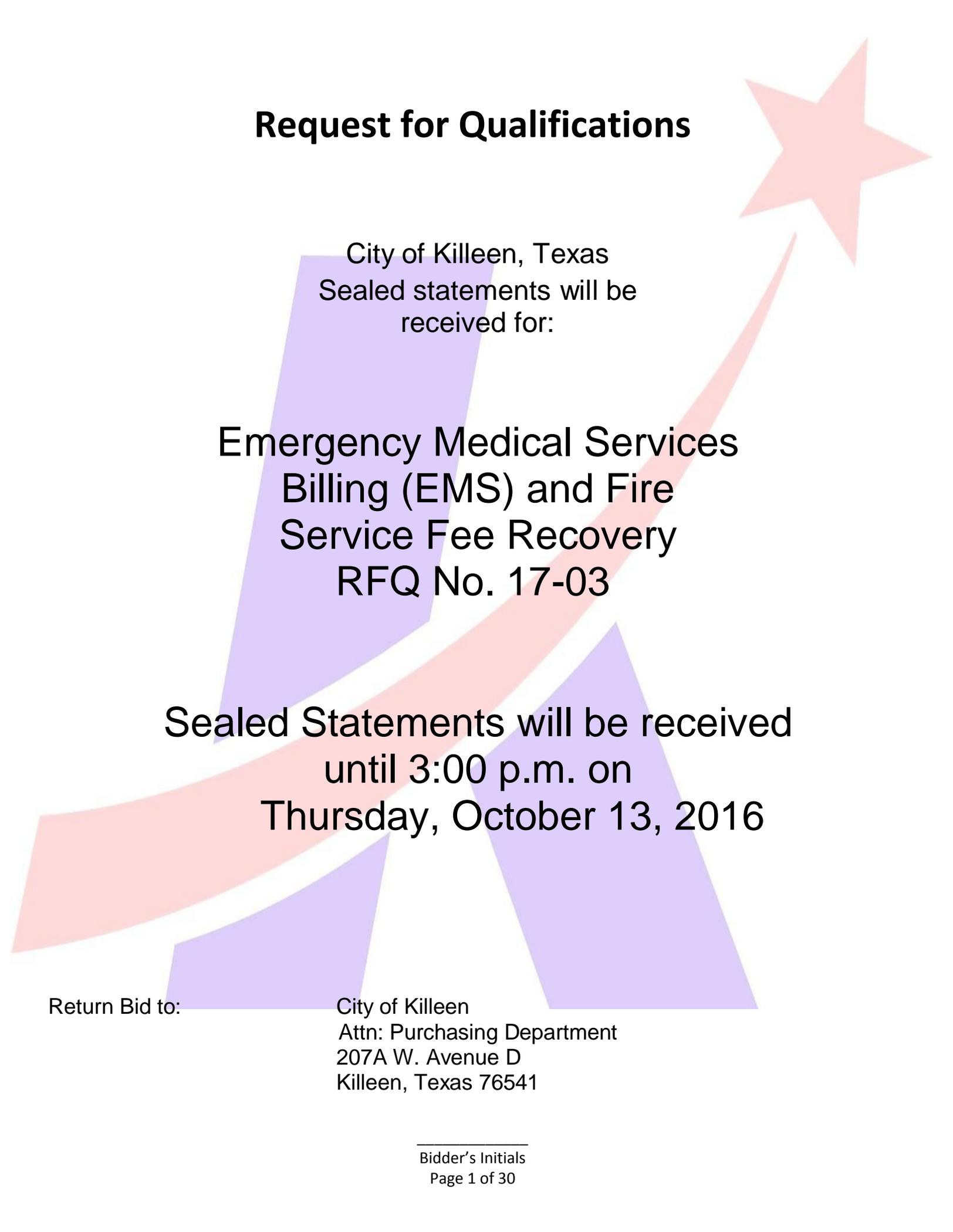


# Request for Qualifications



City of Killeen, Texas  
Sealed statements will be  
received for:

Emergency Medical Services  
Billing (EMS) and Fire  
Service Fee Recovery  
RFQ No. 17-03

Sealed Statements will be received  
until 3:00 p.m. on  
Thursday, October 13, 2016

Return Bid to:

City of Killeen  
Attn: Purchasing Department  
207A W. Avenue D  
Killeen, Texas 76541

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**NOTICE TO QUALIFIED FIRMS  
EMERGENCY MEDICAL SERVICES BILLING AND  
FIRE SERVICE FEE RECOVERY  
RFQ NO. 17-03  
CITY OF KILLEEN, TEXAS**

The City of Killeen will receive Statements of Qualifications for Emergency Medical Services (EMS) Billing and Fire Service Fee Recovery until October 13, 2016 at 3:00 p.m. Submittals must be addressed to the City of Killeen, Purchasing Division, 207A W. Avenue D, Killeen, Texas 76541 and shall be plainly marked with the name and address of the proposer and “RFQ 17-03”. Submittals received after the closing time will be returned unopened.

Firms shall furnish an all-inclusive system that includes equipment, products, materials, supervision, and labor required to provide a comprehensive, automated medical billing and accounts receivable system.

Questions will be accepted by Randy Jimenez at [rjimenez@killeentexas.gov](mailto:rjimenez@killeentexas.gov) through October 6, 2016 at 3:00 p.m. Statement of Qualifications must be submitted on the forms provided by the City.

Complete information regarding this solicitation can be found at [www.killeentexas.gov/purchasing](http://www.killeentexas.gov/purchasing), IonWave E-bid site, DemandStar and Electronic State Business Daily (ESBD).

The City of Killeen reserves the right to reject any or all submissions and waive any irregularities.

CITY OF KILLEEN, TEXAS

Randy Jimenez  
Purchasing Manager

## INTRODUCTION

The City of Killeen is soliciting Statement of Qualifications from firms that are interested and qualified to perform billing and accounts receivable services for the City's Emergency Medical Services (EMS) and Fire Services. The successful contractor will furnish an all-inclusive system that includes equipment, products, materials, supervision, and labor required to provide a comprehensive, automated medical billing and accounts receivable system.

The City of Killeen Fire Department employs 6 administrative personnel and 231 Fire/EMS officers. The Fire Department has 7 fire stations; each station operates an engine and an ambulance plus various other apparatuses. The department averages 17,000 EMS calls yearly.

Statements will be received and publicly acknowledged within the City Hall Council Chambers (located at 101 N. College, Killeen, TX).

