

From: [Forsberg, Kristen](#)
To: ["Doc Mirino"](#)
Subject: RE: Ambulance Billing/Collection Service
Date: Monday, March 27, 2017 12:00:00 PM
Attachments: [Comstar Ambulance Billing Contract EXECUTED 2-13-17.pdf](#)
[20170327091211406.pdf](#)
[20170327115755326.pdf](#)
[Ambulance Billing RFP Holders List.pdf](#)

Hi Doc,

Below please find our response to your public records request:

1. I have attached a signed copy of the contract.
2. I have attached a copy of ComStar's proposal.
3. I have attached the rating and ranking sheets.
4. I have attached a list of companies that requested the RFP. Only two companies submitted proposals: ComStar and Coastal Medical Billing.
5. There is no such record as the contract started March 1, 2017.

Thanks,

Kristen L. Forsberg
Assistant to the Town Administrator
Town of Leicester
3 Washburn Square
Leicester, MA 01524
508-892-7000

From: Doc Mirino [mailto:doc.mirino@mygovwatch.com]
Sent: Monday, March 20, 2017 10:22 AM
To: Forsberg, Kristen <forsbergk@leicesterma.org>
Subject: RE: Ambulance Billing/Collection Service

Thank you. Regarding this award, I would like to request a copy of any documents responsive to the list below, which may be available to the public through the open records and/or freedom of information laws in your jurisdiction.

1. A copy of the signed contract
2. A copy of the awarded vendors proposal, excluding confidential information.
3. A copy of any documents that show vendors scores and/or ranks during evaluations, including the pricing(percentage rate) submitted by all vendors
4. A list of companies that requested the RFP and a list of companies that submitted a proposal.
5. Any reports over any time period related to contract performance. The most recent month, quarter, or year would be preferred.

Best Regards,

Doc Mirino
Net Gain Marketing
doc.mirino@mygovwatch.com
P: 877-533-1680 x700

From: Forsberg, Kristen [<mailto:forsbergk@leicesterma.org>]
Sent: Monday, March 20, 2017 8:25 AM
To: Doc Mirino
Subject: RE: Ambulance Billing/Collection Service

Hi Doc,

The bid was awarded to ComStar and the contracts have been signed. Thanks,

Kristen L. Forsberg
Assistant to the Town Administrator
Town of Leicester
3 Washburn Square
Leicester, MA 01524
508-892-7000

From: Doc Mirino [<mailto:doc.mirino@mygovwatch.com>]
Sent: Monday, March 20, 2017 8:24 AM
To: Forsberg, Kristen <forsbergk@leicesterma.org>
Subject: RE: Ambulance Billing/Collection Service

Good morning,

Has the above been awarded yet, if so, who was awarded and have contracts been signed?

Best Regards,
Doc Mirino
Net Gain Marketing
Ph #877-533-1680 x700
Fax #866-848-9162

TOWN OF LEICESTER

DATE: FEBRUARY 13TH, 2017

This Contract is entered into on, or as of, this date by and between the Town of Leicester, 3 Washburn Square, Leicester, MA 01524 (the "Town"), and

Comstar Ambulance Billing Service
"Contractor"

8 Turcotte Memorial Drive
Rowley, MA 01969

(978) 356-3344
Telephone Number

(978) 356-2721
FAX Number

1. This is a Contract for the procurement of the following:

Comstar shall perform billing and collection services (see Addendum 1 for an outline of these services) for the Town of Leicester on behalf of its ambulance service. Comstar does not guarantee payment to the Town but rather agrees to set up procedures necessary to collect funds due to the Town in connection with ambulance services provided to its patients.

Comstar shall coordinate attainment of all necessary Third Party Provider* Numbers for Blue Cross, Medicare, Medicaid, and other Insurance Company Carriers and take whatever steps necessary in order to submit claims to the various carriers for Ambulance Services rendered by the Town. Only in those cases where required information is not available from other sources, will patients be contacted directly.

* Third party payers include all parties (other than the patient) responsible for payment of the patient's bill for ambulance services rendered by the Town. All medical insurance coverage for the patient, as well as Workmen's Compensation coverage, is, for the purposes of this Contract, deemed to be provided by a third party payer.

The Members of Town's ambulance service shall use reasonable efforts to secure from patients and/or the hospital, important information, including name, address, insurance information and other information needed to bill for ambulance services provided by the Town.

Once this information is collected, it shall be transmitted to Comstar. Comstar shall promptly ascertain that all required information has been recorded; take the steps necessary to assemble required additional information, and promptly submit all forms required in order to secure payment of the patient's bills from third party carriers.

Comstar shall institute a Billing and Collection process per Addendum #1.
Comstar will contact the Town if additional billing/patient data information is necessary.

All bills prepared by Comstar for the benefit of the Town shall indicate to the third party carrier and patient that payment is to be made payable to the Town. In order to control the billing of co-insurers, and others, payments made via check will be processed through Comstar and forwarded to the Town. Comstar reserves the right of offset for fees due to Comstar. Medicare, Medicaid and some other payers will make payment direct to the client's bank account via EFT. Comstar will have no negotiating rights to the town's bank account.

The Town shall promptly notify Comstar of any direct payments received by the Town, and of any decision by the Town to grant a write-off for either a portion or the full amount of a patient's bill.

Funds collected by Comstar shall be forwarded to the Town or its designated bank account. A reconciliation of all ambulance billing and collection activity, done on the behalf of the Town during the reporting period, will be sent monthly.

It is agreed that all information submitted to Comstar by the Town concerning patients treated or transported by the Town's ambulance service is confidential and shall not be released to any person or corporation other than third party payers and their agents unless authorized in writing by the patient.

CMS FINAL RULE: BENEFICIARY SIGNATURE REQUIREMENT: On November 1, 2007, CMS posted the Final Rule for physicians and other suppliers. Under this rule is the Beneficiary Signature Requirement for ambulance transports. Medicare regulations, specifically 42 C.F.R. §424.36, require a patient's signature on a claim, unless the patient has died or the ambulance provider/supplier can qualify for one of a number of listed exceptions. The ambulance service agrees to understand and comply with this requirement for all run reports submitted to Comstar for billing.

AMBULANCE PROVIDER LICENSURE AND CREW MEMBER CERTIFICATION: In order for your service to qualify for reimbursement by Medicare and other payers, your service must be licensed and all crew members must be certified by your state. The ambulance service agrees to understand and comply with this requirement for all run reports submitted to Comstar for billing.

2. The Contract price to be paid to the Contractor by the Town is:

- Year 1) Three and One Quarter Percent (3.25%)*
- Year 2) Three and One Half Percent (3.5%)*
- Year 3) Three and One Half Percent (3.5%)**

*Of actual receipts received by the Town in connection with its ambulance service.

**Pursuant to the Ambulance Billing and Collection Services RFP Issued by the

Town this will be a two year contract with one option year, for a potential total of three years.

The Town shall promptly notify Comstar of any direct payments received by the Town, and of any decision by the Town to grant a write-off for either a portion or the full amount of a patient's bill.

3. Payment will be made as follows:

3.1 Comstar's monthly fee invoice to the Town is due upon receipt.

3.2 There shall be no further costs, fees or reimbursable charges due the Contractor under this Contract unless said fees and/or costs are so set forth in writing. The Town will not pay any surcharge or premium on top of the direct out of pocket expenses, if any.

4. Definitions:

4.1 Contract Documents: All documents relative to the Contract including (where used) Request for Proposals and all attachments thereto, Instructions to Bidders, Proposal Form, Specifications. The Contract documents are complementary, and what is called for by any one shall be as binding as if called for by all.

4.2 Services: shall mean furnishing of labor, time, or effort by the Contractor. This term shall not include employment agreements, collective bargaining agreements, or grant agreements.

4.3 Work: The services or materials contracted for, or both.

5. Term of Contract and Time for Performance:

This Contract shall be fully performed by the Contractor in accordance with the provisions of the Contract Documents through February 12, 2019, unless extended, in writing, at the sole discretion of the Town, and not subject to assent by the Contractor for one additional twelve month period.

6. Subject to Appropriation:

Notwithstanding anything in the Contract Documents to the contrary, any and all payments which the Town is required to make under this Contract shall be subject to appropriation or other availability of funds as certified by the Town Accountant. In the absence of appropriation or availability as certified herein, this Contract shall be immediately terminated without liability for damages, penalties or other charges to the Town.

