

TOWN OF EAST HADDAM

Selectman's Office
P. O. Box 385
Moodus, CT 06469

Request for Proposal

**Emergency Medical Service (EMS) Billing Services
for the East Haddam Fire Department – Medical Division
Town of East Haddam**

Prepared By:

Town of East Haddam

Board of Selectmen

Irene M. Haines – First Selectman

Erik W. Dill– Selectman

Tanya M. Bourgoin – Selectman



May 2025

REQUEST FOR PROPOSAL
EMERGENCY MEDICAL SERVICES (EMS) BILLING SERVICES
FOR THE EAST HADDAM FIRE DEPARTMENT – MEDICAL DIVISION
TOWN OF EAST HADDAM, CONNECTICUT

The Town of East Haddam, Connecticut invites proposals from appropriate and qualified companies to provide emergency medical services (“EMS”) Billing Services for the East Haddam Fire Department – Medical Division’s basic life support EMS service.

All sealed proposals will be accepted at the Office of the First Selectman, 1 Plains Road, P.O. Box 385, Moodus, Connecticut 06469 until Thursday, June 5, 2025, at 2:00PM local time. Three (3) copies and one flash drive are required. No fax submissions will be accepted. Proposals received after that time will not be considered.

Interested proposers may obtain copies of the RFP specifications from the East Haddam First Selectman’s Office, 1 Plains Road, PO Box 385, Moodus, CT 06469 please call the office at 860-873-5021 to arrange obtaining a copy.

Any questions or requests for clarifications should be directed to the Office of the First Selectman at admin@easthaddam.org. No telephone calls will be accepted. Responses to questions submitted shall be provided to all known respondents to this Request for Proposals. No questions will be accepted or answered after Thursday, May 29, 2025. Addendums will be prepared as necessary and distributed to all interested firms.

The Town of East Haddam reserves the right to waive any informalities or defects in any qualification or proposal response. The Town reserves the right to accept other than the lowest proposal if the Board of Selectmen, in its sole discretion, deems it to be in the best interest of the Town to do so. Responses, amendments to responses or withdrawal of responses after the time set for qualifications or proposal acceptance will not be considered.

Dated at East Haddam, Connecticut
This 15th day of May 2025

Irene M. Haines
First Selectman

REQUEST FOR PROPOSAL
EMERGENCY MEDICAL SERVICES (EMS) BILLING SERVICES
FOR THE EAST HADDAM FIRE DEPARTMENT – MEDICAL DIVISION
TOWN OF EAST HADDAM, CONNECTICUT

I. PURPOSE/INTENT

The purpose/intent of this Request for Proposal (RFP) is to cover the minimum requirements to furnish and deliver Emergency Medical Service (EMS) Billing Services for the East Haddam Fire Department – Medical Division. It is preferred to begin the new contract as close to July 1, 2025 as possible.

The EMS Billing Services shall conform to the most current standards and requirements set forth by the State of Connecticut, the State of Connecticut Office of Emergency Medical Services (OEMS), the Centers for Medicare and Medicaid Services (CMS), and the Health Information Portability and Accountability Act (HIPAA).

II. BACKGROUND INFORMATION

The Town of East Haddam, (hereafter referred to as "The Town"), seeks an appropriate and qualified company to provide EMS Billing Services for the Town's basic life support EMS service. The period of engagement will be for an initial period of one (1) year with the option of renewing for two (2) periods of two (2) additional years each. The Town reserves the right to negotiate, with mutual consent, prices, terms, and conditions at the time of any renewal when such action is in the Town's best interest.

The Town of East Haddam is approximately 57 square miles and has a population of approximately 9000 residents. In 2023, there were approximately 900 calls for service.

The State of Connecticut mandates the use of an emergency medical dispatch process. The Valley Shore Emergency Communications Center uses APCO Intellicom software to meet this requirement.

The East Haddam Fire Department currently uses the cloud-based ESO Solutions electronic patient care reporting platform using iPads.

III. RFP RESPONSES

Submission Requirements

To achieve a uniform review process and obtain the maximum degree of comparability, it is required that the Proposals be organized in the following manner:

- a. Title Page: Please indicate the RFP subject, the name of your organization, address, telephone number, name of contact person and date.
- b. Table of Contents: Clearly identify the material by section and page number.
- c. Letter of Transmittal: Limited to two pages. Identify the designated contact person for all communication regarding this RFP process and include phone and email contact information. Letter shall also include a statement by the respondent accepting all terms,

conditions, and requirements contained in this RFP.