The City of Killeen is aware of the time and effort your company expends in preparing and submitting statements to the City. Please advise the City of statement requirements causing your company difficulty in responding to our RFQ. It is the desire of the City of Killeen to make the process as workable and expedient as possible in order that all responsible vendors will be allowed to compete for the City's business.

All statement responses shall be in writing with one (1) original, five (5) copies and one (1) electronic version (CD Rom or USB Drive) of the statement returned in a sealed envelope bearing the name and address of the respondent. Facsimile and/or email transmittals will not be accepted. Response packages will be accepted until **3:00 P.M. on October 13, 2016** and should be addressed to:

City of Killeen  
Attn: Purchasing Department  
207 A West Ave D  
Killeen, Texas 76541

## **DEFINITIONS, TERMS & CONDITIONS**

### **Definitions**

In order to simplify the language throughout this Request for Qualifications, the following definitions shall apply:

**CITY OF KILLEEN** – Same as City.

**CITY COUNCIL** – The elected officials of the City of Killeen, Texas as given the authority to exercise such powers and jurisdiction of all City business as conferred by the State Constitution and Laws.

**CONTRACT** – An agreement between the City and a vendor to furnish supplies and/or services over a designated period of time during which repeated purchases are made of the commodity and/or service specified.

**CITY** – The government of the City of Killeen, Texas

**FIRM** – The successful respondent to this RFQ

**RFQ** – Request for Qualifications

### **Electronic Documents**

A business may be supplied with the original documents in electronic form to aid in the preparation of statement(s). By accepting these electronic documents, respondents agree not to edit or change the language or format of these documents. Submission of a statement by a respondent signifies full agreement with this requirement.

### **Respondents**

A respondent shall demonstrate the following:

- a.) Have adequate financial resources
- b.) Be able to comply with the required performance requirements
- c.) Have a satisfactory record of performance by indicating the servicing of comparable accounts
- d.) Have a satisfactory record of integrity and ethics
- e.) Be otherwise qualified and eligible to receive this award of contract

### **Specifications**

The apparent silence of any specification as to any detail or to the apparent omission of a detailed description concerning any point shall be regarded as meaning that only the best commercial practices are to prevail. All interpretations of these specifications shall be made on the basis of this statement. It is the responsibility of the respondent to ask questions or bring up concerns to the City if any specification seems unclear or is lacking detail in any way.

### **Questions and Inquiries**

Questions and inquiries about this RFQ should be directed via email to [rjimenez@killeentexas.gov](mailto:rjimenez@killeentexas.gov). In the subject line of the email please indicate RFQ 17-03 questions. Questions should be submitted in writing by 3:00 P.M. on the date specified herein.

### **Addenda**

Any interpretations, corrections, or changes to this RFQ will be made by an addendum. All addenda issued will be posted on our City of Killeen website at: <http://www.killeentexas.gov/purchasing>. It shall be the responsibility of the Firm to keep track of all addenda issued for this RFQ. The City will make an attempt to email addenda to all known interested vendors. All addenda issued will become a part of the RFQ and the Firm shall submit them within their statement to acknowledge receipt.

### **Communication**

The City shall not be responsible for any verbal communication between any employee of the City and any potential firm. Only written requirements and qualifications will be considered.

### **Reservations**

The City reserves the right to accept or reject any or all statements of qualification as a result of this RFQ, to negotiate with all qualified sources, or to cancel, in part or in its entirety, this RFQ if found in the best interest of the City. All statements become the property of the City of Killeen. A respondent taking exception to the specifications, or offering substitutions, shall state these exceptions by an attachment as part of their statement. The absence of such a listing shall indicate that the respondent has not taken exceptions and shall hold the respondent responsible to perform in strict accordance with the specifications in this RFQ if they are awarded the contact.

### **Reimbursements**

There is no express or implied obligation for the City of Killeen to reimburse responding firms for any expenses incurred in preparing statements in response to this RFQ and City of Killeen will not reimburse responding firms for these expenses, nor will City pay any subsequent costs associated with the provision of any additional information or presentation, or to procure a contract for these services.

### **Certification**

Statements must be completed and submitted as required in this document. The certification form must be fully completed.

### **Standard Contracts**

Should this RFQ include a City standard contract, a statement of willingness to utilize the City of Killeen standard agreement for services (attached) must be provided. Respondents should review the attached standard form of agreement thoroughly.

### **Receipt of Statements**

The submitted statement must be received by the Purchasing Division prior to the time and date specified. The mere fact that the statement was dispatched will not be considered; the respondent must insure that the statement is actually delivered. All statements received after the deadline will be rejected upon a delivery attempt or returned to the firm unopened.

A statement may not be withdrawn or cancelled by the respondent without the permission of the City of Killeen for a period of ninety (90) days following the date designated for the receipt of their statement, and the respondent agrees to this upon submittal of their statement.

Statements cannot be altered or amended after the submission deadline. Any interlineations, alterations or erasures made before the opening of the statement(s) shall be initialed guaranteeing their authenticity.

The respondent shall sign and date each statement in the packet that is representative of their firm's offer. The person signing the statement must have the authority to bind their firm in a contract. Statements received which are not signed and dated in this manner, may be rejected.

### **Protest**

Any respondent wishing to file a protest concerning alleged improprieties with this solicitation must submit the protest in written format to the Purchasing Division at the address stated herein within 5 business days after the specified time of the RFQ closing. The formal written protest must identify the name of the respondent contesting the solicitation, the name of the RFQ, the RFQ number, and the specific grounds for the protest with all supporting documentation. A response to the protest will be prepared by the Purchasing Division within 10 business days of receipt of the protest. All determinations made by the City are final.

### **Disclosure**

At the public closing time, there will be no disclosure of contents to competing firms, and all statements will be kept confidential during the negotiation process. Except for trade secrets and confidential information which the respondent identifies as proprietary, all statements will be open for public inspection after the contract award. Any item(s) marked proprietary or that contain a trade secret shall be clearly marked in a separate section of the statement.