7. Permits and Approvals:

Permits, Licenses, Approvals and all other legal or administrative prerequisites to its performance of the Contract shall be secured and paid for by the Contractor.

8. Termination and Default:

8.1 Without Cause. The Town may terminate this Contract on seven (7) calendar days notice when in the Town's sole discretion it determines it is in the best interests of the Town to do so, by providing notice to the Contractor, which shall be in writing and shall be deemed delivered and received when given in person to the Contractor, or when received by fax, express mail, certified mail return receipt requested, regular mail postage prepaid or delivered by any other appropriate method evidencing actual receipt by the Contractor. Upon termination without cause, Contractor will be paid for services rendered to the date of termination.

8.2 For Cause. If the Contractor is determined by the Town to be in default of any term or condition of this Contract, the Town may terminate this Contract on seven (7) days notice by providing notice to the Contractor, which shall be in writing and shall be deemed delivered and received when given in person to the Contractor, or when received by fax, express mail, certified mail return receipt requested, regular mail postage prepaid or delivered by any other appropriate method evidencing actual receipt by the Contractor.

8.3 Default. The following shall constitute events of a default under the Contract: any material misrepresentation made by the Contractor to the Town; 2) any failure to perform any of its obligations under this Contract including, but not limited to the following: (i) failure to commence performance of this Contract at the time specified in this Contract due to a reason or circumstance within the Contractor's reasonable control, (ii) failure to perform this Contract with sufficient personnel and equipment or with sufficient material to ensure the completion of this Contract within the specified time due to a reason or circumstance within the Contractor's reasonable control, (iii) failure to perform this Contract in a manner reasonably satisfactory to the Town, (iv) failure to promptly re-perform within a reasonable time the services that were rejected by the Town as unsatisfactory, or erroneous, (v) discontinuance of the services for reasons not beyond the Contractor's reasonable control, (vi) failure to comply with a material term of this Contract, including, but not limited to, the provision of insurance and non-discrimination, (vii) any other acts specifically and expressly stated in this Contract as constituting a basis for termination of this Contract, and (viii) failure to comply with any and all requirements of state law and/or regulations, and Town bylaw and/or regulations.

9. The Contractor's Breach and the Town's Remedies:

Failure of the Contractor to comply with any of the terms or conditions of this Contract shall be deemed a material breach of this Contract, and the Town of Leicester shall have all the rights and remedies provided in the Contract documents, the right to cancel, terminate, or suspend the Contract in whole or in part, the right to maintain any and all actions at law or in equity or other proceedings with respect to a breach of this Contract, including "Damages" including but not limited to costs, attorney's fees or other damages resulting from said breach ("Damages") as well as specific performance, and the right to select among the remedies available to it by all of the above.

10. Statutory Compliance:

10.1 This Contract will be construed and governed by the provisions of applicable federal, state and local laws and regulations; and wherever any provision of the Contract or Contract Documents shall conflict with any provision or requirement of federal, state or local law or regulation, then the provisions of law and regulation shall control. Where applicable to the Contract, the provisions of the General Laws are incorporated by reference into this Contract.

10.2 The Contractor shall comply with all Federal, State and local laws, rules, regulations, policies and orders applicable to the Work provided pursuant to this Contract.

11. Conflict of Interest:

Both the Town and the Contractor acknowledge the provisions of the State Conflict of Interest Law (General Laws Chapter 268A), and this Contract expressly prohibits any activity which shall constitute a violation of that law. The Contractor shall be deemed to have investigated the application of M.G.L. c. 268A to the performance of this Contract.

12. Certification of Tax Compliance

This Contract must include a certification of tax compliance by the Contractor, as required by General Laws Chapter 62C, Section 49A (Requirement of Tax Compliance by All Contractors Providing Goods, Services, or Real Estate Space to the Commonwealth or Subdivision).

13. Non-Discrimination/Affirmative Action

The Contractor shall carry out the obligations of this Agreement in compliance with all requirements imposed by or pursuant to federal, State and local ordinances, statutes, rules and regulations and policies prohibiting discrimination in employment. Contractor shall not discriminate against any qualified employee or applicant for employment because of race, color, national origin, ancestry, age, sex, religion, physical or mental handicap or sexual orientation.

14. Assignment:

The Contractor shall not assign, sublet or otherwise transfer this Agreement, in whole or in part, without the prior written consent of the Town, and shall not assign any of the moneys payable under this Contract, except by and with the written consent of the Town.

15. Condition of Enforceability Against the Town:

This Contract is only binding upon, and enforceable against, the Town if: (1) the Contract is signed by the Board of Selectmen or its designee; and (2) endorsed with approval by the Town Accountant as to appropriation or availability of funds.

16. Corporate Contractor:

If the Contractor is a corporation and is being executed by a party other than its president, it shall endorse upon this Contract (or attach hereto) its Clerk's Certificate certifying the corporate capacity and authority of the party signing this Contract for the corporation. Such certificate shall be accompanied by a letter or other instrument stating that such authority continues in full force and effect as of the date the Contract is executed by the Contractor. This Contract shall not be enforceable against the Town of Leicester unless and until the Contractor complies with this section.

17. Minimum Wage/Prevailing Wage;

If applicable, the Contractor will carry out the obligations of this Contract in full compliance with all of the requirements imposed by or pursuant to G. L. c. 151, §1, *et seq.* (Minimum Wage Law) and the wage rates as set forth in G.L. c. 149 §26 to 27D (prevailing Wage).

18. Liability of Public Officials:

To the full extent permitted by law, no official, employee, agent or representative of the Town of Leicester shall be individually or personally liable on any obligation of the Town under this Contract.

19. Indemnification:

The Contractor shall indemnify, defend and save harmless the Town, the Town's officers, agents and employees, from and against any and all damages, liabilities, actions, suits, proceedings, claims, demands, losses, costs, expenses, recoveries and judgments of every nature and description (including attorneys' fees) that may arise in whole or in part out of or in connection with the work being performed or to be performed, or out of any act or omission by the Contractor, its employees, agents, subcontractors, material men, and anyone directly or indirectly employed by any of them or anyone for whose acts any of them may be liable. The Contractor further agrees to reimburse the Town for damage to its property caused by the Contractor, its employees, agents, subcontractors or material men, and anyone directly or indirectly employed by any of them or anyone for whose acts any of them may be liable, including damages caused by his, its or their use of faulty, defective, or unsuitable material or equipment, unless the damage is caused by the Town's gross negligence or willful misconduct.

The foregoing provisions shall not be deemed to be released, waived, limit or modified in any respect by reason of any surety or insurance provided by the Contractor under the Contract.

20. Insurance

20.1 Workers Compensation Insurance:

The Contractor shall provide by insurance for the payment of compensation and the furnishing of other benefits under Chapter 152 of the General Laws of Massachusetts (The Worker's Compensation Act) to all employees of the Contractor who are subject to the provisions of Chapter 152 of the General Laws of Massachusetts.

Failure to provide and continue in force such insurance during the period of this Contract shall be deemed a material breach of this Contract, shall operate as an

immediate termination thereof, and Contractor shall indemnify the Town for all losses, claims, and actions resulting from the failure to provide the insurance required by this Article.

The Contractor shall furnish to the Town a certificate evidencing such insurance prior to the execution of this Contract before the same shall be binding on the parties thereto, except if specifically waived by the Town.

20.2 Other Insurance Requirements

- a. Comprehensive commercial general liability insurance with limits of at least \$250,000 per occurrence and \$500,000 annual aggregate for property damage and \$250,000 per person and \$500,000 per occurrence for bodily injury, which shall include the Town of Leicester as an additional insured, and which shall cover bodily injury, sickness or disease, or death of any person including employees and those persons other than the Contractor's employees, and claims insured by usual personal liability coverage, death, or property damage arising out of the Work including injury or destruction of tangible property, including loss of use resulting therefrom.
- b. Motor vehicle insurance for any motor vehicles used in performing the Work, with limits of at least \$500,000 per person, and \$1 Million per accident.
- c. The intent of the Specifications regarding insurance is to specify minimum coverage and minimum limits of liability acceptable under the Contract. However, it shall be the Contractor's responsibility to purchase and maintain insurance of such character and in such amounts as will adequately protect it and the Town from and against all claims, damages, losses and expenses resulting from exposure to any casualty liability in the performance of the work, including and not limited to Professional liability insurance where applicable.

