



## **Town of North Providence**

### **Emergency Medical Billing**

Proposals will be received at the Office of the Purchasing Agent, 2000 Smith Street, North Providence, Rhode Island, ground floor, until 10:45 am. on Thursday September 19, 2024.

Bids will be opened and read aloud at 11:00am on Thursday September 19, 2024 in the assembly room (Ground Floor) of the North Providence Town Hall.

Bids must be sealed and plainly marked "BID FOR EMERGENCY MEDICAL BILLING" on the outside of the envelope.

The Purchasing Board reserves the right to reject any and all bids, to waive any informalities in the bids received and to accept the bid deemed most favorable to the interest of the Town.

**BID PROPOSAL**

FOR: REIMBURSEMENT FOR EMERGENCY MEDICAL SERVICES

TO: Town of North Providence Office of the Purchasing Agent 2000 Smith Street  
North Providence, RI 02911

The undersigned having familiarized ourselves with the general layout of the Town, and the State and local conditions effecting the cost of the work, and with the documents effecting everything required to be performed, and to provide and furnish all labor, equipment, and transportation service necessary to perform and complete in a work like manner, all the work and services required to comply with the hereinbefore requirements and with the provisions of the pertinent ordinances of said Town and to the requirements of the General Laws of the State of Rhode Island and Federal Regulations, at the following bid prices:

ITEM I: Percentage of total collected for Reimbursement for Emergency Medical Services Billing:

\_\_\_\_\_ (In words)

\_\_\_\_\_ % (In figures)

BIDDER: \_\_\_\_\_

Bids will be received at the Office of the Purchasing Agent, 2000 Smith Street, North Providence, Rhode Island, ground floor, until 10:45 A.M on Thursday September 19, 2024. Bids will be opened at 11:00 A.M.

Bids must be sealed and plainly marked on the outside of the envelope what is being bid upon.

The Purchasing Board reserves the right to reject any and all bids, to waive any informalities in the bids received and to accept the bid deemed most favorable to the interest of the Town.

It is understood that the Town reserves the right to award the bid by item or alternate item, and further reserves the right to reject any and all proposals or parts thereof, to waive any informality in the proposals received and to accept the proposal or parts thereof, which it deems to be most favorable to the best interest of the Town.

Bidder further agrees that after notification that the bid has been accepted shall be organized to commence work within five (5) days.

The Bidder will identify business entity as individual, or if doing business under an assumed name, indicate assumed name, partnership (naming partners) and indicate official capacity of person executing proposal and bid.

BIDDER: \_\_\_\_\_

NUMBER & STREET: \_\_\_\_\_

CITY/STATE/ZIP:  
\_\_\_\_\_

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_ PHONE NO.: \_\_\_\_\_

Being a (Corporation, incorporated under)  
the laws of the State of

(Partnership

(Individual

Composed of officers, partners or owner as follows:

(President) (Owner) (Partner/s)

**STATEMENT NO. 1:**

Statement containing the names or companies, if any, to whom the bidder plans to sublet a part of said contract, and including a listing of the services provided by each sub-contractor.

Proposed Subcontractor: If none, write "None"

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

NUMBER & STREET: \_\_\_\_\_

CITY/STATE/ZIP:  
\_\_\_\_\_

TYPE OF SERVICE PROVIDED: \_\_\_\_\_

This is to certify that the name/s of the above-mentioned subcontractors are submitted with full knowledge and consent of the respective parties.

BIDDER: \_\_\_\_\_

STATEMENT NO. 2:

Statement containing a list of the completed services performed in this or any other city or town. Said list shall contain the approximate population of the community in which said work was performed and the names and positions of the public officials who supervised said work.

Name of City or Town: \_\_\_\_\_

Approximate Population: \_\_\_\_\_

Length of Contract: From \_\_\_\_\_ to \_\_\_\_\_  
(Month & Year) (Month & Year)

Name, position, address and telephone number of Public official who supervised work:

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

Name of City or Town: \_\_\_\_\_

Approximate Population: \_\_\_\_\_

Length of Contract: From \_\_\_\_\_ to \_\_\_\_\_  
(Month & Year) (Month & Year)

Name, position, address and telephone number of Public official who supervised work:

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

BIDDER: \_\_\_\_\_

STATEMENT OF INSURANCE

The undersigned, will write and furnish to the Town of North Providence, Rhode Island, Comprehensive General Liability including Owner's Protective, in the amount of not less than \$1,000,000.00.

NAME OF INSURANCE COMPANY: \_\_\_\_\_

NUMBER & STREET: \_\_\_\_\_

CITY/STATE/ZIP:  
\_\_\_\_\_

SIGNATURE OF COMPANY OFFICIAL: \_\_\_\_\_

TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

PHONE NO.: \_\_\_\_\_

## EMERGENCY MEDICAL SERVICES

Bidders must have submitted a bidder information form to the North Providence Office of the Purchasing Agent upon receipt of specifications.

