TOWN OF TRUMBULL, CONNECTICUT
EMERGENCY MEDICAL SERVICES
REQUEST FOR PROPOSAL
EMS BILLING SERVICES

BID NUMBER: 6340          DUE: April 3, 2019 @ 2pm

GENERAL INSTRUCTIONS TO BIDDERS

The Town of Trumbull, Connecticut (hereinafter referred to as Town), through the Office of the Purchasing Agent, will accept sealed bids for BILLING SERVICES for the EMS Department Services in accordance with the enclosed technical descriptions, specifications, and requirements.

1. PREPARATION OF PROPOSALS
   Bids shall be submitted by using the enclosed BID PROPOSAL FORM that accompanies this request. Submit one (1) ORIGINAL and one (1) EXACT COPY. Bidders should submit bids in a clear, concise and legible manner to permit proper evaluation of responsive bids.

2. BID SUBMISSION
   Bids are to be submitted in a sealed envelope clearly marked and addressed as follows:
   Bid 6340 Due: April 3, 2019 @ 2 pm
   Purchasing Agent: Kevin Bova
   Town of Trumbull
   5866 Main Street
   Trumbull, CT 06611

   Please be advised that the person signing the formal proposal must be authorized by your organization to contractually bind your firm with regard to prices and related contractual obligations for the delivery period requested.

3. BID TIME
   Bids shall be received at the office of the Purchasing Agent, Town Hall, prior to the advertised hour of opening, at which time all proposals will be publicly opened and read aloud.

   A bidder may withdraw a proposal at any time prior to the above scheduled date and time. Any bid received after the above scheduled date and time shall not be considered or opened.

4. TOWN OPTIONS
   a) The Town reserves the right to reject any or all bids and to waive any requirements, irregularities, technical defects or service therein when it is deemed to be in the best interest of the Town.
   b) If your proposal does not meet or better the required specifications on all points that must be outlined in a letter otherwise it will be presumed that a proposal is in accordance with the required specifications.

5. TAXES
   All purchases made by the Town, and associated with the award of this requirement shall be tax exempt. Any taxes must not be included in bid prices. A Town Tax Exemption Certificate shall be furnished upon request.

6. INQUIRIES
   All inquiries regarding this request shall be answered up to the close of business on February 11, 2016, after which time no additional questions will be accepted. To ensure consistent interpretation of certain items, answers to questions the Town deems to be in the interest of all bidders will be made available in writing or by Fax as appropriate to all bidders. Inquiries of a technical nature may be directed to Leigh Goodman (203)452.5079 lgoodman@trumbull-ct.gov or Barbara Crandall, (203.452.5146) bcrandall@trumbull-ct.gov. All other questions may be directed to Kevin J Bova, Purchasing Agent (203.452.5042) kbova@trumbull-ct.gov.
Additionally, after proposals are received, the Town reserves the right to communicate with any or all of the bidders to clarify the provisions of Proposals. The Town further reserves the right to request additional information from any bidder at any time after proposals are opened.

7. **AWARD AND AUTHORITY**

The Town Purchasing Agent will issue notification of award in writing. Along with a Town standard contract. The Town will decide on low qualified bidder -whether to choose Option 1. Total Proposed Priced (all Fees, Supplies, etc.) Per Month/ year

Or may choose Option 2 the % of each month of the total revenue collected by billing service. It is Solely up to The EMS and the commissions to make the best choice for the best interest in the town.

8. **PRICING**

All prices quoted are to be firm for a period of one (1) year following bid opening. Special Consideration will be given to responses with extended firm price dates. The Town is always interested in any and all cost reduction opportunities.

9. **ASSIGNMENT OF RIGHTS, TITLES, AND INTERESTS**

Any assignment or subcontracting by a proposer, bidder, supplier, or contractor for work to be performed, or goods and/or services to be provided, in whole or in part, and any other interest in conjunction with a Town procurement shall not be permitted without the express written consent of the Town of Trumbull.