All policies shall identify the Town as an additional insured (except Workers' Compensation) The Contractor must provide notice to the Town immediately upon the cancellation modification of the policy. All Certificates of Insurance shall be on the "MHA" or "ACORD" Certificate of Insurance form, shall contain true transcripts from the policies, authenticated by the proper officer of the Insurer, evidencing in particular those insured, the extent of coverage, the location and operations to which the insurance applies, the expiration date and the above-mentioned notice clauses.

- d. The Contractor shall obtain and maintain during the term of this Contract the insurance coverage in companies licensed to do business in the Commonwealth of Massachusetts and acceptable to the Town.

21. No Employment

The Contractor acknowledges and agrees that it is acting as an independent Contractor for all services rendered pursuant to this Contract, and neither the Contractor, nor its employees, agents, servants nor any person for whose conduct the Contractor is responsible shall be considered an employee or agent of the Town for any purpose and shall not file any claim or bring any action for any worker's compensation unemployment benefits and compensation for which they may otherwise be eligible as a Town employee as a result of work performed pursuant to the terms of this Contract.

22. Payment

The Town agrees to make all reasonable efforts to pay to the Contractor the sum set forth in the Contractor's bid or proposal within thirty (30) days of receipt of an invoice detailing the work completed and acceptance from the Town of the work completed.

23. Waiver and Amendment

Amendments, or waivers of any additional term, condition, covenant, duty or obligation contained in this Contract may be made only by written amendment executed by all signatories to the original Agreement, prior to the effective date of the amendment.

24. Severability

If any term or condition of this Contract or any application thereof shall to any extent be held invalid, illegal or unenforceable by the court of competent jurisdiction, the validity, legality, and enforceability of the remaining terms and conditions of this Contract shall not be deemed affected thereby unless one or both parties would be substantially or materially prejudiced.

25. Forum and Choice of Law

This Contract and any performance herein shall be governed by and be construed in accordance with the laws of the Commonwealth. Any and all proceedings or actions relating to subject matter herein shall be brought and maintained in the courts of the Commonwealth or the federal district court sitting in the Commonwealth, which shall have exclusive jurisdiction thereof. This paragraph shall not be construed to limit any other legal rights of the parties.

26. Notices

Any notice permitted or required under the provisions of this Contract to be given or served by either of the parties hereto upon the other party hereto shall be in writing and signed in the name or on the behalf of the party giving or serving the same. Notice shall be deemed to have been received at the time of actual service or three (3) business days after the date of a certified or registered mailing properly addressed. Notice to the Contractor shall be deemed sufficient if sent to the address set forth on page 1 or furnished from time to time in writing hereafter.

27. Binding on Successors:

This Contract is binding upon the parties hereto, their successors, assigns and legal representatives (and where not corporate, the heirs and estate of the Contractor). Neither

the Town nor the Contractor shall assign or transfer any interest in the Contract without the written consent of the other.

28. Entire Agreement:

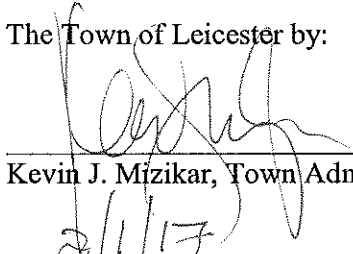
This Contract, including all documents incorporated herein by reference, constitutes the entire integrated agreement between the parties with respect to the matters described. This Contract supersedes all prior agreements, negotiations and representations, either written or oral, and it shall not be modified or amended except by a written document executed by the parties hereto.

29. Change Orders

Change orders may not increase the contract price by more than twenty-five (25%) per cent, in compliance with General Laws Chapter 30B, §13.

IN WITNESS WHEREOF the parties have hereto and to two other identical instruments set forth their hands and executed this as an instrument under seal this the day and year first above written.

The Town of Leicester by:

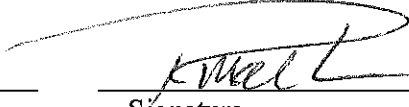


Kevin J. Mizikar, Town Administrator

Date

2/1/17

The Contractor by:



Signature

Print Name & Title

Date

Richard Martin, Monrocell

1/31/17

CERTIFICATION OF GOOD FAITH

The undersigned certifies under pains and penalties of perjury that this contract has been obtained in good faith and without collusion or fraud with any other person. As used in this certification, the word "person" shall mean any natural person, business, partnership, corporation, union, committee, club, or other organization, entity, or group of individuals.

The Contractor by:

Richard Martin 15000000
Print Name

MMAA
Title/Authority

CERTIFICATE OF STATE TAX COMPLIANCE

Pursuant to Massachusetts General Laws, Chapter 62C, Section 49A

Richard Martin, authorized signatory for Comstar, whose principal place of business is at 8 Turcotte Memorial Drive Rowley, MA does hereby certify under the pains and penalties of perjury that Comstar has paid all Massachusetts taxes and has complied with all laws of the Commonwealth of Massachusetts relating to taxes, reporting of employees and contractors, and withholding and remitting child support.

15000000
Signature



Leicester
BILLING AND COLLECTION PROCESS OUTLINE

All Transports

- 1) Receipt Verification to client
- 2) 2 level patient address verification:
 - a) 2 level address correction if address provided is undeliverable
 - b) 2 level address search if mail is returned
- 3) Verification of Insurance Information Received with PCR

With Insurance Information

- 1) Claims submitted direct to insurance carrier electronically with insurance verification.
- 2) Denial Appeals submitted as required

No insurance or no insurance information from Client

- 1) Contact or re-contact receiving hospital to attain insurance info, if hospital
- 2) Web based insurance search (Medicare, Medicaid, NEHEN.....)
- 3) First bill prior to insurance submission
- 4) Second bill prior to insurance submission
- 5) Third bill prior to insurance submission

Balance Billing the Patient

- 1) First bill for balance after insurance
- 2) Second bill for balance after insurance
- 3) Third bill for balance after insurance

Billing Patients Making Monthly Payments

- 1) Reminder notice if agreed payment is missed

To Collect Balances not received after the above is performed

- 1) Collection Letter
- 2) Steps Taken Only After Client Review and Approval:
 - a. Report Bad Debt to Experian Credit Bureau
 - b. Abate Charges

Other

- Hardship Waiver Request Form
- FFR Advanced Collection Agency Option

[END OF DOCUMENT]

COMSTAR★

Ambulance Billing Service

Corporate: 8 Turcotte Memorial Drive, Rowley, MA 01969
Ph: 800-488-4351 Fx: 978-356-2721

January 6, 2017

Kevin J. Mizikar,
Town Administrator
Town of Leicester
3 Washburn Square
Leicester, MA 01524

Dear Mr. Mizikar,

Thank you for the opportunity to resubmit a Price Proposal for the Town of Leicester's Request for Proposals for Ambulance Billing/Collection Services.

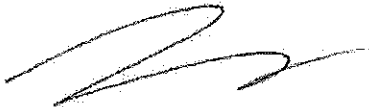
Per our conversation today, the following is Comstar's updated Price Proposal to the Town:

Year One	3.25% (Three and one quarter percent)
Year Two	3.5% (Three and one half percent)
Year Three	3.5% (Three and one half percent)

This updated fee structure is based on a fixed percentage of actual receipts delivered to the Town and is inclusive of all statements made with the Proposal submitted by Comstar delivered to the Town on December 20, 2016.

Please feel free to contact me with any questions.