### **Selection process scoring**

It is the intent of the City of Killeen to select a single firm to accomplish all the services outlined in this invitation to bid. Bid(s) will be scored using the following method:

<b><u>Criteria</u></b>	<b><u>Maximum Points</u></b>
<b>EMS Billing Technique</b>	<b>20</b>
<b>EMS Patient Care Reporting System</b>	<b>20</b>
<b>Fire Service Fee Recovery Technique</b>	<b>20</b>
<b>Fire Service Fee Recovery Report System</b>	<b>20</b>
<b>Reporting Features</b>	<b>10</b>
<b>References</b>	<b><u>10</u></b>
<b>Total</b>	<b>100</b>

### **Selection Process**

A selection committee, possibly consisting of employees from the Finance Department, Fire Department, and Information Technology Department, shall review all statements and evaluate them based upon the criteria identified herein.

### **Oral Presentations**

After all statements have been evaluated, the selection committee may require representatives of one or more of the respondents to appear and make presentations to the selection committee for the purpose of making a final evaluation and recommendation for contract award. However, the City, may in its sole discretion, award a contract without presentations, based solely on information supplied in the statement responses.

### **Negotiations**

Negotiations may be conducted with responsible respondent(s) who submit statements that are reasonably qualified of being selected. All respondent(s) reasonably qualified of being selected based on criteria set forth in this RFQ may be given an opportunity to make a presentation and/or interview with the selection committee. Following any presentation and/or interviews, firms will be ranked in order of preference and contract negotiations will begin with the top ranked firm.

Should negotiations with the highest ranked firm fail to yield a contract, or if the firm is unable to execute said contract, negotiations will be formally ended and then commence with the second highest ranked firm, etc. However, the City may in its sole discretion, award a contract without interviews, based solely on information supplied in the statement responses.

### **Term of Contract**

This contract shall become effective from date of acceptance and approval by the City of Killeen (on or about December 1, 2016). It shall remain in full force and effect with firm fixed prices for a period of twenty-four (24) months. The City shall have the option of renewing the contract, subject to approval of funding and review of the services provided by the Contractor, for three (3) additional one (1) year terms to be awarded one (1) year at a time (not to exceed 5 years total). Any renewal options are subject to an annual performance review and recommendation of the City of Killeen. The firm's schedule of fees and charges for collection shall remain unchanged for a minimum of two (2) years following an acceptance of a contract.

### **Award of the Contract**

Award of the contract shall be made to the responsible respondent, whose statement is determined to be the most advantageous offer resulting from negotiations and taking into consideration other factors set forth in this request for qualifications.

### **Payment Terms**

Invoices must be submitted by the vendor to the City of Killeen, Attn: Finance Department, P.O. Box 1329, Killeen, Texas 76540. All invoices are to be paid in full within 30 days after satisfactory delivery of services and billing. The City is exempt by law from payment of Texas Sales Tax and Federal Excise Tax. The selected firm will be paid monthly upon receipt of an accurate account invoice on a Net thirty (30) days basis. Payment will be based on a percentage of net sums received (gross receipts less refunds) by the City for deposit.

If a discrepancy is found on any invoice, the City department will phone your customer service point of contact for correction. Payment of any corrected invoice will be made in thirty (30) days once the corrected invoice has been received, unless the bidder has provided discount payment terms. In no circumstances should any invoice dispute last longer than thirty (30) days.

No down payment or advance payment of any kind shall be made. Payment will be made within 30 days of receipt of an accurate invoice, unless discount payment terms are offered, such as 2% 15 net 30 days.

<p><b><u>PAYMENT TERMS:</u></b> Specify other payment options:</p> <p><input type="checkbox"/> Check box if you offer a prompt payment discount: %_____. Specify terms: _____</p> <p><input type="checkbox"/> Check box if you accept MasterCard for payment (City of Killeen Procurement Card or P-Card).</p> <p><input type="checkbox"/> Check here if the prompt payment discount applies to the MasterCard payment.</p>
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### **Management Changes**

Should there be a change in ownership or management, the contract shall be canceled unless a mutual agreement is reached with the new owner or manager to continue the contract with its present provisions and prices. This contract is nontransferable by either party.

## **BACKGROUND/GENERAL INFORMATION**

The Killeen Fire Department provides a wide variety of services to the community including fire suppression, emergency medical quick response, paramedic service, ground ambulance service, hazardous materials response, technical rescue, fire prevention, community education, health and wellness services and disaster preparedness programs. The Killeen Fire Department is one of the most advanced, diverse, and progressive fire departments in Texas.

As of September, 2016, the department consists of 6 administrative personal and 231 full-time commissioned personal operating from seven (7) fire stations. Each station operates a fire engine/ladder truck, an ambulance, and various other apparatus. These facilities are staffed twenty-four hours a day, seven days a week.

The Killeen Fire Department utilizes Amazon (SweetSoft) electronic patient care reporting (ePCR) Suite, a product of TriTech Emergency Medical Systems (formally Ortivus), currently for EMS billing. Also, FireRMS, from Zoll Data is used for field data collection and records management.

The Emergency Medical Service division provides emergency response to medically related emergency calls for assistance for mainly the City of Killeen and parts of Bell County, however the City may be called to respond outside our typical service area should an emergency warrant it. Automatic and mutual aid agreements with neighboring entities allow more integrated EMS response to the community. We currently average 17,000 EMS calls a year.

When a call is received from a scene of an accident and/or event and treatment is provided, a bill for services will be performed if supplies used cost exceeds \$25.00.

If a call is received from the patient's residence and treatment is provided to the sick or injured, but transportation to a medical facility is refused by the patient or family member, then a base rate fee of \$100.00 may be charged.

When aid and/or patient assessment is provided to the sick or injured in response to a call for EMS, but transportation to a medical facility is refused by either the patient or a paramedic on the scene, then no base rate fee may be charged, if the call is to a location within the city limits. Fees for no-transport calls outside of the city limits shall be determined by contract with other governmental entity's requesting the service.

Any person who uses the emergency medical services of the city, whether such person requested the same or not, shall pay for the service in accordance with the fee schedule below. Fees for services in addition to the ambulance service rate will be charged according to the fee schedule when additional services and supplies are needed by the person. The fee schedule shall apply to each person transported whether one or more persons are picked up in the same ambulance at the same time.

In the event a hospital, nursing home or other entity or individual is responsible for the transport, transfer or other transportation of a person using the ambulance service of the city, that responsible hospital, nursing home or other entity or individual shall pay for such service according to the following fee schedule:

### ***Fee Schedule***

(Based upon a one-way trip)

#### **Service Fee**

(1) BLS Transport (Emergency) on ALS Ambulance \$560.00

(2) ALS Transport, Level 1 \$690.00

(3) ALS Transport, Level 2 \$770.00

(4) Additional attendant \*\$50.00

\* If CPR is administered, the patient's weight obviously exceeds 300 lbs., or the patient is carried up or down a long flight of stairs.

