



# Administrative Services Department Procurement

2330 McCulloch Blvd N. | Lake Havasu City | Arizona 86403-5950  
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## Request for Proposals Ambulance Billing Services P24-FD-500385 ADDENDUM NO. ONE 03/04/2024

Attention is called to the following changes, additions, clarifications and/or deletions to the original solicitation and they shall be taken into account in preparing submissions:

There is no change in the opening time. **Submissions are due no later than 3:00 p.m., Arizona Time on Wednesday, April 3, 2024** at the City Clerk's Office, 2330 McCulloch Blvd. N., Lake Havasu City, AZ 86403.

Question Number	Question	Answer
1.	What is the date by which you will answer these questions?	March 4, 2024  Addendum Two will not be issued until on or around March 27, 2024 which is after the deadline date for questions.
2.	a) Why has this bid been released at this time? b) If there was a previous solicitation for these services, what was its title, number, release date, and due date?	a) Reference RFP-PDF page 6, paragraphs 2.0 and 3.0. b) No previous solicitation. This will be a new City Fire Department service if awarded a certificate of necessity from ADHS.
3.	When is the anticipated contract start date?	After May 15, 2024, or upon inception of the City's ambulance services.
4.	a) Are bidders permitted to deviate in any way from any manner of quoting fees you may be expecting? For example, if there is a pricing page in the RFP, can bidders submit an alternate fee structure? b) If there is no pricing page in the RFP, do you have any preference for how bidders should quote fees or can bidders create their own pricing categories?	a) Reference RFP-PDF page 8, sub-paragraph 9.4 regarding Billing Approach and 9.5 regarding Cost Proposal and Pricing Methodology.  b) There is no pricing page in the RFP. Reference answer 4(a) above.
5.	Please describe your level of satisfaction with your current or recent vendor(s) for the same purchasing activity, if applicable.	Reference above Answer number 2. This will be a new City service. The City does not have a current vendor.
6.	If this is a term contract subject to renewal, what is the term and the maximum number of option periods?	Reference RFP-PDF page 25, Attachment A – Draft Services Agreement, Article III – Contract Term.

7.	Has the current contract gone full term?	Reference above Answer number 5.
8.	Have all options to extend the current contract been exercised?	Reference above Answer number 5.
9.	Who is the incumbent, and how long has the incumbent been providing the requested services?	Reference above Answer number 5.
10.	To what extent will the location of the bidder's proposed location or headquarters have a bearing on any award?	Zero extent.
11.	How are fees currently being billed by any incumbent(s), by category, and at what rates?	Reference above Answer number 5.
12.	What estimated or actual dollars were paid last year, last month, or last quarter to any incumbent(s)?	Reference above Answer number 5.
13.	What were your annual gross charges last year or for the last 12 months?	Reference above Answer number 5.
14.	What were your annual total adjustments for last year or for the last 12 months?	Reference above Answer number 5.
15.	What were your annual contractual allowance write offs for last year or for the last 12 months?	Reference above Answer number 5.
16.	What were your annual gross collections last year or for the last 12 months?	Reference above Answer number 5.
17.	Can you please provide the total collections for your most recent complete fiscal year?	Reference above Answer number 5.
18.	What are your per-mile ground transport charges?	Reference above Answer number 5.
19.	Can you please provide the average loaded mileage per transport?	Reference above Answer number 5.
20.	What are your advanced life support charges?	Reference above Answer number 5.
21.	What are your advanced life support emergency level 1 charges?	Reference above Answer number 5.
22.	What are your advanced life support emergency level 2 charges?	Reference above Answer number 5.
23.	What are your basic life support charges?	Reference above Answer number 5.
24.	What are your basic life support emergency charges?	Reference above Answer number 5.
25.	What are your specialty care transport charges?	Reference above Answer number 5.

26.	What are your treatment without transport charges?	Reference above Answer number 5.
27.	What is your average per-trip charge?	Reference above Answer number 5.
28.	When were the last changes to your transport rates, and are you considering raising any of the rates currently charged?	Reference above Answer number 5.
29.	Are there any other charges you assess not otherwise covered by our questions?	Reference above Answer number 5.
30.	What percentage of your patients are residents versus non-residents, and do you charge the two groups differently?	Reference above Answer number 5.
31.	Do you operate any shared services agreements with any other municipal or county governments in the region and, if so, with whom?	No
32.	What were your transports per year for advanced life support for last year or for the last 12 months?	Reference above Answer number 5.
33.	What were your transports per year for advanced life support emergency level 1 for last year or for the last 12 months?	Reference above Answer number 5.
34.	What were your transports per year for advanced life support emergency level 2 for last year or for the last 12 months?	Reference above Answer number 5.
35.	What were your transports per year for basic life support for last year or for the last 12 months?	Reference above Answer number 5.
36.	What were your transports per year for basic life support emergency for last year or for the last 12 months?	Reference above Answer number 5.
37.	What were your transports per year for specialty care transport for last year or for the last 12 months?	Reference above Answer number 5.
38.	What were your transports per year for treatment without transport for last year or for the last 12 months?	Reference above Answer number 5.
39.	What is your payer mix expressed as percentages of 100% billed?	Reference above Answer number 5.
40.	What is your payer remit mix expressed as percentages of 100% of what you typically receive?	Reference above Answer number 5.
41.	What is your average loaded miles per trip?	Reference above Answer number 5.
42.	What is your average revenue per call?	Reference above Answer number 5.
43.	Do you have a lockbox provider and, if so, which provider?	CDS Global. This contract expires . A new competitive solicitation has recently been issued. This provider may change in the near future.