10. **HOLD HARMLESS CLAUSE**

The Contractor further agrees to indemnify, hold harmless and defend the Town from and against any and all liability for loss, damage or expense which the Town may suffer or for which the Town may be held liable by reason of injury, including death, to any person or damage to any property arising out of or in any manner connected with the operations to be performed under this Contract, whether or not due in whole or in part of any act, omission or negligence of the Owner or any of his representatives or employees.

11. **WORK REGULATIONS AND STANDARDS**

All work activities performed in association with this request must be performed and completed for the Town in accordance with current Federal State and Local regulations. All services performed shall also conform to the latest OSHA standards and/or regulations.

12. **CONFLICT OF INTEREST**

Public officials shall be prohibited from receiving any town work procured through a Public Bid or bid waived process so as to avoid any appearance of impropriety or conflict Of interest, and; Public officials cannot circumvent the intent of this ordinance by receiving Town work through a bid waiver, as proscribed by the Trumbull Town Charter.

13. **ADDENDUMS**

It is the responsibility of the bidder to verify prior to final submittal of a bid or bid if any addenda to this request have been issued. Any addenda to this request shall be posted on the Town of Trumbull website www.trumbull-ct.gov under the Purchasing Department's section. Bidders may also call the Purchasing Department directly 203.452.5031 for inquiries regarding addenda.

14. **OPTION TO RENEW**

This contract and award will be valid from July 1, 2019 to June 30, 2020. The Town may renew the term Of This contract for this requirement for Two (2) additional years, (July 1 2020 to June 30 2022) at the price Stated in the Bid Response Form by giving the contractor at least thirty (30) Day’s written notice and Mutual agreed upon by both parties. A letter of extension will be given by the Purchasing Department
15. **INSURANCE**

   a) As applicable, the successful shall furnish a Certificate of Insurance naming the Town of Trumbull as the additional insured. The insurance is to include Proposer Liability and Worker’s Compensation, thereby holding the Town of Trumbull harmless from all eventualities that may occur relative to this Proposal and the resulting purchase order or contract. The Certificates of Insurance will be provided by companies licensed in the State of Connecticut and will be in amounts of $1,000,000 General Aggregate, $1,000,000 Automobile Liability and Worker’s Compensation, and Employer’s Liability $100,000 (each accident) to the Town of Trumbull. Such policies shall provide that no coverage shall be changed or cancelled unless thirty- (30) day’s prior notice of such change or cancellation shall be made to the owner.

   b) Such notice shall be made by registered mail; postage prepaid, to the Purchasing Agent, Town of Trumbull, Town Hall, Trumbull, Connecticut 06611. In the event of cancellation, the contractor shall cease all operations on or before the effective date of said cancellation and he shall not commence work again until he has obtained replacement insurance and has delivered a Certificate of Insurance to the office of the Owner’s Purchasing Department.

   c) The Proposer shall also, deliver to the Town proof of professional liability insurance in the sum of one ($1,000,000) million dollars issued by a reputable insurance company. This insurance must be maintained throughout this engagement and proof thereof must be provided upon request.

16. **STATEMENT OF QUALIFICATIONS AND REFERENCES**

   Bidders shall complete and submit the “Statement of Qualifications” section of this request along with the References form. The Town may make such investigations as necessary and it deems appropriate to Determine the qualifications of the proposer to perform the work required. If the Town is not satisfied that the Proposer is properly qualified; The Town reserves the right to reject the proposal of said Proposer.
STATEMENT OF QUALIFICATIONS (To be submitted with proposal)

Submitted by:

Name of Organization

Name of Individual

Title

Address

Telephone ______________  Fax: ______________  Cell: ______________

General Business Information

Check If:  ____Corporation  ____Partnership  ____Joint Venture  ____Sole Proprietorship

If Corporation:

a. Date and State of Incorporation

b. List of Officers

Name Title

If Partnership

a. Date and State of Organization

b. Names of Current General Partners
c. Type of Partnership
General Publicly Traded
Limited other (describe):______________________

If Joint Venture:
a. Date and State of Organization
_____________________________________________________________________________

b. Name, Address and Form of Organization of Joint Venture Partners: (Indicate managing
partner by an asterisk*)
_____________________________________________________________________________

If Sole Proprietorship:
a. Date and State of Organization
_____________________________________________________________________________

b. Name and Address of Owner or Owners
_____________________________________________________________________________

1. On Schedule A, attached, list major construction projects completed by this organization in the
past five (5) years. (If a joint venture list each participant's projects separately).

2. On Schedule B, attached, list current projects under construction by this organization. (If joint
venture, list each participant's projects separately).

3. Name of Surety Company and name, address, and phone number of agent.
_____________________________________________________________________________

4. Is your organization a member of a controlled group of corporations as defined in I.R.C. Sec.
1563?
Yes___ No ___
If yes, show names and addresses of affiliated companies.
_____________________________________________________________________________

5. Furnish on Schedule C, attached, details of the construction experience of the principal
individuals of your organization directly involved in construction operations.

6. Has your organization ever failed to complete any construction contract awarded to it?
Yes___ No ___
If yes, describe circumstances on attachment.

7. Has any Corporate officer, partner, joint venture participant or proprietor ever failed to complete a construction contract awarded to him or her in their own name or when acting as a principal of another organization?
   Yes___ No _____
   If yes, describe circumstances on attachment.

8. In the last five years, has your organization ever failed to substantially complete a project in a timely manner?
   Yes___ No _____
   If yes, describe circumstances on attachment.

I hereby certify that the information submitted herewith, including any attachment is true to the best of my knowledge and belief.

Name of Organization: _______________________________________

By: _______________________________________

Title: _______________________________________

Dated: _______________________________________

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REFERENCES
(To be submitted with proposal – attach additional pages as necessary)

Responses to this request shall list at least four (4) references for similar work that is related in size and scope (dollar value or specification) to the proposed scope of work contained in this request. Previous projects may be cited provided they were executed within the last three years. PLEASE NOTE IT IS THE TOWN’S INTENT TO COMMUNICATE WITH THE REFERENCES LISTED HEREIN.

Contractor must provide as part of their bid, at least three (3) current references for similar refinishing, logo and game line projects.

CLIENT 1:
Organization Name: ____________________________________________
Contact Name: __________________________________ Phone: ____________________________
Service Dates: ____________________________________________
Project(s): ___________________________________________________________________________________

CLIENT 2:
Organization Name: ____________________________________________
Contact Name: __________________________________ Phone: ____________________________
Service Dates: ____________________________________________
Project(s): ___________________________________________________________________________________

CLIENT 3:
Organization Name: ____________________________________________
Contact Name: __________________________________ Phone: ____________________________
Service Dates: ____________________________________________
Project(s): ___________________________________________________________________________________

CLIENT 4:
Organization Name: ____________________________________________
Contact Name: __________________________________ Phone: ____________________________
Service Dates: ____________________________________________
Project(s): ___________________________________________________________________________________
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EXPERIENCE -PERSONNEL

Schedule A: Prior Experience (Copy Additional Pages as Needed)

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<tr>
<th>Project</th>
<th>Owner</th>
<th>Design Professional</th>
<th>Contract Price</th>
<th>Amount Completed</th>
<th>Date of Scheduled Completion</th>
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Schedule B: Current Experience (Copy Additional Pages as Needed)

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<th>Project</th>
<th>Owner</th>
<th>Design Professional</th>
<th>Contract Price</th>
<th>Amount Completed</th>
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Requirements –Description- Specifications

The Trumbull EMS Department requests pricing for all medical billing services to the Town of Trumbull, CT. The following information is provided:

Description of Services for EMS
1. Provide all necessary services related to the development, implementation, operation, and maintenance of a medical billing system.
2. Provide and maintain associated software/hardware for appropriate billing.
3. Process all paperwork for billing to insurance carriers including electronic billing as required.
4. Financial reporting with Agency drilldown capabilities
5. Analytic and dashboard tools with 24/7 access for Trumbull EMS
6. real-time financial reporting with Agency access
7. HIPPA Compliance Training.
8. In Service education to Trumbull EMS and Finance Department
10. Ability to import billing documentation from EMS Charts
11. Current list of clients
12. Provide a representative bi-monthly (as needed) to assist residents regarding billing concerns.

Description of Services to the Town of Trumbull, Finance Department
1. Direct deposit of checks into Town account.
2. Prepare standard statistical reports for the Town as required, e.g.:
   a. aging
   b. deposit record
   c. delinquent accounts
   d. status report of monthly activity
3. Assist and/or prepare with DPH/OEMS rate application.
4. Provide all necessary reports to generate rate application.

Additional Information
1. Number of patients transported: 2018- 4829
2. EMS background revenue and information can be made available on request.

Disclosures/Terms
1. Any additional fees associated with EMS Charts usage, collection agency, etc.
2. Term of contract will as posted in General requirements under 14. Option renewed.
3. Sixty day notification for termination by either party.
4. Collection Agency used.
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PROPOSAL

The undersigned hereby submit the following proposal for the request noted above and certifies that this proposal meets all the specifications and conditions requested herein. Any substitutions to the specifications requested are clearly and completely noted. Any alternate proposals are presented in a similar format to those requested and are attached herein. It is understood that the Town reserves the right to reject any or all proposals.

ADDENDA
The following Addenda have been received. The modifications to the Bid Documents noted therein have been considered and all costs thereto are included in the Base Bid.

Addenda # __________, __________, __________, __________, __________

OPTION 1
Total Proposed Price (all fees, supplies, etc.): $_________________/month $_________________/year

Or

OPTION 2
% __________________ each month of the total revenue collected by billing service.

Attach pricing methodology.

______________________________ ______________________________
Company Name By (Signature)

______________________________ ______________________________
Address Print Name

______________________________
City/town - Zip Title

______________________________
Date Telephone/Fax

______________________________
Email Website
NON-COLLUSION AFFIDAVIT OF PRIME BIDDER

State of ______________________________ )
County of ______________________________ ) SS:
_______________________________________, being first duly sworn,

1. He is _______________________________ of
   The bidder that has submitted the attached bid.

2. He is fully informed respecting the preparation and contents of the attached Bid
   and of all pertinent circumstances respecting such bid.

3. Such price is genuine and is not a collusive or sham bid.

4. Neither the said Bidder nor any of its officers, partners, owners, agents,
   representatives, employees or parties in interest, including this affiant, has in any way
   colluded, conspired, connived or agreed, directly or indirectly with any other Bidder,
   firms or person to submit a collusive or sham Bid in connection with the Contract for
   which the Contract, or has in any manner, directly or indirectly, sought by agreement or
   collusion or communications or conference with any other Bidder, firm or person to fix
   the proceeds or prices in the attached Bid or of any other Bidder, or to fix any overhead,
   profit or cost element of the Bid price or the Bid price of any bidder, or to secure
   through any collusion, conspiracy, connivance or unlawful agreement any advantage,
   against the Town of Trumbull, (Owner) or any person interested in the proposed
   Contract; and

5. The price or prices quoted in the attached Bid are fair and proper and are not
   tainted by any collusion, conspiracy, connivance or unlawful agreement on the part of
   the Bidder or any of its agents, representatives, owners, employees, or parties in interest
   including this affiant.

 Signed ______________________________

Title

Subscribed and sworn to before me this _____ day of _______________________, 20___

Title

My Commission Expires