Best Regards,



Jeffrey L. Tassi
Director of Business Development

TOWN OF LEICESTER
BILLING AND COLLECTION SERVICE FOR EMERGENCY
AMBULANCE SERVICE

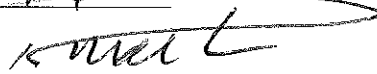
REQUEST FOR PROPOSAL

PRICE PROPOSAL SHEET

PROPOSAL TO BE AS A FIXED PERCENTAGE RATE OF ACTUAL RECEIPTS ALL
INCLUSIVE DELIVERED TO THE TOWN OF LEICESTER AS FOLLOWS:

<u>4</u>	% Year One
<u>4</u>	% Year Two
<u>4</u>	% Year Three

DATE: 12/14/16

SIGNED: 

TITLE: Manager & CEO

COMPANY NAME: Comstar

ADDRESS: 8 Turcotte Memorial Drive

TOWN, STATE, ZIP: Rowley, MA 01969

TELEPHONE NUMBER: (800) 488-4351

FAX NUMBER: 978-356-2721

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Corporate: 8 Turcotte Memorial Drive, Rowley, MA 01969
Ph: 800-488-4351 Fx: 978-948-8480

December 20, 2016

Kevin J. Mizikar
Town Administrator
3 Washburn Square
Leicester, MA 01524

Dear Kevin Mizikar,

I am pleased to respond to your Request for Proposals covering BLS/ALS Emergency Ambulance Billing Services for the Town of Leicester. Comstar is the leader of ambulance billing for municipal ambulance services in New England. Founded in 1984, we work with over 200 municipalities, and apply our services to over 250,000 billable ambulance transports.

Our flexibility and customization of approaches allows us to work with clients of all different sizes, and needs. Whether you transport 100 patients per year or 10,000, Comstar is the company for you to maximize your revenue recovery, at some of the most competitive service fees on the market. Furthermore, we have experience in working with communities like the Town of Leicester to successfully manage their ambulance billing needs.

The following are the Town's required specifications and Comstar's Comprehensive Scope of Services. As you review this document, I think that you will understand that Comstar is not only a billing company; we are a billing partner for our clients. We have grown and added additional services over our 32 years in business in order to adapt to industry changes, and we will continue to grow in the future.

On behalf of the entire Comstar team, we are excited and appreciate the opportunity to submit this qualified bid to the Town of Leicester. We have the right technology, experience, processes, and people in place to positively impact your bottom line!

Please feel free to contact me with any questions at (800) 488-4351.

Respectfully submitted, \

A handwritten signature in black ink, appearing to read "Jeffrey L. Tassi".

Jeffrey L. Tassi
Director of Business Development

LETTER OF TRANSMITTAL



Corporate: 8 Turcotte Memorial Drive, Rowley, MA 01969
Ph: 800-488-4351 Fx: 978-356-2721

LETTER OF TRANSMITTAL

The proposal submitted to the Town of Leicester, for Request for Proposals for Comprehensive Billing, Reimbursement, Collection and Administrative Services for Emergency Medical Services, by

Comstar, LLC
Tax ID: 46-5544561
8 Turcotte Memorial Drive
Rowley, MA 01969

is valid for at least thirty (30) calendar days from the deadline for the submission of proposals, but may be extended by mutual agreement of both parties.

We certify that that all the information contained in Comstar's proposal is accurate.

Comstar has read the Request for Proposals and fully understands its intent and contents. We certify that we have adequate insurance, financial resources, equipment, facilities and experienced staff to fulfill the specified requirements. In addition, Comstar verifies that it can meet all specifications and conditions stated within, and have attached the following documentation and evidence as specified in the RFP Specifications.

Comstar is a privately-owned company, whose only business is providing ambulance billing service to primarily government (city, town, and volunteer) ambulance services. We have been successfully been providing these services since 1984, and as stated throughout our proposal document, have the necessary people, processes, and technology in place to successfully meet and exceed all the demands of the Town's ambulance billing needs.

Our resources are 100% dedicated to ambulance/emergency medical services billing and do not perform any other type of medical billing services.

Our success is based on 31 years of ambulance billing experience. As you review our proposal document, I think that you will understand that Comstar is not simply a billing company; we are a billing partner for our clients. Each of our clients have different needs, processes, and procedures, and we are able successfully work with all of them. Not only can Comstar change as your needs change, but we can also offer suggestions based on current industry standards as well as our years of experience, to identify areas of opportunity, so that you may fully maximize your ambulance revenues. We can demonstrate, with objective evidence, our success at supporting all our clients EMS data collection, billing & collection and reporting needs. We act as our clients advisor, service provider and partner, doing whatever it takes to get the job done, done well, done in a compliant manner.

We confirm that neither Comstar nor any of its employees have any conflict of interest in doing business with the Town of Leicester.

On behalf of the entire Comstar team, we are excited and appreciate the opportunity to submit this qualified bid to the Town of Leicester, MA. We are committed to providing you the same level of service and results that you are accustomed to.

Questions concerning Comstar's proposal may be submitted to either of the following individuals, although Richard L. Martin has the sole authority to negotiate and execute contracts in the name and on behalf of Comstar:

Richard L. Martin
Manager & CEO
(978) 771-6482
Rick.Martin@comstarbilling.com

Jeffrey L. Tassi
Director of Business Development
(978) 356-3344
jtassi@comstarbilling.com



Name: Richard L. Martin
Title: Manager & CEO
Company: Comstar

DESCRIPTION AND QUALIFICATIONS OF COMSTAR



As you will read in the following proposal document, Comstar offers the most robust, most comprehensive Ambulance Billing Services to primarily municipal ambulances. We are a New England company and have the proper experience, expertise, people and equipment in place to successfully exceed the needs of the Town and this RFP.

Comstar
8 Turcotte Memorial Drive
Rowley, MA 01989
(800) 488-4351 – toll free
(978) 356-3344 – phone
(978) 356-2721 - fax
www.comstarbilling.com

Main contacts:

Richard L. Martin
Manager & CEO
(978) 356-3344
Rick.martin@comstarbilling.com

Jeffrey L. Tassi
Director of Business Development
(978) 356-3344
jtassi@comstarbilling.com

Comstar was founded in Massachusetts in 1984 and has been providing emergency medical transport billing and collection services to New England cities and towns for over 32 years. Comstar's longevity offers evidence of permanency and reliability. We have a corporate office and main operations center (60+ staff members) in Rowley, MA. Our employees currently serve over 200 municipal ambulances throughout the Northeast. These clients provide BLS, ALS, and SCT services, emergency and non-emergency transportation. Annually, Comstar applied its services to over 250,000 billable ambulance transports. Also, all of clients work is performed on Comstar premises by Comstar employees. Nothing is ever outsourced.

Comstar occupies a secure, modern 10,800 square foot facility equipped with cutting edge information technology infrastructure, meeting and training rooms and will accommodate expansion when needed. We welcome visits to our offices. Visits enable prospective clients to see our computer and other systems first hand and to meet our management team.

Comstar is a progressive company, whose success over 32 years is based on its ability to constantly grow and add services to offer our clients the best product on the market. We are continuously investing in our staff and supporting infrastructure to ensure it is providing the best service possible.

Since its inception, Comstar has had two owners. Its current owner, Rick Martin has been running and growing the company since 2000. Since then, he has transformed Comstar from a very small, local ambulance billing service to New England's largest and most successful ambulance billing service organization. From day one, Rick's strategic vision has been to offer clients and their patient's industry best in class service and results at the most competitive price point possible. Fifteen consecutive years of positive growth and profitability are a testament to the results of Rick's vision and Comstar's proficiency and stability in the ambulance billing service market.

Highlights of recent Comstar investments in service include:

- **Complete Website Overhaul Offering Patient Credit Card Payment Options and Attorney Certified Bill Requests**
- **Internal IT Infrastructure Update Utilizing the State of the Art Technologies Including the Latest in VMware Technology**
- **Online Reporting Access for Our Clients**
- **Advanced Network New Phone Center Call System with Voiceover IP Technology**
- **Comprehensive patient address verification through Transunion TLO powerful search tools and extensive database**
- **Professionally Trained Customer Service Team to Offer our Clients Best in Class Service**
- **Access to the most robust eligibility verification and denials management tools available in the industry; offered by the largest provider intermediary in the country.**

Comstar will constantly research and invest in new opportunities in the future to consistently offer our clients the most robust and comprehensive service package, along with offering a great customer experience.

Rick has also surrounded himself with the right professionals to meet and exceed all of our clients' needs. As our people are our greatest resource, it is important that Comstar give them the proper tools to succeed.

Our Customer Service Team has received training from a National Customer Service Training Company, who has worked with some of the most successful companies in the country.

Furthermore, in order to perform the best possible work for our clients, many of Comstar's employees are trained and are accredited by the NAAC.

