emergency personnel transport approximately 3,241 patients. Currently, the City Charges for residents are \$600-BLS, \$700-ALS, and \$15 per mile for each transport. Charges for non-residents are \$700-BLS, \$800-ALS, and \$15 per mile for each transport.

In addition to the current established fees, the City reserves to modify existing fee schedules or implement other operational support fees during the term of the agreement with the vendor being responsible to meet any necessary processes due free of charge.

The contract will begin on or about the City’s award date of December 16, 2014. The term of the contract shall be for three (3) years. Both parties may agree to extend the contract if the contract is found to be of mutual benefit.

Listed below are the minimum requirements the City is specifying for this service.

- 1.0 Provide all personnel, materials, and services needed to perform and accomplish all requirements for this proposal.
- 2.0 Provide a full-time program manager for the duration of the contract.
- 3.0 Ensure all required documentation and agreements with payers are properly filed and maintained on behalf of the City.
- 4.0 Obtain pre-approval from the City of all forms used in the execution of this contract.
- 5.0 Upon receipt of the ambulance report data, review, prepare and mail invoices to the patient within seven (7) business days. This mailing shall include all necessary forms for payment processing, along with a return envelope.
- 6.0 Upon receipt of patient claim information, if required, electronically submit Medicare, Medicaid, and insurance claims within 3 business days. Manual submission of claims is acceptable only if electronic submission is not available.
- 7.0 Utilize current diagnostic coding to ensure compliance with federal, state, and local regulations.
- 8.0 Ensure proper security and confidentiality of patient information and records, including, but not limited to executing a business associate agreement as required by the Health Insurance Portability & Accountability Act of 1996 (HIPAA).
- 9.0 Resubmit or resolve denied or disallowed claims.
- 10.0 Accept responsibility for patient billing inquires and complaints during regular business hours.
- 11.0 Provide the tracking of submitted claims to ensure timely payments.

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- 12.0 Provide monthly statements to allow patients to be aware of outstanding balances.
- 13.0 Maintain generally accepted accounting procedures for the reconciling of all financial transactions.
- 14.0 Provide access to City Staff to monitor, change or correct billing activities accounts receivable for all accounts under this contract.
- 15.0 Facilitate the daily posting of revenues and provide daily document with the City's banking institute.
- 16.0 Requests for refunds must include the patient's payment information along with a detailed explanation of why the refund is requested and all information necessary to submit refund.
- 17.0 Reports shall clearly differentiate between resident and non-resident patients.
- 18.0 Provide prompt, accurate daily reporting which shall include:
  - A detailed report showing each activity that has taken place during the day including receipts, charges, adjustments and total accounts receivable.
  - This report should note an exception should any change or approved amounts being charged from their standard amounts.
- 19.0 Prepare a report showing all transactions that affect the General Ledger. This report shall be available in either detail or summary form.
- 20.0 Provide prompt, accurate monthly reporting which shall include the gross charges billed for the month minus contractual allowances, write-offs (abatement, dismissals, bankruptcies and settlements), refunds, payments and indigence cost of care rolling up to the net ending accounts receivable balance due. Include on this report the number of trips per month, number of patients per month, gross charges per trip, cash collected per trip and net collection percentage per trip. Accounts are closed out by the second week of the month and custom reports generated the following week unless otherwise specified.
- 21.1 Prepare a financial summary showing "period to date" and "year to date" totals for charges, receipts, adjustments, net accounts receivable, total accounts, receivable and collection percentage, and aging reports.
- 21.2 Pursue non-payment by non-resident ambulance users with City of Berwyn approved collection agency.
- 21.3 Forward monthly reports, including account status, to a collection agency.
- 21.4 Utilize Billing and data systems compatible with or complimentary to the Berwyn Fire Department Patient Collections software, Zoll Epcr, the Berwyn Fire Department fire reporting system "Firehouse", and the City of Berwyn financial software "New World". Integration with New World will be managed in conjunction with the City of Berwyn Finance and IT Department.

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- 21.5 Ensure that all data collection, reporting, and billing methods comply with all current State and Federal Regulations.
  