(5) Treatment - no transport \$236.00.

(6) No transport – no treatment \$100.00

(7) Mileage, per mile \$13.00

(8) Extrication \$100.00

(9) Oxygen, drugs, medications, miscellaneous bandages and supplies are charged at cost.

***Standing time.*** Every emergency trip or transfer to any hospital, clinic, doctor's office or other place will include a waiting period of not more than fifteen (15) minutes without additional charge. An additional charge of fifteen dollars (\$15.00) will be made for each fifteen (15) minutes or fraction thereof, that the ambulance unit and its equipment must wait at any hospital, clinic, doctor's office, or other place prior to discharge.

***Emergency service outside of city.*** Fees for emergency ambulance services provided by the City of Killeen Emergency Medical Service to locations outside of the Killeen city limits but within Bell County shall be made in accordance with an EMS service contract between the City of Killeen and Bell County. Fees for emergency ambulance service provided by the City of Killeen Emergency Medical Service to locations out of county shall be charged in accordance with the above Fee Schedule. An additional fee of two hundred dollars (\$200.00) shall be applied.

***In-county and out-of-county transfer service.*** Each person transported on a non-emergency transfer basis, to and from points inside Bell County, shall be charged and pay the transfer and mileage fees stated above, or as modified by any EMS contract with another jurisdiction. Each person transported on a non-emergency transfer basis to or from a point outside of Bell County shall be charged and shall pay an additional two hundred dollars (\$200.00) for such service above prevailing rates and all charges for such service shall be paid for in advance. Availability of all transfer service is dependent on permission of the fire chief or his designee, based upon the need to assure adequate emergency personnel and equipment are present within the city at all times.

Only the City Council may establish the fees and same shall be charged to all customers. This does not affect the discretion or authority of either the finance department or legal department to reduce a bill to avoid an inequitable charge, or in the course of reasonably settling a dispute or claim.

The following fees are hereby established for recovery of fire services provided in an emergency incident:

**Fire and Rescue Services Billing Fees (Non-hazardous materials incidents)**

**(1) LEVEL 1 RESPONSE**

A fire service fee of \$150 shall be collected for Level 1 Response, which shall include:

- (a) Basic response by one Class A Engine/Ladder Truck or Rescue Truck, to include:
  1. Assessment of the injuries to persons involved in the emergency incident accident prior to arrival of an EMS unit, providing patient care until the arrival of an EMS unit, assisting an EMS crew with patient care, and traffic and crowd control to prevent further emergency incidents for up to 15 minutes; and
  2. Checking for fire hazard at an emergency incident, disconnecting the battery on damaged vehicles to prevent fires, and checking for spills or leaking fluids.

**(2) LEVEL 2 RESPONSE**

A fire service fee of \$300 shall be collected for Level 2 Response, which shall include any Level 1 Response, plus any of the following:

- (a) Traffic and crowd control from 16 minutes to one hour;
- (b) Application of absorbent to absorb leaking fluids or spills at an emergency incident;
- (c) Clean scene of any emergency incident of any debris, pick up vehicle parts and/or glass from roadway;
- (d) Assist in vehicle removal;
- (e) Wash down of spilled or leaked fluids from vehicles involved in an emergency incident; and
- (f) Response of an additional Class A Engine/Ladder Truck.

**(3) LEVEL 3 RESPONSE**

A fire service fee of \$400 shall be collected for Level 3 Response, which shall include any Level 1 or 2 Response, plus any of the following:

- (a) Traffic and crowd control from 16 minutes to one hour;
- (b) Extrication of a single trapped patient;
- (c) Response of three or more Class A Engines, Ladder Trucks, or Rescue Trucks;
- (d) Establishment of a landing zone for air medical response; and
- (e) Response of a Command Vehicle (maximum one)

**(4) LEVEL 4 RESPONSE**

A fire service fee of \$500 shall be collected for Level 4 Response, which shall include any Level 1, 2, or 3 Response, plus any of the following:

- (a) Extrication of multiple patients in a single vehicle;
- (b) Manpower involved in use of power or hand tools including K-12 Saw, Chain Saw, Reciprocating Saw, Drill, Acetylene Cutting Torch, Air Bags, SCBA Cylinder, Vehicle Stabilization System, plus charge for the tool as listed below;
- (c) Traffic and crowd control in excess of two hours;
- (d) Assisting Police Department with incident reconstruction;
- (e) Extrication of multiple patients in the same emergency incident;
- (f) Extrication of a single patient that takes more than one hour; and
- (g) Emergency incidents involving more than two vehicles with more than two patients requiring patient care.

The following fees may be billed for each vehicle involved in an emergency incident in addition to service fees:

#### Rescue Equipment

- (1) Vehicle Stabilization \$150
- (2) K-12 Saw \$60
- (3) K-tool \$25
- (4) Chain Saw \$50
- (5) Sawzall \$60
- (6) Windshield Tool \$20
- (7) Rescue Blanket \$35
- (8) Rope \$25
- (9) SCBA refill (one fee) \$25
- (10) Medical Disposables from an engine or rescue truck \$25

#### Fire Equipment

- (11) Flares \$5 (per unit)
- (12) AFFF/6% foam \$75 (per 5 gallons)
- (13) AFFF/1% foam \$200 (per 5 gallons)
- (14) Class A foam \$75 (per 5 gallons)
- (15) AR foam \$200 (per 5 gallons)
- (16) Salvage cover \$50 (per unit)
- (17) Water/Foam Extinguisher \$25 (per unit)
- (18) Dry Chemical Extinguisher \$50 (per unit)
- (19) CO2 Extinguisher \$50 (per unit)
- (20) Plug and Dike \$75 (per incident)
- (21) Barricade Tape \$25 (per incident)

## **SCOPE OF WORK**

The successful contractor shall provide billing and accounts receivable services for the City's Emergency Medical Services (EMS) and Fire Services. The successful contractor will furnish an all-inclusive system that includes equipment, products, materials, supervision, and labor required to provide a comprehensive, automated medical billing and accounts receivable system.

All statements must provide a statement that the firm complies with all applicable Federal, State, and local laws and regulations as they apply to the services being provided, including maintaining confidentiality for all medical and patient information in accordance with the Health Insurance Portability and Accountability Act of 1996.