The National Academy of Ambulance Coding (NAAC) represents the industry's "Gold Standard of Excellence" in compliance, ethics and integrity in all facets of ambulance billing and coding. Prior to the introduction of NAAC's Certified Ambulance Coder (CAC) program, there was no nationwide ambulance-specific billing and coding training and certification program in the United States. The CAC certification provides the industry with its own, specific and unique program to meet the incredible, twofold need of providing the industry's billing offices the opportunity to train new Billing & Coding professionals as dictated by their needs and on their schedules; and to maintain a highly educated staff of Billers and Coders with the critical knowledge and commitment to excellence necessary to assure the Nation's Ambulance services of continued accurate, thorough and compliant billing.

With the right people and technologies, Comstar is poised to meet and exceed all of our clients' ambulance billing needs.

Although Comstar is a growing company, we still stick to our core values of:

Teamwork
Total Customer Satisfaction
Integrity

As you will read, Comstar has built and continues to expand its loyal customer base by maintaining a steadfast commitment to these core values. Comstar is committed to enhancing the personalized service experience that Comstar was founded on over 30 years ago.

As you review our bid document you will realize that Comstar is an expert in the field of municipal ambulance billing and collections. Comstar is strategically committed and our resources are 100% dedicated to Municipal and Non-Profit Ambulance Service Billing. We do not engage in any other type of billing. Our main commitment is to providing superior ambulance billing and collection services to cities and towns, like your ambulance service.

Our experience not only involves the billing of medical claims, but we have a positive history of meeting with our clients whenever they see fit, reviewing their billing procedures, offering input and suggestions and creating lasting business relationships, which produce successful results.

Our reputation can also be evidenced by any of our over 200 clients, as well as our references which are included in this document. Comstar's length and time in business and wide client base should act as proof of its ability to provide the services requested by your ambulance service.

PROJECT NARRATIVE – PLAN TO MANAGE ACCOUNT

Comstar's overall plan is to maximize revenues for the Town of Leicester. The overall project strategy discussed here will be a basic overall plan of action, which notes how we will meet and exceed your scope of services.

As far as a time frame is concerned, EMS Billing and Collections is a circular, ongoing process. The timeframes discussed will be set-up timeframes, but the process itself is ongoing throughout the life on the contract.

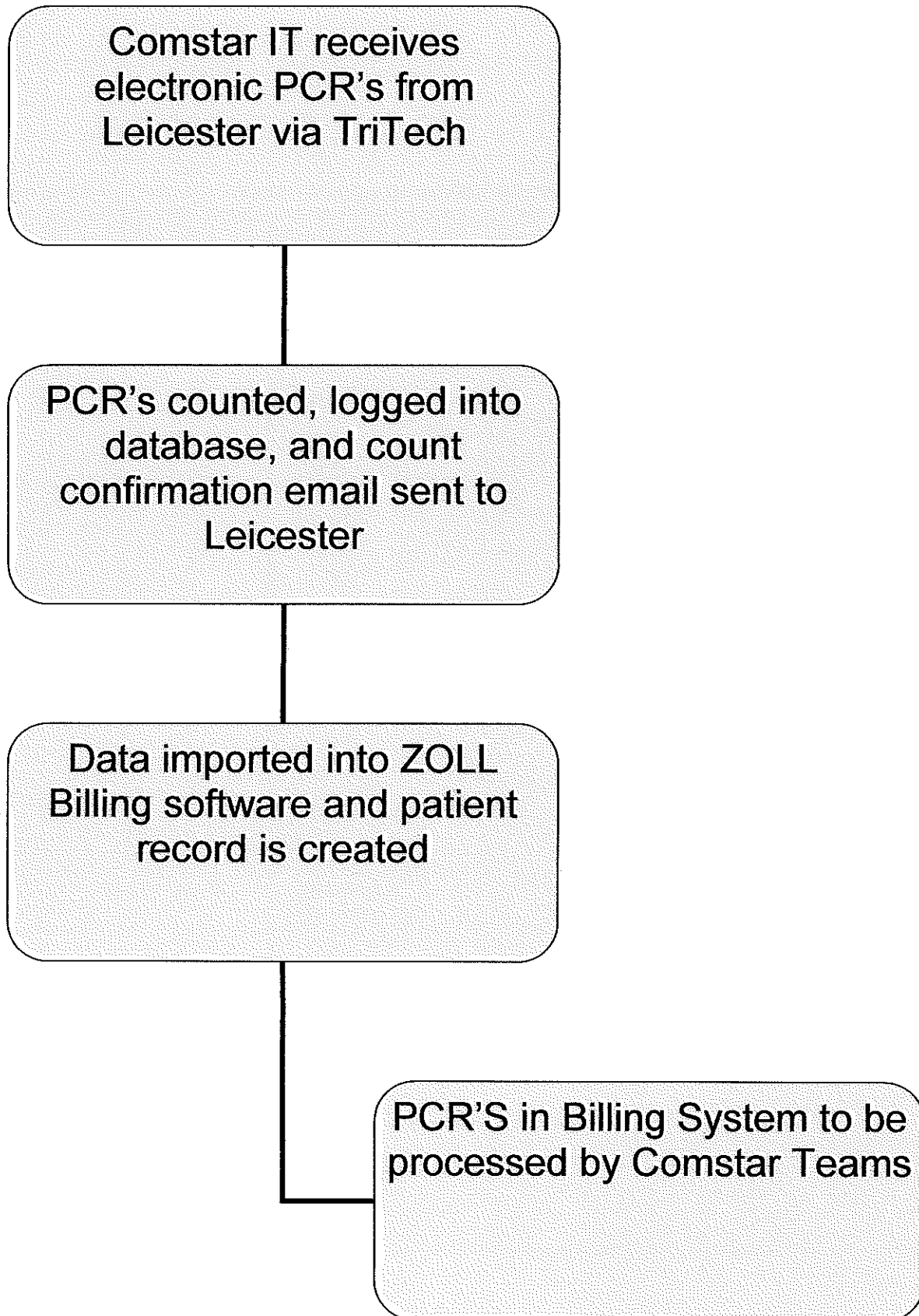
After award of contract, a start date will have to be established (February 1, 2017 according to your RFP), to which Comstar agrees. After the award of contract, it is advised to have an initial set-up meeting. A solid understanding of the ambulance billing process by Town of Leicester officials is a key element to a smooth implementation and transition. Prior to this meeting Comstar will forward the Town a list of documents needed for account set-up.

At this meeting we still discuss with you some of the different options available to meet your billing and collection needs. We will gather information from you in order to process your provider enrollment paperwork with Medicare, Medicaid, and Blue Cross. Also we will discuss your specification on how invoices should look, and what special language they should contain. In addition, we will set a calendar for any and all future training sessions (which may be updated at any time) required by the Town of Leicester

Sometimes additional meeting are necessary to make sure all parties are in synch with the transition process and to ensure that everything runs smoothly. Comstar is available to meet with the Town of Leicester as necessary during the initial set-up period. We strive to allow our client to get as knowledgeable as possible of the various aspects of ambulance billing so that our client will have a thorough understanding of scope of our services and opportunities and options available to them when outsourcing their ambulance billing and collection requirements.

Once the start date arrives, the Town of Leicester will simply start transmitting ePCR's to Comstar via TriTech.

Please review the following flowchart detailing the ePCR process:



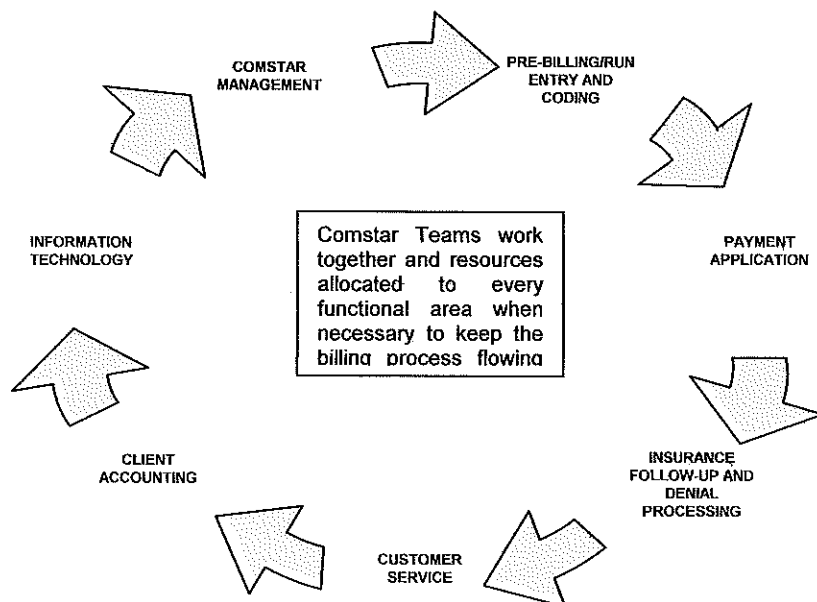
Internally, Comstar operates in a work-cell structure. This format allows many employees to be working on your account at once, as opposed to one person being responsible for your account from start to finish. You are assigned a primary Customer Service Representative; we have a series of teams to assist in efficiently managing your account. These work cells consist of the following departments:

- | | |
|--|---------------------------|
| 1. Pre-Billing | 5. Customer Service |
| 2. Run Entry and Coding | 6. Provider Relations |
| 3. Payment Application | 7. Client Accounting |
| 4. Insurance Follow-up and Denial Processing | 8. Information Technology |

Each Team and all Comstar employees are managed and performance measured based on the timeliness, accuracy and efficiency achieved in the execution of the billing and collection process steps authorized by the client.

In order to manage our services, and your specific account, the Town of Leicester will work with our Customer Service Team. These professionally trained team members provide excellent client and patient support while providing an internal structure that allows for maximum process control, quality control and communication.

Comstar has an internal workflow program to assure that all of its accounts are monitored to assure maximum productivity. Included are a series of checks and balances to make sure that everything is being done correctly, and any mistakes that are made are caught before they go out the door. In addition, our full time Quality Control supervisor continually monitors all aspects of our data entry and claims submissions.



All of the transports received by the Town of Leicester are be done electronically, and entered into our system, where they are checked by our run entry and coding team to make sure that all necessary information was transmitted, enter any insurance information that was received from the admitting hospital, and review the report for completeness. Your crew members may not currently obtain any insurance information, and Comstar has always worked diligently to obtain patient insurance information through the following Pre-billing Steps and Procedures:

- **Patient insurance and demographic information retrieved from area hospitals**
– Comstar will work with you to establish relationships at area hospitals
- **Insurance verification and eligibility checks through various web programs and searches**
- **Address verification of every patient address via the USPS and other applicable tools and databases**

Comstar has many resources available in order to obtain patient insurance information. Comstar will perform many web-based insurance searches (Medicare, Medicaid, NEHEN, TriZetto, etc.), to find a patient's specific coverage.

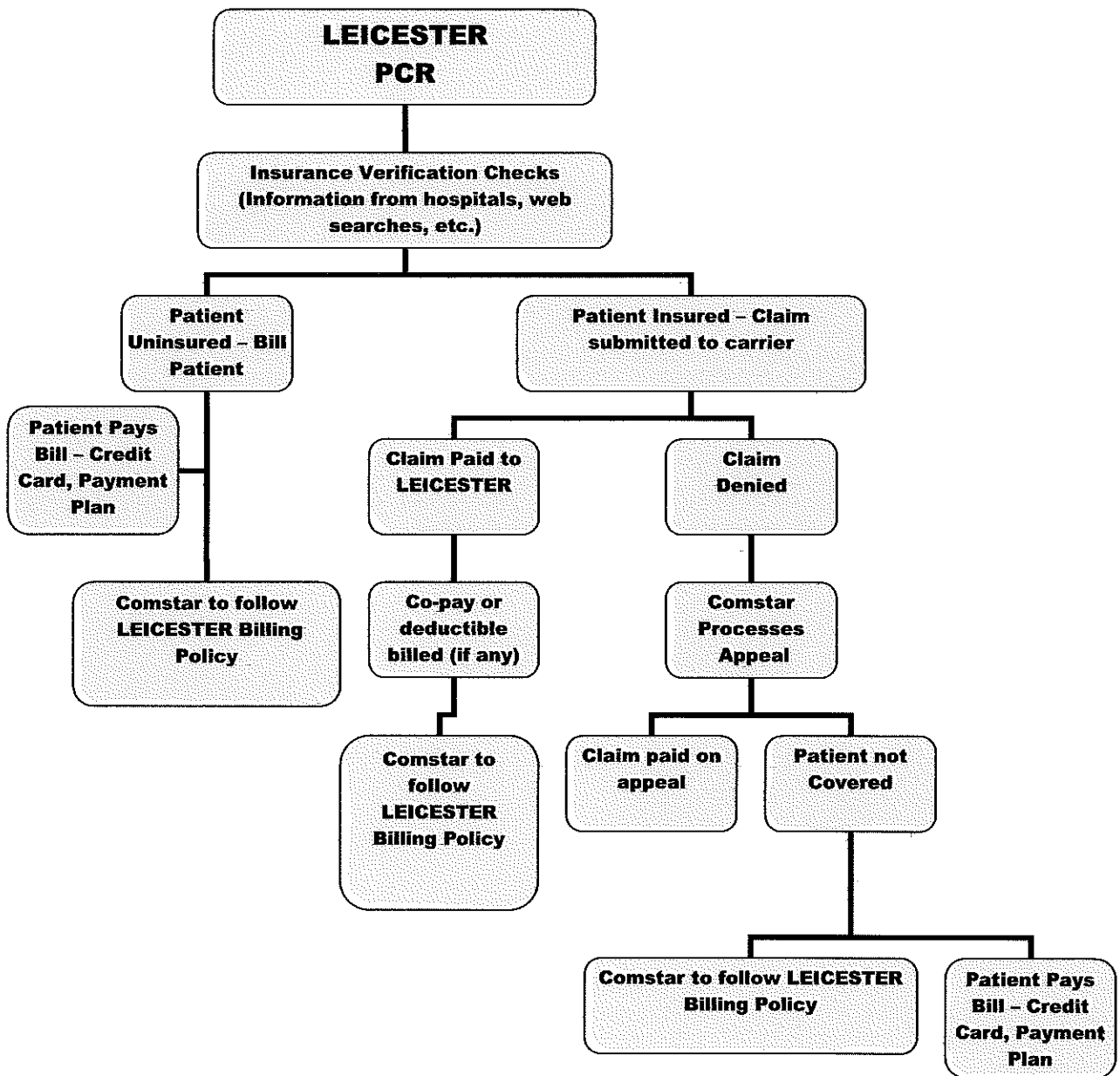
As far as managing your account on a daily basis, Comstar has internal schedules (both manual and automated within our billing software) that log and track the receipt of transport information from clients, payments from patients or their insurance carriers and processing of other information received that is pertinent to a patient transport. These schedules have specific time frames for processing based on the receipt date of the information to ensure that all items are processed in a timely manner.

Comstar files claims to the appropriate parties, whether it be insurance companies or individual patients. We will submit claims to all insurance companies as well, whether it be health, auto, workmen's' compensation, etc. Additionally, claims are filed electronically, which decreases payment time and eliminates all keying errors, and subsequent rejections, on the part of the insurance carrier.

However, in dealing with insurance companies, claims may not always be paid and may be denied. Comstar always follows-up on all denied claims, employing a specific work cell (Insurance Follow-up Team) staffed with billing specialists trained in the resolution of denied claims. Claims are coded with a denial reason, and the information is then used for internal QA purposes and statistical analysis to detect denial trends.

Please review the following flowchart of the billing process:

INTERNAL BILLING WORKFLOW



As part of the setup of your accounts, Comstar programs its billing software with the billing rates for Town of Leicester, and the allowed payments for the insurance carriers (Medicare, Medicaid and any others) with whom you have a contractual relationship. When a transport is entered into the system, the charges for each billable item are assigned.

Each charge represents an accounting transaction. If the transport is assigned a payer (such as Medicare) with whom you have a contractual relationship, our billing software will automatically generate and post a "contractual allowance" transaction. New charges and any corresponding contractual allowances are reported (in summary and detail) separately.

Our processing steps and forms are customizable to ensure proper administration of your billing policies.

When all of our steps are complete, it is good accounting practice to identify and review uncollected accounts for purposes of write-off or other disposition. On a monthly basis, you receive a report identifying and patient accounts requiring write off or other disposition consideration. This report will provide patient, transport and reason codes to facilitate your disposition decision. Unless directed otherwise, write-offs are only transacted after receiving your approval. This reporting is a suitable method for the purpose of transferring un-collectable accounts to a Collection Agency (if the Town chooses to do so).