- d. Submit a list of at least three current clients and their contact information. References from in-state providers are preferred.
- e. Specifications - Individually address each of the following required specifications. For each, please describe how your system meets the specified requirement.
 - 1. Provide a complete description of the proposed billing and collections process to be implemented for the Town. This must include a complete description of the following:
 - a. Process by which EMS billing will occur.
 - b. Process by which non-payment for emergency services will be handled, including third party collection services, if any.
 - c. Process by which bundle billing for Medicare might occur in concert with the Town's designated ALS provider and/or other transport providers.
 - d. Required data collection elements from field providers to support billing for service. This should include any signature requirements.
 - e. Ability and process to manually review Electronic Patient Care Report.
 - f. Time period between multiple billings for the same event, if payment has not been received.
 - g. Time period between final billing and referral of uncollected billings to a third-party collection service, if necessary.
 - h. A sample invoice, second notice, and any other correspondence or written product sent to patients who receive a bill. The submission shall indicate the ability for the department to modify content of written communication.
 - i. The respondent's ability to provide a toll- f r e e phone number.
 - j. The respondent's ability to serve as the Town's subject matter expert for EMS billing, to include advising, locating and participating in initiatives to evaluate new or improved revenue sources, and provide training to EMS and Administrative staff.
 - k. The respondent's ability to provide a direct phone number or means to contact a single client services manager or management representative handling the Town's account. Call trees, voicemail, online 'ticket systems', or any method that does not include a direct dial phone number or email is not acceptable.
 - l. The respondent's ability to communicate with payers whose primary language is not English.
 - m. The respondent's normal hours of business where they are available to clients and patients. This should include any and all days the respondent is closed during the calendar year.

- n. The respondent will indicate how telephones will be answered in support of Town's program.
 - o. The respondent will indicate the physical location where the billing activities take place. Should more than one location be used by the respondent, please indicate as such.
 - p. The respondent's process to identify and execute refunds to patients or insurance companies as warranted.
 - q. The originating address, postmark, and return address on all mailings sent from the respondent to payers.
 - r. The respondent will indicate their compliance with the most current Centers for Medicare and Medicaid Services ICD CM/PCS (International Classification of Diseases, Clinical Modification/ Procedure Coding System)
- f. Demonstrate an active compliance program that meets or exceeds HIPAA by providing a copy of their HIPAA compliance program. It will include copies of its Business Associate Agreement and a definition of those individuals who are covered by a Business Associate Agreement. It will further discuss how it will track and maintain records regarding the request, approval, denial, and distribution of medical records in collaboration with the client. It will also provide evidence that its Internet system and electronic data file transfers (secure FTP) and associated billing systems are HIPAA compliant.
 - g. The respondent shall demonstrate that its EMS Billing Services conforms to the most current standards and requirements set forth by the State of Connecticut, the State of Connecticut Office of Emergency Medical Services (OEMS) and the Centers for Medicare and Medicaid Services (CMS).
 - h. The respondent shall make a statement indicating that it has not lost an account due to concerns of improper billing practices, accusations or client concerns of fraud as defined by CMS and other applicable Federal or State authorities; that no member of its staff has been accused, disciplined, charged, convicted of fraud, theft, deception, unethical business practice or illegal billing practices and that it is not currently under investigation for the same by any official or regulatory agency.
 - i. Provide a proposed annual fee arrangement between respondent and the Town.
 - j. The respondent shall provide a description of their business continuity plan. This should include an all hazards focus, but shall include continuity plans for severe weather impact, information technology failure including server failure, and fire.
 - k. The respondent shall indicate their process to notify the Town of any overpayment within five business days of discovering the occurrence.
 - l. The respondent shall indicate their process of providing the Town with monthly reports as outlined below:

1. New receivables billed
 2. Receivables collected
 3. Accounts receivable aging status by payer
 4. Accounts forwarded for collections
 5. Status of outstanding payment plan accounts
 6. Other reports as requested by the Town.
- m. The EMS Billing Service agrees to develop policies specific to the Town regarding the following functions:
1. Medical diagnosis documentation
 2. Rate approval processes
 3. Payer contracting policies
 4. Assignment of benefits
 5. Special situation adjustments and authority
 6. Write offs
 7. Financial hardship documentation processes
 8. Discounts
 9. Payment plans
 10. Acceptance of credit card payments
 11. Compliance activities
 12. Medical records management, including managing a HIPAA-compliant release and tracking process for requests to release Town medical reports and billing records

The EMS Billing Service shall include sample policies for each process with the bid submission.