Statements should specify all required hardware, peripherals, software installation, testing, training, annual program updates, maintenance fees, secure data transfer protocols and any other services and related costs associated with the following scope of work. Services shall include, but are not limited to:

### **Medical Billing and Related Services**

The successful contractor shall provide options for electronic delivery of Patient Care Reports from the ESO Solutions collection system to the contractor's billing system. Such options may include, but are not limited to, a text file with associated layout format requirement, Adobe PDF Patient Care Reports, billing contractor login to the ESO ePCR system to process data from there, etc. The City shall not utilize "hard copy" means of delivery to the billing contractor. Further the contractor shall:

1. Receive electronic patient care reports from the City;
2. Verify, gather, and/or correct missing or incorrect patient or insurance information as required to complete the billing process;
3. Prepare and submit accurate and complete invoices and all insurance forms and filings to all governmental, commercial and private insurance carriers;
4. Prepare and mail invoices to patients or other third party payer who is responsible for co-pays and/or deductibles, private pay and uninsured patients;
5. Include the following information on all invoices for services rendered:
  - o Account number
  - o Invoice number
  - o Invoice date
  - o Name of patient
  - o Name of responsible party (if different from patient)
  - o Complete address
  - o Date of transport
  - o Cost of transport including cost breakdown (flat fee and mileage)
  - o Incident number
  - o Transport mileage from and to
  - o Insurance coverage and instructions (if applicable)
  - o Contractors billing inquiry number

### **Medical Billing and Related Services**

- Provide electronic claims processing as required for Medicare and Medicaid;
- Maintain all records and patient information in a safe and secure manner that will allow inspection and audit by the City of Killeen or its authorized agents;
- Include the firms policies and procedures for system backup and recovery;
- Mail a citizen survey form, at the City's request, with a return, self addressed and postage paid envelope (provided by the City) with original invoices. Surveys will be no more than one page and will not exceed 8.5 x 11 inches;
- Make available Customer Service Representatives to assist patients and/or third party payees in all billing inquiries.

### **EMS Billing and Fire Service Fee Recovery**

- Preparation and forwarding of bills for services and supplies to insurance providers and patients.
- Insurance verification.
- Account follow-up on denials and appeals with insurance companies and governmental programs, i.e. Medicare & Medicaid.
- Accurate and timely review of claims to verify completeness and compliance.
- Electronic submission of Medicare claims and any insurance claims that can be accepted and paid electronically, except in cases where paper submission may have a financial benefit.
- Contractor will collect revenues.
- Develop, implement and monitor extended payment plans with patients unable to pay in full.
- Must provide paperless document management and scanning of all patient and insurance company correspondence, and allow secure online access to view and audit these records.
- Vendor must accept MasterCard and VISA credit cards as a form of payment.
- Must have a toll free access number for patients.
- Must indicate whether an online payment option will be available for patients.
- The City of Killeen must be able to view, access, and audit all patient accounts through the internet using the latest release of Microsoft Internet Explorer.
- Any other services customary that a vendor in this area of expertise should have reasonably known would be needed to provide a complete all inclusive system for automated accounts receivable billing services and reporting system for emergency medical services patient care and fire service fee recovery.

### **EMS Patient Care Reporting System and Fire RMS**

- Must be capable of seamless integration with billing service.
- PCR system must be capable of capturing field data from small laptop or hand held device.
- All field PCR capturing hardware and services (air cards) must be provided at the vendor's expense.
- All software related costs, including upgrades and support, must be provided at the vendor's expense.
- Must meet all legal documentation requirements for patient encounters.
- Must allow custom software modifications, as requested by the City of Killeen, on a continuing as needed/requested basis.

- The system must submit a report on a daily basis to the City of Killeen containing a summary of the EMS calls and the call locations for the previous day.
- Must be capable of interfacing with current dispatch system (Intergraph) to allow automatic input of call information into PCR.
- Must include interface with Physio-Control Lifepak cardiac monitor to allow automatic transfer of captured patient information.
- PCR reporting must be accessible through connection through the internet using the latest release of Microsoft Internet Explorer.
- Any other services customary that a vendor in this area of expertise should have reasonably known would be needed to provide a complete all inclusive system for automated accounts receivable billing services and reporting system for emergency medical services patient care and fire service fee recovery.

### **Reporting**

The successful contractor shall provide all standard reports available through their system via an internet based reporting system. These reports shall include, but are not limited to the following:

**Distribution of Charges and Collections** -This report will track the charges, payments and insurance class mix of all patients for a given month. (Provide sample of this report)

**Aged Receivable Report** -This report will have outstanding invoices sorted by date for current, thirty, sixty, ninety and over ninety days. This report will provide totals for these categories. (Provide sample of this report)

**Patient Alpha Listing** -This report lists all invoices alphabetically by patient name. (Provide sample of this report)

**Monthly Payment Listing** -This report lists payments, bad checks, required charge offs, and refunds posted to each patient's account. (Provide sample of this report)

**Overpayment Reports** -This report lists all patients due refunds as a result of overpayment of account. (Provide sample of this report)

### **Weekly & Monthly Reporting Requirements:**

- Cash receipts by payer type and carrier.
- Monthly gross revenues, assignment/adjustment reports.
- Monthly accounts receivables reports.
- Monthly and fiscal productivity reports.
- Monthly collected accounts ledger.
- Monthly revenue adjustment report including write-offs.
- Quality assurance/quality improvement recommendation reports.
- Call volume and call location reports.
- Medic statistics, including individual medic encounter and refusal counts.
- Patient age reports.
- Call type reports.
- Response time reports.
- Other reports as requested.
- Any other services customary that a vendor in this area of expertise should have reasonably known would be needed to provide a complete all inclusive system for automated accounts receivable billing services and reporting system for emergency medical services patient care and fire service fee recovery.

### **Submission of required tracking data to the Texas Department of State Health Services**

- Trauma reports.
- Do Not Resuscitate.
- Other Reports as required by the State.
- Any other services customary that a vendor in this area of expertise should have reasonably known would be needed to provide a complete all inclusive system for automated accounts receivable billing services and reporting system for emergency medical services patient care and fire service fee recovery.

### **Training**

The Contractor shall be responsible for onsite training, at time of contract execution and periodically throughout the term of the contract, to ensure that all City of Killeen Fire Department personnel and Accounting staff are trained regarding documentation, charges, applicable health care laws and regulations as it relates to the billing process. The successful contractor must provide a minimum of three (3) training manuals for all aspects of the system functionality.

## **FORMAT SUBMISSION REQUIREMENT**

**Respond in writing, with one (1) original, five (5) copies and one (1) electronic version (CDRom or USB Drive) of the statement. The statement should be delivered in a sealed envelope to the address indicated, bearing the name and address of the respondent along with the RFQ number and title.**

The City of Killeen requires comprehensive responses to every section within this RFQ. To facilitate the review of the responses, respondents shall follow the described statement format. The intent of the statement format requirements is to expedite review and evaluation. It is not the intent to constrain respondents with regard to content, but to assure that the specific requirements set forth in this RFQ are addressed in a uniform manner amenable to review and evaluation.

### **TAB A      Qualifications and experience**

1. Briefly introduce your firm, providing a summary of the administration, organization and staffing of your firm, including multiple offices, if applicable. Provide an organizational chart indicating the positions and names of the core management team which will undertake this engagement.
2. Identify the project manager and each individual who will work as part of this engagement. Include resumes for each person to be assigned. Include any professional designations and affiliations, certifications and license, etc.
3. Describe the experience of the firm in the last thirty six (36) months in performing services in similar size and scope. Briefly describe:
  - A.) Previous experience with patient care reporting, EMS billing, Fire Service Fee Recovery, and collections.
  - B.) Vendor resources available for billing and collections for the City of Killeen. This should include the number of personnel currently employed as well as office location(s). Please include the availability of support (hardware and software) for the City of Killeen as well any support for billed patients or responsible parties.
  - C.) Amount of personnel available for training both field and office personnel.
  - D.) Your firms experience with handling government or military claims.
  - E.) Provide evidence of firm's financial stability such as your firm's credit rating.
4. The same information must be provided for any associate firm or sub-contractor.

### **TAB B      Methodology including technical approach and understanding of the scope of the project.**

1. Statements must include a narrative description of the Contractors' plan for accomplishing the work and services to be provided to the City.
2. Statements must indicate a clear understanding of the scope of work, including a detailed project plan for this engagement outlining major tasks and responsibilities, time frames, and staff assigned for each category of the scope of work identified above.
3. Statements shall identify progress reports that will be made available during the process and key decision points.

4. Statements shall clearly distinguish the Contractors' duties and responsibilities and those of the City. Absence of this distinction shall mean the Contractor is assuming full responsibility for all tasks.

**TAB C**      **Time Line**

Statements must include a time-line that includes as a minimum, each decision point and milestones for each step of the process. A separate time line should be provided for the initial engagement or start up process and the on-going services to be provided during the course of the agreement.

**TAB D**      **References**

Provide references for similarly successful projects from five Governmental agencies (or regional districts), including the name of the agency, contact name, telephone, fax, and email address.

**TAB E**      **Acknowledgements**

1. Certification, acknowledgement of any addenda issued and a statement of willingness to sign the City of Killeen Standard Form of Agreement.
2. Sample alternative contracts which may include:
  - Sample contract with field hardware and interfaces.
  - Sample contract without field hardware but dispatch and Lifepak interfaces'.
  - Sample contract with no hardware or dispatch and Lifepak interfaces. This should still include all software, updates and support.

**CERTIFICATION**

The undersigned affirms that they are duly authorized to execute a contract, that this RFQ has not been prepared in collusion with any other firm, and that the contents of this RFQ have not been communicated to any other firm prior to the official opening of this RFQ. Additionally, the undersigned affirms that the firm is willing to sign the enclosed Standard Form of Agreement (if applicable).

Signed By: \_\_\_\_\_ Title: \_\_\_\_\_

Typed Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Email: \_\_\_\_\_

Bid Address: \_\_\_\_\_

P.O. Box or Street                      City                      State                      Zip

Order Address: \_\_\_\_\_

P.O. Box or Street                      City                      State                      Zip

Remit Address: \_\_\_\_\_

P.O. Box or Street                      City                      State                      Zip

Federal Tax ID No.: \_\_\_\_\_

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

## **Exhibit A**

### **INSURANCE REQUIREMENTS**

During the term of this Agreement Contractor's insurance policies shall meet the following requirements:

I. Standard Insurance Policies Required:

- A. Commercial General Liability
- B. Business Automobile Liability
- C. Workers' Compensation

II. General Requirements Applicable to All Policies:

- A. Only Insurance Carriers licensed and admitted to do business in the State of Texas will be accepted.
- B. Deductibles shall be listed on the Certificate of Insurance and are acceptable only on a per occurrence basis for property damage only.
- C. "Claims Made" policies are not accepted.
- D. Each insurance policy shall be endorsed to state that coverage shall not be suspended, voided, canceled, reduced in coverage or in limits except after thirty (30) days prior written notice by certified mail, return receipt requested, has been given to the City of Killeen.
- E. Upon request, certified copies of all insurance policies shall be furnished to the City of Killeen.
- F. The City of Killeen, its officials, employees and volunteers, are to be named as "Additional Insured" to the Commercial General and Business Automobile Liability policies. The coverage shall contain no special limitations on the scope of protection afforded to the City, its officials, employees or volunteers.

III. Commercial General Liability

- A. General Liability insurance shall be written by a carrier with a "A:VIII" or better rating in accordance with the current Best Key Rating Guide.
- B. Limit of \$1,000,000.00 per occurrence for bodily injury and property damage with an annual aggregate limit of \$2,000,000.00 which limits shall be endorsed to be per Project.
- C. Coverage shall be at least as broad as ISO form GC 00 01.
- D. No coverage shall be excluded from the standard policy without notification of individual exclusions being attached for review and acceptance.

- E. The coverage shall include but not be limited to the following: premises/operations with separate aggregate; independent contracts; products/completed operations; contractual liability (insuring the indemnity provided herein) Host Liquor Liability, Personal & Advertising Liability; and Explosion, Collapse, and Underground coverage.

IV. Business Automobile Liability

- A. Business Automobile Liability insurance shall be written by a carrier with a “A:VIII” or better rating in accordance with the current Best Key Rating Guide.
- B. Minimum Combined Single Limit of \$1,000,000.00 per occurrence for bodily injury and property damage.
- C. Coverage shall be at least as broad as Insurance Service’s Office Number CA 00 01.
- D. The Business Auto Policy must show Symbol 1 in the Covered Autos Portion of the liability section in Item 2 of the declarations page.
- E. The coverage shall include owned autos, leased or rented autos, non-owned autos, any autos and hired autos.
- F. Pollution Liability coverage shall be provided by endorsement MCS-90, with a limit of \$1,000,000.00.