A very important aspect of Comstar' administrative procedures are the handling of phone calls:

- **Brand New State of the art telephone call center hardware and software**
- **Phones are staffed by trained Customer Service Representatives**
- **No use of automated attendants**

Also, Comstar has a tiered process in which to handle patient questions:

- **Comstar Team members successfully handle patient concerns during initial call 93% of time**
- **Escalation to a manager for difficult questions 7% of time**
- **All complaints are reported to Company Owner and GM for tracking and follow-up as necessary**
- **Note: Complaints about EMS services provided are immediately forwarded to our client contact**

Clients and their patients can communicate with Comstar in several different ways. Return envelopes are included in all correspondence sent to patients. Comstar includes its toll free phone number (800-488-4351) and website address (www.comstarbilling.com) on all correspondence. Our website has a page which allows patients to input and send insurance information and/or questions to Comstar via the internet.

Payments received by Comstar are always in the Town of Leicester name, as we have no negotiating rights to your funds. We direct payers to make payments to the "Town of Leicester" with Comstar as the remittance address. Many payments will be deposited via EFT directly to your specified account, but for hard copy checks, we have different banking options for the Town:

- **Funds to be mailed to a designated Town Official**
- **Funds to be mailed (Certified Mail) directly to your specified banking institution**
- **Funds to be physically deposited into Santander, TD Bank or Bank of America if the Town uses any of those institutions.**

In all cases copies of deposit and their associated payment summaries will be sent to the proper Town persons.

Patients have the ability to pay their bills or co-pays with a credit card via Comstar's secure website. Payments via credit card are posted to a trust account and then dispersed to you. There is no additional fee to the patient or the Town to pay via credit card. In addition credit card payments can only be made via the web, so Comstar employees are not taking sensitive financial information.

Comstar's policy is to immediately notify our clients of any overpayment where a refund needs to be issued. The notification will include the patient's name, patient's address, date of service, incident number, insurance provider, amount to be refunded, name and address of individual/company receiving a refund, and reason overpayment occurred, as well as the supporting documentation and evidence of the overpayment.

The Town of Leicester will also be notified of any retractions. Often, large payers such as Medicare, Blue Cross, etc., will make an overpayment. When Comstar realizes this overpayment, the payer is notified to make a retraction on their next payment. Comstar's reporting package will notify the Town of Leicester of all retractions that took place, and that all patient accounts are properly credited.

On a monthly basis, Comstar provides the Town of Leicester with a full accounting reconciliation of account activity. Our reporting structure is based on our internal controls and record keeping that is consistent within Generally Accepted Accounting Principles.

Comstar has robust account reconciliation report package, as well an in-depth virtually limitless report writing capability. Our standard reconciliation report package includes:

- Reconciliation Summary Report
- Contractual Allowances
- Aging Detail
- Deposit Summary
- Request for Disposition
- Commitments Listing
- Payments Summary
- Write-offs
- Retractions

Comstar has the capability to provide, and has provided the Town when needed, custom forms and reports. Comstar uses an SQL database and Crystal Report Writer. This allows us to develop infinite variations of forms and custom reports linking any data we enter into our system on our clients' behalf. If the forms or reports shown herein do not meet your exact needs, with specific feedback from you, we can modify the forms to meet your exact need. We can create ad-hoc or as needed reports typically within a few hours of your request. Our IT team tirelessly works to meet the unique reporting needs of all our clients.

Comstar has the ability to create all the required daily, weekly, and monthly reports as required by the Town. Additionally, we can and will meet the reporting timeframes as well.

Additionally, Comstar offers a service where you will be able to access online, by Using VMware's Horizon View software to create a secure connection between your computer and Comstar's server and then launch our reporting software as a local program. This is not meant to replace the reporting that you currently receive from Comstar, but to enhance the reporting experience.

Comstar is more than a billing company; we are a billing partner for our clients. Part of that partnership involves consulting and the sharing of knowledge with you, so that you may make the best decisions for your service.

We offer consulting and training services to our clients as part of our robust, inclusive service offerings.

We are able and willing to meet with you at regular interviews to discuss the health of your account, as well as offer input and suggestions.

Comstar had the right technology infrastructure to properly meet all the demands of your RFP. On the software side, Comstar utilizes a state of the art, robust and feature rich billing system developed and supported by a nationally recognized industry leader in EMS data processing systems, ZOLL Data Systems. Their software, RescueNet Billing, operates on a Microsoft SQL database in tandem with the powerful Crystal Report Writer. Together, these tools allow Comstar's in-house IT department to support all client needs for customization of forms, reports and billing process steps. The RescueNet Billing system is compatible and can successfully integrate with any NEMSIS compliant electronic patient care reporting platform. This is evidenced by the fact that we are receiving electronic patient care data from over 95% of our municipal EMS clients.

Comstar operates a Tier III data center, and has data recovery and contingent operations plans in place in the event of a disaster. Our well-trained, in-house, IT staff administers a state-of-the-art Information Technology Systems. Key components of our infrastructure include: HP Blade servers utilizing VMware technology for optimum server utilization and redundancy, EMC's VNX 5200 Networked Storage System for data storage and redundancy and a comprehensive local and off-site, secure back-up of all computer data.

We maintain a four-tiered back-up strategy. Nightly, all server data is backed up to a NAS device which then writes the data to an ADIC FastStor tape back-up device. From there, data is securely transmitted to a locked-down computer facility. Bi-weekly, the back-up tapes are removed off-site for secured storage. All of our staff and equipment also have the support and oversight of our outside IT consultant, Focus Technologies. Focus provides Comstar comprehensive managed IT services that monitor our computer systems for performance and predictive failures. Their efforts ensure 100% uptime for our IT infrastructure, which is a critical element to the timeliness, quality and consistency of the service Comstar provides to its clients.

Our IT infrastructure is all based upon up-to-date Hewlett-Packard Servers running across a TCP/IP network utilizing Extreme gigabit switches. All server and networked hardware are secured in a room that is temperature controlled for optimum performance. An APC Symmetra provides a consistent and steady power to the systems. Additionally, we are fully equipped with a back-up generator for Comstar to be operational in the event of power failure. Access to the server room is restricted. Access to the servers' operating systems and data is restricted.

Comstar maintains all records for at least (7) years according to HIPAA regulations and an agreed upon retention plan.

Finally, Comstar maintains the proper insurance to properly manage your account. Comstar holds Dishonesty coverage for \$500,000 and Errors and Omissions coverage for \$2,000,000. These bonds automatically cover all Comstar clients and we will specifically name the Town of Leicester as an additional insured upon being selected as the winning bidder.

STATEMENT OF SERVICES

Listed here is the Town's Statement of Services for this Ambulance Billing and Collections RFP, with Comstar's response in **BOLD** after each service point to show understanding and compliance:

1. Term of Contract

The contract will be for two years agreement commencing on or about February 1, 2017. The contract will have a fixed percentage rate for the two-year period with the option for a 1 year extension. In addition, the Town of Leicester may terminate this agreement at any time if it so desires. Termination will be accomplished through a process detailed in in Section 8 of this document.

Understood and Agreed. Comstar abides by the contract terms and termination clauses.

2. Collection and Deposits

All revenue received by the Billing Service shall be recorded and deposited in an account at the bank providing municipal banking services to the Town of Leicester. Copies of deposits are to be sent to the Town on a weekly basis. A summary of the collection/deposits will be provided to the EMS Department designee and Town Treasurer/Collector at the end of each month. At the expiration of each month, the billing service shall bill the Town of Leicester for collection charges due the billing service for the actual collections made that month.

The Vender shall recommend a Licensed Collection Agent to the Town of Leicester. All accounts that remain delinquent for 180 days after the initial billing to the patient will be transmitted to the Collection Agent. The Collection Agent will then assume full account responsibility with the Town of Leicester

Understood and Agreed. Comstar will manage the above stated process on behalf of the Town of Leicester.

Comstar has many banking options to assist our clients in their banking needs. In all cases of receiving funds, Comstar directs payers to make payments payable to the Town of Leicester, with Comstar as the remittance address, ensuring that Comstar never has any negotiating rights to your money.