n. IMPLEMENTATION AND EXECUTION

1. It is preferred to begin new contract as close to July 1, 2025 - as possible. Proposals shall include a detailed description of contract implementations. Details shall include a transition plan describing how contractor intends transition, actual timeline, and what is needed from the Town in doing so.
 2. A complete review of the EMS billing process shall be conducted at the end of three (3), six (6), and twelve (12) months. This review will be conducted by both the provider of EMS Billing Services and the Town and its representatives. At least one of these reviews shall be an on-site meeting between the respondent and the Town.
 3. The terms of this agreement shall be for an initial period of one (1) year with the option of two renewals of two additional years for each renewal. The Town reserves the right to negotiate prices, terms and conditions at the time on any renewal by mutual consent when such action is in the Town's best interest. Any renewal is subject to the EMS Billing Service receiving a positive annual review from the Town based upon collection rate, service, and support.
- o. Cost proposal shall be inclusive of all costs associated with executing the scope of services defined herein.

- p. Submissions are required by 2:00 PM local time by hard copy submission. Three (3) copies and one flash drive must be submitted. The Town maintains the right to reject any bid that does not meet this criteria. All sealed proposals will be accepted at the Office of the First Selectman no later than June 5, 2025 to

Irene M. Haines, First Selectman
Town of East Haddam
Municipal Office Complex
1 Plains Road, P.O. Box 385
Moodus, CT 06469

All RFP packages should be clearly marked and sealed with the Proposer's name and the words "RFP for EMS Billing Services. They can be mailed or delivered.

q. RFP COST

Proposers are responsible for all costs incurred in the development and submission of their information packages. The Town assumes no contractual obligation as a result of the issuance of this RFP, the preparation or submission of information by a Proposer.

r. PRIME RESPONDENT RESPONSIBILITY & THIRD PARTY RELATIONSHIPS

The Proposer should clarify its relationships with parties supplying portions of the RFP solution and specify the portions that each party is providing.

s. INSTRUCTIONS TO PROPOSERS

1. At the date of opening, it will be presumed that each Proposer has made a thorough examination of all information relative to the services to be performed under this contract; is satisfied as to the actual conditions and requirements of the services; and has read and become familiar with the RFP documents.
2. The Town reserves the right to reject proposals for any reason the Town deems advisable and to award a contract to any of the Proposers of service at the sole discretion of the Town. Any item required in this request for Proposal that is not included in a respondent's Proposal shall be specifically noted. If there are no specifically noted exclusions in a Proposal it will be assumed that the Proposer accepts and understands all of the requirements of this RFP.
3. Questions/Inquiries: Any questions or clarifications about this RFP should be addressed to Irene M. Haines, First Selectman at admin@easthaddam.org.
4. All RFP responses will be considered confidential information and will not be available for public viewing until a contract award is made.
5. Any proposals must be valid for a period of 120 days from the due date.
6. Proposers shall provide insurance coverage per the Indemnification and Insurance information below.

t. TAXES

The Town is a qualified tax-exempt institution and as such is not liable for any federal, state, or local excise, sales, use, property or other taxes that Proposer may incur as a result of this agreement.

u. COMPLIANCE WITH LAWS

Proposer shall operate and maintain all properties and perform all of the services required in the RFP in full compliance with all appropriate federal, state and local laws and regulations.

v. NON-DISCRIMINATION

The Proposer in performing under this agreement shall not discriminate against any workers, employee or applicant or any member of the public because of race, creed, color, religion, age, sex, marital status, national origin, mental retardation or physical disability, including but not limited to blindness, unless it is shown by Proposer that such disability prevents performance of the work involved, in any manner prohibited by the laws of the United States or the State of Connecticut, nor otherwise commit an unfair employment practice. Proposer will take affirmative action to insure that applicants are employed and that employees are treated during employment without regard to their race, creed, color, religion, age, sex, marital status, national origin, mental retardation or physical disability, including but not limited to blindness, unless it is shown by Proposer that such disability prevents performance of the work involved, in any manner prohibited by the laws of the United States or the State of Connecticut, nor otherwise commit an unfair employment practice. Proposer agrees that this non-discrimination clause will be incorporated in all contracts entered into by it with suppliers of services or materials, contractors and sub-contractors and all labor organizations furnishing skilled, unskilled and craft unions skilled labor or whom may perform any such labor or services in connection with this agreement.

w. CONTRACT FOR SERVICES

The Town and Proposer expressly agree that this is an agreement for the provision of the specific services herein described; that Proposer is to perform those services for the term set forth herein and pursuant to the provisions of this agreement; that the Proposer(s) are independent contractors, not employees of the Town, for these purposes and as such neither they nor their employees are entitled to any Town employment benefits, including without limitation, life and health insurance, vacation and sick leave, pension rights or workers compensation.

