



Finance Department  
Central Services Division

**ADDENDUM FOR PROPOSAL  
EMS BILLING  
RFP NO.: 920-FIN-112  
ADDENDUM NO.: 3**

10/14/20

To: All VENDORS:

Please make the following changes to the above mentioned bid package.

**In response to the following questions and clarifications:**

*Will the new vendor be responsible for onsite documentation training?*

No, unless there are specific issues that need to be addressed with their billing system

*Do you have existing mounting & docking equipment in your vehicles?*

Yes

*If so, what brand of computer have you been using?*

We currently use Panasonic Toughbook 20 with Havis Mounts

*Do you have existing antennas?*

Yes

*If possible what brand / model of antenna do you have or what COAX connection are you currently using?*

The Havis mounts have Dual Antenna Pass Through connection

*Your \$6,119,995 in gross collections on \$25,911,884 in gross charges seems particularly low – have you identified the issues or problems in this low percentage?*

There is no issue. The City has higher rates for services, which results in higher gross charges and with the payer mix at approx. 38% Medicaid, 43% Medicare and writing off residents; these factors drive down collections.

After contractuals (legally uncollectable money) of \$15,665,171 from Medicare and Medicaid net charges are \$10,246,713.



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Factor in resident write offs at \$2,590,898.

Net charges at \$7,655,815, collections at \$6,119,995 for 2019 dates of service to date.

Medicaid breakout of Medicaid into Managed Care and Fee For Service.

City of Rockford			
2019 Medicaid Breakdown			
	Total	Fee For Service	Managed Care
Gross charges	\$9,604,212.00	\$1,294,647.00	\$8,309,565.00
Net charges	\$1,976,075.00	\$266,374.00	\$1,709,701.00
Net collection	\$1,426,798.00	\$192,332.00	\$1,234,466.00
Annual transports	7396	997	6399

Provide the total FFS Medicaid payments made under the GEMT program recently implemented along with the approved Cost Per Transport for ALS and BLS established by HHS.

### GEMT Cash Receipts And Adjustments Recap

CITY OF ROCKFORD		
Pay Source	Payments	GEMT
ILLINICARE	\$0.00	(\$897,961.49)
ILLINICARE MEDICARE	\$0.00	(\$2,756.80)
Medicaid Illinois	\$0.00	(\$939,649.30)
MERCY CARE (MDR)	\$0.00	(\$2,677.11)
Meridian Health Plan (MCAID F	\$0.00	(\$1,357.37)
MOLINA IL MD REPLACEMENT	\$0.00	(\$184,705.60)
YOUTH CARE HEALTH PLAN	\$0.00	(\$2,735.77)
<b>Grand Totals</b>	<b>\$0.00</b>	<b>(\$2,031,843.44)</b>

For the ET3 Model:

Does the reference to ETS preparedness mean the proposers readiness to support ET3?

YES

Does your 911 Call center provide a medical triage line?



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Currently no but we are working collaboratively with a hospital to provide a RN in the center and operate a triage line

*Will you be implementing all 3 components of the program? If not, how many components?*

We plan to implement all 3 components

*Will you be extending this service for all payers? Or just Medicare FFS?*

Medicare FFS only at this time

*Can you provide a list of the participating alternate destinations and healthcare partners?*

Swedish American Hospital and Rosecrance

*Will your clinical protocols be developed by a Medical Director?*

Yes

*Provide the provider information sheet from IL Medicaid, which contains cost report amounts. – \*see attached.*

All other portions remain unchanged.

**A copy of this addendum or a reference thereto must be included with your bid or the bid will not be read or considered.**

If you have any questions please contact the Central Services Division at (779) 348-7164

PROVIDER KEY-- PROVIDER NAME AND ADDRESS  
 366006082001 CITY OF ROCKFORD FIRE DEPT  
 204 S 1ST ST IL 61104-2033  
 ROCKFORD

PROVIDER TYPE: 070 - AMBULANCE CO  
 ORGANIZATION TYPE: 03 - CORPORATION  
 ENROLLMENT STATUS: B - ACTV NDCST  
 EXCEPTION INDICATOR - NO EXCEPT  
 CERTIFIC/LICENSE NUM - 000001398 ENDING 07/31/23  
 COUNTY 109-WINNEBAGO  
 TELEPHONE NUMBER: (779) 348-7171 LAST TRANSACTION ADD AS-OF 02/19/20  
 D.E.A. #: UPIN #:  
 CLIA #:

RE-ENROLLMENT INDICATOR: M DATE: 08/01/2021  
 FISCAL YEAR END: 12/31/19

INSTITUTION INFORMATION:

PROCEDURE CODE	PROCEDURE DESCRIPTION	BEGIN DATE	CURRENT RATE	PROCEDURE CODE	PROCEDURE DESCRIPTION	BEGIN DATE	CURRENT RATE
000A0422	AMB (ALS/BLS) OXYGEN & OXYGEN SUP	12/07/15	11.28	000A0425	GROUND MILEAGE	07/01/18	5.60
000A0426	AMBULANCE, ALS, NON-EMERGENCY	07/01/18	201.29	000A0427	AMBULANCE SERVICE, ALS, EMERGE	10/01/19	1,922.95
000A0428	AMBULANCE, BLS, NON-EMERGENCY	07/01/18	121.60	000A0429	AMBULANCE, BLS, EMERGENCY TRAN	10/01/19	1,708.28
000A0433	AMBULANCE SERVICE, ALS2	07/01/18	201.29	000A0434	AMBULANCE SERVICE, SPECIALTY C	07/01/18	268.88

COS ELIGIBILITY CATEGORY OF SERVICE  
 050 EMERGENCY AMBULANCE TRANSPORT  
 1 CITY OF ROCKFORD  
 PAYEE CODE  
 PAYEE NAME  
 CITY OF ROCKFORD  
 DBA: CITY OF ROCKFORD FIRE DEPT  
 PAYEE STREET  
 PO BOX 8750  
 PAYEE CITY  
 CAROL STREAM  
 ST ZIP  
 IL 60197  
 PAYEE ID NUMBER  
 366006082-61108-01  
 DME RC#  
 EFF DATE  
 12/12/05

\*\*\* NPI NUMBERS REGISTERED FOR THIS HFS PROVIDER ARE:  
 1720050826  
 \*\*\* ATTENTION: PROVIDERS SHOULD CONTACT IMPACT.HELP@ILLINOIS.GOV WITH ANY QUESTIONS