The Town of North Providence (hereinafter, the Town) is interested in obtaining the services of a management agency to seek reimbursement for the Town's Emergency.

The contractor agrees that the Town may choose to renew this agreement for additional second and third year.

The bidder must possess prior experience in either medical billing or the management of such. Prior experience will be weighed heavily in determining the responsible bidder.

The Town shall compensate the company by paying a percentage of the incoming revenues retained by bidder. The award will go to the bidder with the lowest responsible bid.

Included in the bid price, the bidder must provide all the following:

1. The bidder should demonstrate some familiarity with Medicare /Medicaid forms.
2. Monthly reporting to the Town, detailing the activity for that month as well as the type of services provided, or on an "as needed" basis, as determined solely by the Town for no additional charge.
3. Statistical reports, to allow the Town to improve its tracking of its EMS activity.
4. A system of receiving reports from the Town on a daily basis and rapid verification of information on the reports to insure that billing can be quickly and efficiently accomplished. The bidder must have access to a data base which includes all diagnostic codes and procedure codes in order to sequence each rescue run properly and receive the maximum payment.
5. Bidder's shall obtain the information needed for billing purposes from the Fire Rescue incident report, a blank copy is attached to this document.
6. A process by which all rejected claims for payment are quickly reviewed, corrected and resubmitted.
7. Direct deposit of all payments into a special account set up by the Town.
8. The Town will retain total discretion of all administrative decisions regarding the management and billing of and/or receiving payments for emergency medical services.
9. Training to all Town personnel necessary to implement this billing process (i.e. rescue personnel, other fire department personnel, etc.).

10. A full detailed plan of how the system would work. This aspect is extremely important in that the Town needs this system fully implemented immediately after the execution of a contract.
11. An established P.O. Box in North Providence area for receiving payments.
12. A full explanation of the fee structure.

**13. MBE/WBE:**

In accordance with R. I. Gen. Laws §§ 37-14.1-1 and 37-2.2-1 it is the policy of the State to support the fullest possible participation of firms owned and controlled by minorities (MBEs) and women (WBEs) and to support the fullest possible participation of small disadvantaged businesses owned and controlled by persons with disabilities (Disability Business Enterprises a/k/a “DisBE”)(collectively, MBEs, WBEs, and DisBEs are referred to herein as ISBEs) in the performance of RI State procurements and projects. As part of the evaluation process, vendors will be scored and receive points based upon their proposed ISBE utilization rate in accordance with 150-RICR-90-10-1, “Regulations Governing Participation by Small Business Enterprises in State Purchases of Goods and Services and Public Works Projects”. As a condition of contract award vendors shall agree to meet or exceed their proposed ISBE utilization rate and that the rate shall apply to the total contract price, inclusive of all modifications and amendments. Vendors shall submit ISBE participation rate on the enclosed form entitled “MBE, WBE and/or DisBE Plan Form”, which shall be submitted in a separate, sealed envelope as part of the proposal. ISBE participation credit will only be granted for ISBEs that are duly certified as MBEs or WBEs by the State of Rhode Island, Department of Administration, Office of Diversity, Equity and Opportunity or firms certified as DisBEs by the Governor’s Commission on Disabilities. The current directory of firms certified as MBEs or WBEs may be accessed at <http://odeo.ri.gov/offices/mbeco/mbe-wbe.php>. Information regarding DisBEs may be accessed at [www.gcd.ri.gov](http://www.gcd.ri.gov)

Contractor shall be licensed by and allowed to conduct Business in the State of Rhode Island and the Town of North Providence. All fees associated with the proposed work shall be at the cost of the Contractor.

This is an evaluated bid. Bids will be evaluated on the following criteria using a weighted scale:

Experience in Field	10%
Previous Performance	10%
Bid Amount	50%
Credentials/Qualifications	10%
Ability to Perform Described Services	20%
ISBE Participation bonus points	6%



NAME OF PERSON, GROUP ORGANIZATION, OR COMPANY ENTERING INTO THIS AGREEMENT:

\_\_\_\_\_  
(type or print)

NUMBER & STREET: \_\_\_\_\_

CITY/STATE/ZIP:  
\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

AUTHORIZED PERSON: \_\_\_\_\_

TITLE: \_\_\_\_\_

Here on after Name of Company entering into agreement with the Town of North Providence for Reimbursement for Emergency Medical Services shall be referred to as Contractor.

In witness where of, the Contractor enters into this Agreement with the Town of North Providence as per Bid Documents referring to Reimbursement for Emergency Medical Services.

Contractor here by agrees to adhere to these terms and conditions. All Documents pertaining to Insurance shall be submitted to the Purchasing Agents Office at the time of signing this agreement.

Town of North Providence, Rhode Island

By: \_\_\_\_\_  
Mayor, Town of North Providence

Witness: \_\_\_\_\_

By: \_\_\_\_\_  
Contractor, Authorized Agent

Witness: \_\_\_\_\_

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