x. INSURANCE & INDEMNIFICATION

Prior to the execution of any contract, the Town of East Haddam requires that any awarded organization providing materials, equipment or services to the Town of East Haddam, must provide to the Town a certificate of insurance (in an approved format) naming the Town of East Haddam as additional insured for general liability, auto and umbrella/excess policies. Contractor coverage will be primary and noncontributory. Waiver of subrogation is required in favor of Town on all policies, including workers' compensation. Any subcontractor to a contracted firm shall be likewise covered and shall furnish certificates of coverage acceptable to the Town before starting work.

		(Minimum Limits)
Statutory Workers' Compensation		
General Liability:	Each Occurrence	\$1,000,000
	General Aggregate	\$2,000,000
	Product/Completed	
	Operations Aggregate	\$2,000,000
Auto Liability (owned, hired, non owned)	Combined Single Limit	\$1,000,000
	Each Accident	\$1,000,000
Professional Liability	Each Claim or Occurrence	\$2,000,000
	Aggregate	\$2,000,000
Umbrella (Excess Liability)	Each Occurrence	\$ 5,000,000
	Aggregate	\$ 5,000,000
		(Minimum Limits)

Copy of Malpractice/Liability Insurance Certificate in a minimum amount of \$2,000,000.

Exclusion to the Policy: A statement of exclusions to all policies will be submitted prior to the award of contract.

Non-collusion and Ethics Affidavit – Respondents shall complete Appendix A.

Indemnification and Hold Harmless

All Bidders shall fully indemnify, defend and hold harmless the Town and all of its respective officers, Board members, elected officials, employees, agents, servants and volunteers to the fullest extent allowed by law for any claim for personal injury, bodily injury, death, property damage, emotional injury or any other injury, loss or damage of any kind, including loss of person identifiable information, occurring during the term of the agreement and alleged to have been caused in whole or in part by Bidders, and even if caused by the negligence of the Town, their officers, Commissioners and Board members, elected officials, employees, agents, servants and volunteers. Bidders shall require of subcontractors, by appropriate written agreements, the same requirements in favor of the Town.

y. SELECTION PROCESS AND EVALUATION CRITERIA

The responses to this RFP will be evaluated using the following criteria:

1. The Bidder's technical understanding of the project, its purpose, scope and field as evidenced by the quality of the proposal submitted, operational plan, and staffing plan. This shall include the background and experience of the Bidder in providing similar services elsewhere, including experience with ESO Software and/or EMS billing programs with similar agencies to East Haddam Fire cloud-based ESO Solutions.
2. Competitiveness of proposed fee, although the Town is not bound to select the Bidder who proposed the lowest fees for services, the Town reserves the right to negotiate with the selected Bidder. Fee shall be based on percentage of billing revenues.
3. The quality and effectiveness of the transition plan to implement the service with minimal

disruption of services or quality.

4. Service and Support

- z. The Proposal will be evaluated by a Selection Committee who will select a group of finalists. The finalists shall be interviewed to determine, all factors considered, the most qualified and capable firm to provide services to the Town will be recommended to the Town's Board of Selectmen for contract award.

APPENDIX A

**REQUEST FOR PROPOSALS
EMERGENCY MEDICAL SERVICES (EMS) BILLING SERVICES**

NON COLLUSION AFFIDAVIT FORM

The undersigned proposer, having fully informed himself/herself/itself regarding the accuracy of the statements made herein, certifies that:

1. The proposal is genuine; it is not a collusive or sham proposal;
2. The proposer developed the proposal independently and submitted it without collusion with, and without any agreement, understanding, communication or planned common course of action with any other person entity designed to limit independent competition;
3. The proposer, its employees and agents have not communicated the contents of the proposal to any person not an employee or agent of the proposer and will not communicate the proposal to any such person prior to the official opening of the proposal; and
4. No elected or appointed official or other officer or employee of the Town of East Haddam is directly or indirectly interested in the proposer's proposal, or in the supplies, materials, equipment work or labor to which it relates, or in any of the profits thereof.

The undersigned proposer further certifies that this affidavit is executed for the purpose of inducing the Town of East Haddam to consider its proposal and make an award in accordance therewith.

Legal Name of Proposer

(signature)
Proposer's Representative, Duly Authorized

Name of Proposer's Authorized Representative

Title of Proposer's Authorized Representative

Date

Subscribed and sworn to before me this _____ day of _____, 2022

Notary Public
My Commission Expires: