



THIRD PARTY BILLING AND COLLECTION SERVICES FOR THE EMERGENCY MEDICAL SERVICES DIVISION OF THE BROWNSVILLE FIRE DEPARTMENT
BID # PTS-11-1210 Addendum # 3 Bid Opening: April 30, 2010 @ 4:00pm

**City of Brownsville
Purchasing/Contracting Department**

ADDENDUM # 3

**REQUEST FOR PROPOSALS
FOR A TERM CONTRACT FOR THIRD PARTY BILLING AND
COLLECTION SERVICES FOR THE EMERGENCY MEDICAL
SERVICES DIVISION OF THE BROWNSVILLE FIRE
DEPARTMENT**

Bid # PTS-11-1210

ACKNOWLEDGEMENT OF RECEIPT

Please fax this page upon receipt

Please fill in the requested information below as acknowledgment that *you have received the Addendum* noted above. If your firm is interested in participating, this sheet must be completed and returned or faxed to:

Mr. Roberto C. Luna, Jr.
Purchasing Director - City of Brownsville - P.O. Box 911
City Hall 1001 E. Elizabeth St., First Floor, Suite 101
Brownsville, Texas 78520
Phone: (956) 548-6081 Fax: (956) 546-2711
Email: purchasing@cob.us

Name of Firm: _____

Address: _____

City, State _____ Zip: _____

Telephone Number: _____ Fax Number: _____

e-mail: _____

- () **YES**, Our Company does have an interest in responding.
- () **NO**, Our Company does not have an interest in responding.

Name: (Print) _____

Title: _____

Signature: _____

Date: _____



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ADDENDA: The undersigned hereby acknowledges receipt of the following addenda to the Specifications, all of the provisions and requirements of which Addenda have been taken into consideration in the preparation of the foregoing proposal.

1.- Changes have been made to the Specifications:

Original:

**Bid Opening Date: April 23, 2010
Bid Opening Time: 4:00 p.m.**

Revision:

**Bid Opening Date: April 30, 2010
Bid Opening Time: 4:00 p.m.**



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2.- Request for Clarifications:

- 1.) During your last fiscal year, what was your payer mix (percentage) for charges for 911?

We have our calls combined emergency and non-emergency we are a 911 based operation this is our payor mix

Medicare 48%

Medicaid 32%

Private insurance 8%

Self Pay 12%

- 2.) During your last fiscal year, what was your payor mix (percentage) for payments for 911 (emergency) transports?

We have our calls combined emergency and non-emergency we are a 911 based operation this is our payor mix

Medicare 40%

Medicaid 6%

Private insurance 10%

Self Pay 13%

Non collectable 31% (contractual obligation and field errors)

- 3.) During your last fiscal year, what was your total number of EMS Transports?

For our total number of calls from October 1, 2008 through September 30, 2009 (which is our fiscal year) are 20608

- 4.) In your last fiscal year, what was your total revenue (before vendor fees) from EMS transports?

Our total revenue for last fiscal year was an estimated 2.9 million after adjustments and no vendor fees.



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- 5.) During the last fiscal year, what percentage of all charges was coded ALS1? ALS2? BLS?

During last year fiscal year we had the following breakdown:

ALS/EMERGENCY 6,126

ALS/NON-EMERGENCY 529

BLS/EMERGENCY 2,800

BLS/NON-EMERGENCY 7,520

NO TRANSPORTS 3,633

- 6.) Who is your current EMS Billing Vendor? What does the company currently charge the City for EMS Billing Services?

The city has an in house city of Brownsville EMS Billing office and there is no charge to City.

- 7.) Please list the principal hospitals to which BFD personnel make transports. Also, please indicate next to each hospital the percentage of your total transports in 2009 that each hospital received.

The City of Brownsville principal hospitals are Valley Regional Medical Center and Valley Baptist Medical Center. In the year 2009 we transported 4,848 calls to Valley Regional and 6,253 to Valley Baptist Medical Center.

- 8.) In fiscal year 2008 and fiscal year 2009, approximately what percentage of all annual transports included at least one EMT-P or EMT-I on transport vehicle?

Our transport vehicle ambulances are mandated by one paramedic and one intermediate and or two paramedics at all times.

- 9.) Where payments currently are sent? Directly to City Offices? A bank lock box? Another place?

Our payments come directly to our physical address, post office box and direct deposit to the city bank.

- 10.) How long have you used your current billing service provider?

The City of Brownsville has always done their billing in house since 1978.

- 11.) What is the fee for service being charged by your current billing service provider?

The City of Brownsville fee is zero.



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- 12.) In the most recent calendar or fiscal year, what was the total amount of gross charges generated by the City for ambulance charges?

The total amount gross charges generated by the City for ambulance charges is \$7,918,810.00

- 13.) In most recent calendar or fiscal year what was the actual number of billable transports provided by the City?

16,975 was the number of billable transports provided by the City.

- 14.) In most recent calendar or fiscal year, what was the total amount of actual cash reimbursement realized by the City for ambulance transports?

The actual cash reimbursement realized by the City for ambulance transports for last fiscal year was \$2,900,000.00.

- 14.) Please provide your current rates for each of the ambulance transports categories.

The City of Brownsville base rates are as follows:

ALS/NON-EMER AND EMERGENCY \$450.00

BLS/NON-EMERGENCY \$250.00

BLS EMERGENCY \$350.00

NO TRANSPORT WITH TREATMENT \$150.00

NO TRANSPORT NO FEE

MILEAGE FOR ALL CALLS \$10.00

- 15.) Has the City use an e-PCR system in the past or currently?

The City has not used an e-PCR system.

- 16.) Has the City evaluated e-PCR software in the past and if so does the City have a preference for a particular e-PCR system? And does the City want the Vendors to include field hardware for the e-PCR system, and if so does the City have a preference for hardware?

The City has no preference for any particular e-PCR. However the city has in the past reviewed EMS software for a turnkey solution. Vendors shall include all pertinent hardware for a turnkey solution. Any proposed hardware must be approved by our M.I.S. Department. Information on hardware can be forwarded to purchasing@cob.us for approval.



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3. - Changes have been made to the Specifications:

DELETE - page number 38-41

Submitted,

(Name of Bidder)

(Signature)

(Print)

Date

END OF ADDENDUM 3