- V. Those policies set forth in Paragraphs III and IV shall contain an endorsement naming the City as Additional Insured and further providing that the Contractor’s policies are primary to any self-insurance or insurance policies procured by the City. The additional insured endorsement shall be in a form at least as broad as ISO form GC 2026. Waiver of subrogation in a form at least as broad as ISO form 2404 shall be provided in favor of the City on all policies obtained by the Contractor in compliance with the terms of this Agreement. Contractor shall be responsible for all deductibles which may exist on any policies obtained in compliance with the terms of this Agreement. All coverage for subcontractors shall be subject to the requirements stated herein. All Certificates of Insurance and endorsements shall be furnished to the City’s Representative at the time of execution of this Agreement, attached hereto as Exhibit C, and approved by the City before work commences.

VI. Workers Compensation Insurance

- A. Pursuant to the requirements set forth in Title 28, Section 110.110 of the Texas Administrative Code, all employees of the Contractor, all employees of any and all subcontractors, and all other persons providing services on the Project must be covered by a workers compensation insurance policy: either directly through their employer’s policy (the Contractor’s or subcontractor’s policy) or through an executed coverage agreement on an approved Texas Department of Insurance Division of Workers Compensation (DWC) form. Accordingly, if a subcontractor does not have his or her own policy and a coverage agreement is used, contractors and subcontractors must use that portion of the form whereby the hiring contractor agrees to provide coverage to the employees of the subcontractor. The

portion of the form that would otherwise allow them not to provide coverage for the employees of an independent contractor may not be used.

- B. Workers compensation insurance shall include the following terms:
1. Employer's Liability minimum limits of \$1,000,000.00 for each accident/each disease/each employee are required.
  2. "Texas Waiver of Our Right to Recover From Others Endorsement, WC 42 03 04" shall be included in this policy.
  3. Texas must appear in Item 3A of the Workers Compensation coverage or Item 3C must contain the following: All States except those listed in Item 3A and the States of NV, ND, OH, WA, WV, and WY.
- C. Pursuant to the explicit terms of Title 28, Section 110.110(c) (7) of the Texas Administrative Code, the bid specifications, this Agreement, and all subcontracts on this Project must include the following terms and conditions in the following language, without any additional words or changes, except those required to accommodate the specific document in which they are contained or to impose stricter standards of documentation:

A. *Definitions:*

*Certificate of coverage ("certificate") – An original certificate of insurance, a certificate of authority to self-insure issued by the Division of Workers Compensation, or a coverage agreement (DWC-81, DWC-83, or DWC-84), showing statutory workers' compensation insurance coverage for the person's or entity's employees providing services on a project, for the duration of the project.*

*Duration of the project - includes the time from the beginning of the work on the project until the Contractor's/person's work on the project has been completed and accepted by the governmental entity.*

*Persons providing services on the project ("subcontractors" in § 406.096 [of the Texas Labor Code]) - includes all persons or entities performing all or part of the services the Contractor has undertaken to perform on the project, regardless of whether that person contracted directly with the Contractor and regardless of whether that person has employees. This includes, without limitation, independent Contractors, subcontractors, leasing companies, motor carriers, owner-operators, employees of any such entity, or employees of any entity which furnishes persons to provide services on the project. "Services" include, without limitation, providing, hauling, or delivering equipment or materials, or providing labor, transportation, or other service related to a project. "Services" does not include activities unrelated to the project, such as food/beverage vendors, office supply deliveries, and delivery of portable toilets.*

- B. *The Contractor shall provide coverage, based on proper reporting of classification codes and payroll amounts and filing of any coverage agreements, that meets the statutory requirements of Texas Labor Code, Section 401.011(44) for all employees of the Contractor providing services on the project, for the duration of the project.*

- C. *The Contractor must provide a certificate of coverage to the governmental entity prior to being awarded the contract.*
- D. *If the coverage period shown on the Contractor's current certificate of coverage ends during the duration of the project, the Contractor must, prior to the end of the coverage period, file a new certificate of coverage with the governmental entity showing that coverage has been extended.*
- E. *The Contractor shall obtain from each person providing services on a project, and provide to the governmental entity:*
  - (1) *a certificate of coverage, prior to that person beginning work on the project, so the governmental entity will have on file certificates of coverage showing coverage for all persons providing services on the project; and*
  - (2) *no later than seven calendar days after receipt by the Contractor, a new certificate of coverage showing extension of coverage, if the coverage period shown on the current certificate of coverage ends during the duration of the project.*
- F. *The Contractor shall retain all required certificates of coverage for the duration of the project and for one year thereafter.*
- G. *The Contractor shall notify the governmental entity in writing by certified mail or personal delivery, within 10 calendar days after the Contractor knew or should have known, or any change that materially affects the provision of coverage of any person providing services on the project.*
- H. *The Contractor shall post on each project site a notice, in the text, form and manner prescribed by the Division of Workers Compensation, informing all persons providing services on the project that they are required to be covered, and stating how a person may verify coverage and report lack of coverage.*
- I. *The Contractor shall contractually require each person with whom it contracts to provide services on a project, to:*
  - (1) *provide coverage, based on proper reporting of classification codes and payroll amounts and filing of any coverage agreements, that meets the statutory requirements of Texas Labor Code, Section 401.011(44) for all of its employees providing services on the project, for the duration of the project;*
  - (2) *provide to the Contractor, prior to that person beginning work on the project, a certificate of coverage showing that coverage is being provided for all employees of the person providing services on the project, for the duration of the project;*
  - (3) *provide the Contractor, prior to the end of the coverage period, a new certificate of coverage showing extension of coverage, if the coverage period shown on the current certificate of coverage ends during the duration of the project;*

- (4) *obtain from each other person with whom it contracts, and provide to the Contractor:*
  - (a) *A certificate of coverage, prior to the other person beginning work on the project; and*
  - (b) *A new certificate of coverage showing extension of coverage, prior to the end of the coverage period, if the coverage period shown on the current certificate of coverage ends during the duration of the project;*
- (5) *retain all required certificates of coverage on file for the duration of the project and for one year thereafter;*
- (6) *notify the governmental entity in writing by certified mail or personal delivery, within 10 calendar days after the person knew or should have known, of any change that materially affects the provision of coverage of any person providing services on the project; and*
- (7) *Contractually require each person with whom it contracts to perform as required by paragraphs (a) - (g), with the certificates of coverage to be provided to the person for whom they are providing services.*