- 22.0 Provide and be prepared to enact a sample implementation plan with projected activities and timelines, including all scheduled milestones. Identify the most critical issues that must be satisfactorily addressed to assure this contract will be successfully implemented. The proposing company shall be prepared to work with the City’s existing medical billing provider in order to allow for a seamless transition of services.

[Remainder of page intentionally left blank.]

## **IV. PROPOSER’S RESPONSE TO RFP** **(Professional Services)**

Please include all of the following information in the proposal package:

1. The completed Qualification Questionnaire:
  - A. What is the name of the Provider?
  - B. What is the servicing office address?
  - C. What are the telephone and fax numbers?
  - D. What is the name and contact information of the account executive who will primarily be responsible for our account.
  - F. How long has your firm or agency been in business?
  - G. Where is your main office located?
2. A narrative explaining how you will demonstrate and how we will quantify your ability and commitment to provide continuous professional daily service. This criterion will be evaluated on an ongoing, as needed basis. One-half page maximum.
3. A narrative describing your ability to provide the City of Berwyn all of the services listed in the Scope of Services, above. Only Providers who offer all of the services directly will be considered. Second-party service providers will not be accepted. One-half page maximum.
4. A narrative explaining current philosophies, strategies and procedures to ensure protection of patients’ private information, such as phone numbers, addresses and social security numbers. One page maximum.
5. A list of a minimum of three clients for whom similar quantity and frequency of City of Berwyn medical billing services been performed. Include the names of the clients, the names of the contacts, the addresses, telephone numbers and a description of the work performed.
6. What is your timeline and methodology for implementation? How will you work with the City’s current provider in order to provide for a seamless cutover of medical billing services?
7. Propose a timeline outlining how long before the first bills can be generated printed and mailed following the Preliminary Selection Notice being approved by the Fire Chief of his designee.
8. Submit the cost of providing services listed in the Scope of Services. This cost of service shall be submitted as a percentage of payments received.

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9. Explain your billing and collections methodology and how you are differentiated from your competition.

(Attach response here or note supporting documentation.)

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**V. PROPOSAL/CONTRACT FORM**

**\*\*\*THIS PROPOSAL, WHEN ACCEPTED AND SIGNED BY AN AUTHORIZED SIGNATORY OF THE CITY OF BERWYN, SHALL BECOME A CONTRACT BINDING UPON BOTH PARTIES.**

**Entire Block Must Be Completed When a Submitted Proposal Is To Be Considered For Award**

<b>PROPOSER:</b>	
_____	Date: _____
Company Name	_____
_____	Email Address
Street Address of Company	_____
_____	Contact Name (Print)
City, State, Zip	_____
_____	24-Hour Telephone
Business Phone	_____
_____	Signature of Officer, Partner or Sole Proprietor
Fax	_____
_____	Print Name & Title
ATTEST: If a Corporation	
_____	
Signature of Corporation Secretary	

**CITY OF BERWYN:**

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

ATTEST:

\_\_\_\_\_  
Signature of City Clerk

\_\_\_\_\_  
Date

In compliance with the specifications, the above-signed offers and agrees, if this Proposal is accepted within ninety (90) calendar days from the date of opening, to furnish any or all of the services upon which prices are quoted, at the price set opposite each item, delivered at the designated point within the time specified above.

CITY OF BERWYN  
REQUEST FOR PROPOSAL – Medical Billing Services



**VENDOR W-9 REQUEST FORM**

The law requires that we maintain accurate taxpayer identification numbers for all individuals and partnerships to whom we make payments, because we are required to report to the I.R.S all payments of \$600 or more annually. We also follow the I.R.S. recommendation that this information be maintained for all payees including corporations.

Please complete the following substitute W-9 letter to assist us in meeting our I.R.S. reporting requirements. The information below will be used to determine whether we are required to send you a Form 1099. Please respond as soon as possible, as failure to do so will delay our payments.

**BUSINESS (PLEASE PRINT OR TYPE):**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_

**STATE:** \_\_\_\_\_

**ZIP:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **FAX:** \_\_\_\_\_

**TAX ID #(TIN):** \_\_\_\_\_

(If you are supplying a social security number, please give your full name.)

