



Questions received from Bidders and Responses on behalf of Morgan
County Posted 06/30/2023
RFP 2023-0720-001 Ambulance Billing Service
Question Set #2

Q-1) Your call volume is in the 3000+ range. But on Page 6 you show the run counts by type and the total collections per run as \$562.50. Total runs as 2329. And if we use the total collections of \$1,310,074 divided by 2329 we get the \$562.50 collection per run.

Question - Does your current reporting only count runs where there was a collection of some kind, and that is why the run count is roughly 700 less than 3000. If so, does that make your actual collection per run closer to \$436 (\$1,310,074 divided by 3000). I know many billing companies try to make their per run collection report look better by ignoring runs they collected nothing. Which can often lead to inflated per run collections and also mask the large number of runs they never collect anything on. I am interested because to properly respond to the proposal and where we can improve the large number of unpaid claims would be an area of vast improvement.

A-1) We are averaging 3,350 calls for service. Of those, a lot of them are not billable.

- ALS 1 Emergency A0427 \$2,000.00
- ALS 2 A0433 \$2,500.00
- ALS Non-Emergency A0426 \$1,800.00
- BLS Emergency A0429 \$1,450.00
- BLS Non-Emergency A0428 \$1,250.00
- Critical Care Transports A0434 \$3,000.00
- Mileage (per loaded mile) A0425 \$35.00
 - o Average 911 – 7 miles
 - o Average Inter-facility Transport – 65 miles
- Agency Assist \$450.00
- Patient Evaluation A0998 \$220.00
- Bariatric \$500.00
- Discount for self-pay within 90 days 20%

In 2021, the Service billed \$3,845,702.50 and collected \$1,310,074.90 with an average revenue of \$562.50 per transport. \$1,951,446.80 was disallowed, \$657,010.13 was self-pay, and \$3,786.55 were write offs.

A backlog of claims will not transfer.

Turnaround time for payment is currently less than 1 week from insurance companies.

Balances that are unpaid will be sent with 3 reminder letters, called via phone 3 times, and then sent to the accounting department for approval for the claim to be sent to collections.

Below is a list of the number of charges for each service in 2021 (2,566 bills, 2,329 transports):

- ALS 1 Emergency 838
- ALS 2 30
- ALS Non-Emergency 392
- BLS Emergency 859
- BLS Non-Emergency 210
- Critical Care Transports 0
- Mileage (per loaded mile) 48836.86
- Agency Assist 1
- Patient Evaluation 236
- Bariatric 0

This reporting is provided by the Accounting Department.

Q-2) Your Statement on page 6 says turnaround time is less than 1 week for payment from insurance companies. In Colorado, (and across the entire country no exceptions) Medicare pays in 14-15 days. Medicaid in Colorado does average about 1 week. 45% of your runs are Medicare and 19% are Medicaid, 14% commercial. Commercials are anywhere from 7 days to 90 days with some like VA and WC sometimes much longer. Since insurance is 78% of your runs that makes Medicare 57.6% of **insurance** runs (45% of all runs, 78% are insurance, so 57.6% of insurance runs) With that data, how are you achieving a 7 day payment average for insurance since 57.6% is Medicare all others would have to pay in in less than 1 day or actually before they were billed. **Is this a report produced by the current biller than says 1 week average, if so how can it be accurate.** Again this affects the response to the section about how to improve service.

A-2) At the time that this RFP was drafted, it was reported by our current billing service provider that insurance turnaround is 1 week.