*J. By signing this contract, or providing, or causing to be provided a certificate of coverage, the Contractor is representing to the governmental entity that all employees of the Contractor who will provide services on the project will be covered by workers' compensation coverage for the duration of the project; that the coverage will be based on proper reporting of classification codes and payroll amounts; and that all coverage agreements will be filed with the appropriate insurance carrier or, in the case of a self-insured, with the Commission's Division of Self-Insurance Regulation. Providing false or misleading information may subject the Contractor to administrative penalties, criminal penalties, civil penalties, or other civil actions.*

*K. The Contractor's failure to comply with any of these provisions is a breach of contract by the Contractor that entitles the governmental entity to declare the contract void if the Contractor does not remedy the breach within ten calendar days after receipt of notice of breach from the governmental entity."*

VII. Certificates of Insurance shall be prepared and executed by the insurance company or its authorized agent, and shall contain the following provisions and warranties:

- A. The company is licensed and admitted to do business in the State of Texas.
- B. The insurance policies provided by the insurance company are underwritten on forms that have been provided by the Texas State Board of Insurance or ISO.
- C. All endorsements and insurance coverages according to requirements and instructions contained herein.
- D. The form of the notice of cancellation, termination, or change in coverage provisions to the City of Killeen.
- E. Original endorsements affecting coverage required by this section shall be furnished with the certificates of insurance

**Exhibit B**  
**Conflict of Interest**

# CONFLICT OF INTEREST QUESTIONNAIRE

For vendor doing business with local governmental entity

## FORM CIQ

This questionnaire reflects changes made to the law by H.B. 23, 84th Leg., Regular Session.

This questionnaire is being filed in accordance with Chapter 176, Local Government Code, by a vendor who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the vendor meets requirements under Section 176.006(a).

By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the vendor becomes aware of facts that require the statement to be filed. See Section 176.006(a-1), Local Government Code.

A vendor commits an offense if the vendor knowingly violates Section 176.006, Local Government Code. An offense under this section is a misdemeanor.

### OFFICE USE ONLY

Date Received

**1 Name of vendor who has a business relationship with local governmental entity.**

**2**  **Check this box if you are filing an update to a previously filed questionnaire.** (The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date on which you became aware that the originally filed questionnaire was incomplete or inaccurate.)

**3 Name of local government officer about whom the information is being disclosed.**

\_\_\_\_\_  
Name of Officer

**4 Describe each employment or other business relationship with the local government officer, or a family member of the officer, as described by Section 176.003(a)(2)(A). Also describe any family relationship with the local government officer. Complete subparts A and B for each employment or business relationship described. Attach additional pages to this Form CIQ as necessary.**

A. Is the local government officer or a family member of the officer receiving or likely to receive taxable income, other than investment income, from the vendor?

Yes       No

B. Is the vendor receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer or a family member of the officer AND the taxable income is not received from the local governmental entity?

Yes       No

**5 Describe each employment or business relationship that the vendor named in Section 1 maintains with a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership interest of one percent or more.**

**6**  Check this box if the vendor has given the local government officer or a family member of the officer one or more gifts as described in Section 176.003(a)(2)(B), excluding gifts described in Section 176.003(a-1).

**7**

\_\_\_\_\_  
Signature of vendor doing business with the governmental entity

\_\_\_\_\_  
Date

## **CONFLICT OF INTEREST QUESTIONNAIRE**

### **For vendor doing business with local governmental entity**

A complete copy of Chapter 176 of the Local Government Code may be found at <http://www.statutes.legis.state.tx.us/ Docs/LG/htm/LG.176.htm>. For easy reference, below are some of the sections cited on this form.

**Local Government Code § 176.001(1-a):** "Business relationship" means a connection between two or more parties based on commercial activity of one of the parties. The term does not include a connection based on:

- (A) a transaction that is subject to rate or fee regulation by a federal, state, or local governmental entity or an agency of a federal, state, or local governmental entity;
- (B) a transaction conducted at a price and subject to terms available to the public; or
- (C) a purchase or lease of goods or services from a person that is chartered by a state or federal agency and that is subject to regular examination by, and reporting to, that agency.

**Local Government Code § 176.003(a)(2)(A) and (B):**

(a) A local government officer shall file a conflicts disclosure statement with respect to a vendor if:

\*\*\*

(2) the vendor:

(A) has an employment or other business relationship with the local government officer or a family member of the officer that results in the officer or family member receiving taxable income, other than investment income, that exceeds \$2,500 during the 12-month period preceding the date that the officer becomes aware that

(i) a contract between the local governmental entity and vendor has been executed;

or

(ii) the local governmental entity is considering entering into a contract with the vendor;

(B) has given to the local government officer or a family member of the officer one or more gifts that have an aggregate value of more than \$100 in the 12-month period preceding the date the officer becomes aware that:

(i) a contract between the local governmental entity and vendor has been executed; or

(ii) the local governmental entity is considering entering into a contract with the vendor.

**Local Government Code § 176.006(a) and (a-1)**

(a) A vendor shall file a completed conflict of interest questionnaire if the vendor has a business relationship with a local governmental entity and:

(1) has an employment or other business relationship with a local government officer of that local governmental entity, or a family member of the officer, described by Section 176.003(a)(2)(A);

(2) has given a local government officer of that local governmental entity, or a family member of the officer, one or more gifts with the aggregate value specified by Section 176.003(a)(2)(B), excluding any gift described by Section 176.003(a-1); or

(3) has a family relationship with a local government officer of that local governmental entity.

(a-1) The completed conflict of interest questionnaire must be filed with the appropriate records administrator not later than the seventh business day after the later of:

(1) the date that the vendor:

(A) begins discussions or negotiations to enter into a contract with the local governmental entity; or

(B) submits to the local governmental entity an application, response to a request for proposals or bids, correspondence, or another writing related to a potential contract with the local governmental entity; or

(2) the date the vendor becomes aware:

(A) of an employment or other business relationship with a local government officer, or a family member of the officer, described by Subsection (a);

(B) that the vendor has given one or more gifts described by Subsection (a); or

(C) of a family relationship with a local government officer.