44.	If you have a lockbox provider, will that provider remain in place as a result of this procurement?	Yes, until we find a new provider. The billing vendor will collect all payments and remit to the City, so will be responsible for having a lockbox service, if needed. However, the billing vendor may propose other payment options showing the different costs in the proposal. In addition, the City will retain the ability to accept patient payments at the City location and transfer payment information to the billing vendor.
45.	Do you currently use a lockbox for all payments and correspondence? If so, who will be responsible for the cost of the lockbox	The billing vendor will collect all payments and remit to the City, so will be responsible for having a lockbox service, if needed. However, the billing vendor may propose other payment options showing the different costs in the proposal. In addition, the City will retain the ability to accept patient payments at the City location and transfer payment information to the billing vendor.
46.	Does your agency utilize a bank lockbox for receipt and deposit of payments? a. If so, will the billing vendor have online access? b. Will the billing vendor be required to pay the lockbox fee, or will the cost be covered by the agency? c. If you require the billing vendor to pay, can you provide the current cost of the lockbox?	The billing vendor will collect all payments and remit to the City, so will be responsible for having a lockbox service, if needed. However, the billing vendor may propose other payment options showing the different costs for the proposal. In addition, the City will retain the ability to accept patient payments at the City location and transfer payment information to the billing vendor.
47.	Do you have a collection agency provider and, if so, which provider?	Yes - Valley Collection Service, LLC
48.	Which local hospitals or care facilities typically receive most of your patients?	Havasu Regional Medical Center
49.	Are you currently using an electronic patient care (ePCR) reporting system? If so, which system are you currently using? Are you interested in different ePCR options?	Yes, the Fire Department is using ImageTrend for our ePCR reporting system. At this time, we are not interested in any different ePCR options.
50.	Will the vendor be financially responsible for the cost of your ePCR software and hardware? If so, please provide all specifications.	No.
51.	Can you please provide the net charges for your most recent complete fiscal year?	Reference above Answer number 5.
52.	Can you please provide the average revenue collected per transport for your most recent complete fiscal year.	Reference above Answer number 5.
53.	Can you please provide a breakdown of your most recent complete fiscal year transports by primary payor for the following categories? a. Medicare b. Medicaid c. Commercial Insurance d. Patient Pay	Reference above Answer number 5.

54.	Can you please confirm how many invoices do you require and at what interval?	Reference above Answer number 5.
55.	Can you please provide the number of transports for each call type for your most recent complete fiscal year? a. ALS Emergency b. ALS Non-Emergency c. BLS Emergency d. BLS Non-Emergency e. ALS 2 f. SCT	Reference above Answer number 5.
56.	Please provide your current rates for each of the following service levels: a. Mileage b. ALS Emergency c. ALS Non-Emergency d. BLS Emergency e. BLS Non-Emergency f. ALS 2 g. Specialty Care Transport h. Paramedic Intercept i. Treatment No Transport j. Lift Assists k. Any other billable dispositions broken out by each disposition	Reference above Answer number 5.
57.	Please provide your Treatment No Transport policy.	Currently, we do not charge the patient for treatment with no transport. Please note: We are obtaining our certificate of necessity (CON) from the AZDHS. We cannot charge patients for treatment since we have no method of treating and referring them to another healthcare provider. We can reevaluate the treatment and no transport policy when we receive our CON.
58.	Please describe your current practice for managing Notice of Privacy Practice (NPP). Will the successful vendor be responsible for mailing NPP's?	Once the medical transport program is implemented, we shall establish a Notice of Privacy Practice (NPP) standard.
59.	Do you currently participate in any supplemental payment programs, such as PEMT, GEMT, etc.?	No

60.	<p>Does your agency currently have a merchant account established with a credit card processing solution?</p> <p>a. If so, please provide the name of the solution.</p> <p>b. Will your agency pay for associated credit card processing fees?</p>	<p>The billing vendor will be responsible for accepting credit card payments using their merchant account established for the purpose of accepting City payments. Credit card processing fees would be paid by the billing vendor, so should be reflected as a cost item in the proposal if passing to the City.</p>
61.	<p>Will the billing vendor be required to mail Notice of Privacy Practices to transported patients?</p>	<p>The billing vendor will need to comply with the Notice of Privacy Practices standards for transported patients. Please refer to question 58.</p>
62.	<p>Does your agency plan to charge for any supplemental fees, such as oxygen, backboards, etc.?</p> <p>a. If so, please provide the list and associated rates.</p>	<p>No</p>
63.	<p>Has the City applied for and received their CON from the State for EMS transport services?</p> <p>a. If not, when is it expected since this is required to be in place and published with your approved rates by the State to be reimbursed for Medicaid transports?</p>	<p>Reference RFP-PDF page 6, paragraphs 2.0 and 3.0.</p>

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