**REMIT TO ADDRESS (IF DIFFERENT FROM ABOVE):**

**NAME:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**CITY:** \_\_\_\_\_

**STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**TYPE OF ENTITY (CIRCLE ONE):**

- |                      |                                                       |
|----------------------|-------------------------------------------------------|
| Individual           | Limited Liability Company –Individual/Sole Proprietor |
| Sole Proprietor      | Limited Liability Company-Partnership                 |
| Partnership          | Limited Liability Company-Corporation                 |
| Medical Corporation  |                                                       |
| Charitable/Nonprofit | Government Agency                                     |

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

CITY OF BERWYN  
REQUEST FOR PROPOSAL – Medical Billing Services

**PROPOSER’S CERTIFICATION (page 1 of 3)**

With regard to \_\_\_\_\_, Proposer \_\_\_\_\_ hereby certifies  
(Name of Project) (Name of Proposer)  
the following:

1. Proposer is not barred from bidding this Contract as a result of violations of Section 720 ILCS 5/33E-3 (Bid Rigging) or 720 ILCS 5/33E-4 (Bid-Rotating);
2. Proposer certifies that it has a written sexual harassment policy in place and is in full compliance with 775 ILCS 5/2-105(A)(4);
3. Proposer certifies that it is in full compliance with the Federal Highway Administrative Rules on Controlled Substances and Alcohol Use and Testing, 49 C. F.R. Parts 40 and 382 and that all employee drivers are currently participating in a drug and alcohol testing program pursuant to the Rules.
4. Proposer further certifies that it is not delinquent in the payment of any tax administered by the Department of Revenue, or that Proposer is contesting its liability for the tax delinquency or the amount of a tax delinquency in accordance with the procedures established by the appropriate Revenue Act. Proposer further certifies that if it owes any tax payment(s) to the Department of Revenue, Proposer has entered into an agreement with the Department of Revenue for the payment of all such taxes that are due, and Proposer is in compliance with the agreement.

BY: \_\_\_\_\_  
Proposer's Authorized Agent

		-						
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**FEDERAL TAXPAYER IDENTIFICATION NUMBER**

or \_\_\_\_\_  
Social Security Number

Subscribed and sworn to before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public

CITY OF BERWYN  
REQUEST FOR PROPOSAL – Medical Billing Services

**PROPOSER'S CERTIFICATION (page 2 of 3)**

(Fill Out Applicable Paragraph Below)

(a) **Corporation**

The Proposer is a corporation organized and existing under the laws of the State of \_\_\_\_\_, which operates under the Legal name of \_\_\_\_\_, and the full names of its Officers are as follows:

President: \_\_\_\_\_

Secretary: \_\_\_\_\_

Treasurer: \_\_\_\_\_

and it does have a corporate seal. (In the event that this Proposal is executed by other than the President, attach hereto a certified copy of that section of Corporate By-Laws or other authorization by the Corporation which permits the person to execute the offer for the corporation.)

(b) **Partnership**

Signatures and Addresses of All Members of Partnership:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The partnership does business under the legal name of: \_\_\_\_\_  
which name is registered with the office of \_\_\_\_\_ in the State of \_\_\_\_\_.

(c) **Sole Proprietor**

The Proposer is a Sole Proprietor whose full name is: \_\_\_\_\_  
and if operating under a trade name, said trade name is: \_\_\_\_\_  
which name is registered with the office of \_\_\_\_\_ in the State of \_\_\_\_\_.

5. Are you willing to comply with the City's preceding insurance requirements within 13 days of the award of the contract? \_\_\_\_\_

Insurer's Name \_\_\_\_\_

Agent \_\_\_\_\_

Street Address \_\_\_\_\_

CITY OF BERWYN  
REQUEST FOR PROPOSAL – Medical Billing Services

**PROPOSER’S CERTIFICATION (page 3 of 3)**

City, State, Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

**I/We affirm that the above certifications are true and accurate and that I/we have read and understand them.**

Print Name of Company: \_\_\_\_\_

Print Name and Title of Authorizing Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_