Many payers, such as Medicare and MassHealth pay via EFT (Electronic Funds transfer). With EFT payments, funds are directly deposited into the Town designated bank account with copies of the remittance advices going to Comstar for processing and reconciliation.

With all methods of depositing funds, complete computerized summaries of all deposits will be sent to the designated persons on a weekly basis. In all cases The Town of Leicester will have sole custody of the funds Comstar, Inc. receives on your behalf. Comstar will deposit all receipts into a checking account in the Town of Leicester's name. Comstar will have no negotiating rights to the bank account or access the funds.

On a monthly basis Comstar has, and will continue to bill the Town for all net collections of the previous month.

Although Comstar is licensed as a collection agent in the Commonwealth of Massachusetts, for more aggressive collections, Comstar partners with and recommends First Financial Resources (FFR).

More information on our FFR Collection Agency Option can be found in ATTACHMENT 1.

3. Ambulance Fees

The Town of Leicester Rate Schedule for ambulance services will serve as the basis for fees for ambulance service.

Understood and Agreed. Comstar understands the Town's Ambulance Fees and agrees to bill the exact fees as adopted by the Town. Comstar will give advice and insight to our clients as industry standards and trends when it comes to setting ambulance rates. However, the decision on how to set your rates is in complete control of the Town of Leicester and Comstar agrees to abide by your specific rates.

4. Expenses

A. Refunds: All expenses directly or indirectly related to the collection of the Town of Leicester patient's accounts shall be borne by the billing agent.

B. Except: As otherwise specifically provided herein, the billing service will not incur expenses on behalf of or without the Town of Leicester's prior consent.

Understood and Agreed. Comstar understands the above stated Refunds and Exceptions stipulations. However, in the case where a refund needs to be issued, Comstar will provide the Town with the supporting evidence of the refund, but the Town will issue the actual refund, as we have no negotiating access to your funds.

In the case of an overpayment by an insurance company or patient, where a refund needs to be issued, Comstar will supply the Town of Leicester with all

necessary evidence and documentation of overpayment for the Town to process.

5. Other

A. It is understood that the Town of Leicester accepts assignment of MassHealth, Medicare or Medicaid/MassHealth. Accordingly, the billing service will make the required contractual adjustments when applicable and will be reported on the monthly revenue statement.

B. Write-off and/ or reductions of charges will be handled by the Town of Leicester on an abatement basis at their discretion. Requests for abatements or adjustments from patients will be sent to the billing agent, and then sent to the Town of Leicester EMS Director and Treasurer on a monthly basis.

C. The proposer is required to describe how delinquent accounts will be processed. The proposer must state that it currently provides collection services for delinquent accounts or state that it does not currently provide collection services for delinquent accounts. The proposer may further describe such collection services if it so desires.

Understood and Agreed. Comstar Understands and agrees to the above Other stipulations.

We understand and have experience with contractual obligations with Medicare and Medicaid and can appropriately identify and account for any and all adjustments. When a transport is entered into the system, the charges for each billable item are assigned. Each charge represents an accounting transaction. If the transport is assigned a payer (such as Medicare) with whom you have a contractual relationship, our billing software will automatically generate and post a "contractual allowance" transaction.

New charges and any corresponding contractual allowances are reported (in summary and detail) separately. As far as contractual obligations with private insurance companies are concerned, the Town is under no legal obligation to be contracted with private payers as they are with Medicare/Medicaid. However, we will work with whatever contracts you have in order to properly adjust each patient's account accordingly. In addition, we can offer insight and advice on how a private payer contractual relationship may or may not benefit the Town.

We understand that all write-offs and abatements are at your discretion. Comstar will receive all requests for write-off and/or abatement and forward to the Town on a monthly basis. Additionally, Comstar will not write-off or abate any patient balance unless given explicit permission from the Town of Leicester.

Although Comstar is licensed as a collection agent in the Commonwealth of Massachusetts, for more aggressive collections, Comstar partners with and recommends First Financial Resources (FFR).

More information on our FFR Collection Agency Option can be found in ATTACHMENT 1.

6. Records and reports

The billing service will furnish to the Town of Leicester the following reports and data electronically in a format that will allow integration into the Town of Leicester's data system(s).

a. A monthly recap of reports, including an aging report of (aged trial balance) at the end of the month reflecting the balance of open receivables.

b. At a minimum, the following reports are required: Commitment amounts, listings of write off's, adjustment credits, and any other report determined necessary to be able to prove the balance from month to month.

c. All records and correspondence relating to the Town of Leicester's accounts receivable and the billing services collection efforts will be kept at the billing service's office and shall be available for examination by the Town of Leicester or authorized representative.

d. Any other reports/data, in an acceptable format, deemed necessary by the Town of Leicester.

Understood and agreed.

Comstar has the ability to provide all the above mentioned reports to the Town of Leicester. Our reports are sent in either PDF or excel format.

On a monthly basis, Comstar provides each of our clients with a full accounting reconciliation of account activity. Our reporting structure is based on our internal controls and record keeping that is consistent within Generally Accepted Accounting Principles.

Comstar has robust account reconciliation report package, as well an in-depth virtually limitless report writing capability. In addition to the forms and reports called for in this RFP, Comstar has the capability to provide custom forms and reports upon client request. Comstar uses an SQL database and Crystal Report Writer. This allows us to develop infinite variations of forms and custom reports linking any data we enter into our system on our clients' behalf. If the forms or reports shown herein do not meet your exact needs, with specific feedback from you, we can modify the forms to meet your exact need.

We can create ad-hoc or as needed reports typically within a few hours of your request. Our IT team tirelessly works to meet the unique reporting needs of all our clients.

Our Crystal Report writing program has practically limitless report writing capabilities. We can turn any information you give us on a PCR into a report for the Town.

Please see ATTACHMENT 2 for a Sample Monthly Report Reconciliation Report Package.

(All HIPAA related information is intentionally redacted IN ALL REPORTS).

Additionally, Comstar agrees to house all information as well as provide any and all required information and documentation to the Town and /or its authorized representatives upon request, at no additional cost, as part of our service offerings.

7. Miscellaneous

a. The billing service shall delegate an authorized representative for receiving notices and day-to-day contract administration.

b. The billing service shall adhere to the collection procedures and timetables specified by the Town of Leicester.

c. The billing service must be a licensed debt collector in the State of Massachusetts..

Name of Representative **Richard L Martin**

Understood and Agreed. The authorized delegate for receiving notices and day-to-day contract administration is:

Richard L. Martin (800) 488-4351

Comstar shall strictly abide by the policies of the Town of Leicester and time tables specified by the Town.

Comstar is licensed as a debt collector in the Commonwealth of Massachusetts, which allows us to report bad debt to the Experian credit bureau on the Town's behalf, with Town permission.

For more aggressive collections, Comstar partners works with First Financial Resources (FFR).

Our monthly aging report to the Town denotes not only total aging, but what portion of that aging is in the hands of Comstar and what portion belongs to the collection agency, FFR.

More information on our FFR Collection Agency Option can be found in ATTACHMENT 1.

8. Termination

The Town of Leicester may terminate this agreement at any time upon sixty (60) days written notice of termination to the billing service, and or the billing service on the anniversary of the contract upon sixty (60) days written notice to the Town of Leicester. Upon termination of the agreement, for whatever reason, the billing service shall deliver up all records and pertinent correspondence concerning the accounts and collection thereto to the Town of Leicester or their assignees to affect an orderly transfer of the collection of the Town of Leicester's accounts receivable. If the Town of Leicester should terminate this agreement, the billing service shall be entitled to receive from the Town of Leicester, any and all commissions due to the billing service up to and including the actual date of termination and transfer of accounts receivable, as well as reimbursement from the Town of Leicester of all expenses incurred by the billing service which remain unpaid at the date of termination. The billing service must turn over all records and have them delivered to a location designated by the Town of Leicester upon termination of the contract.

Understood and Agreed. Comstar abides by the termination clause.

9. Provision

The Town of Leicester EMS Department is to provide the billing agency with a copy (paper or electronic) of the Patient Care Report Form including all pertinent information for billing purposes. In addition, EMS Department ambulance attendants will provide a reasonable effort to gather any additional information such as the responsible insurance company information, date of birth of patient, and any other information that may assist in the billing process. All patient signature requirements will be the responsibility of the provider of the service. Furthermore, the billing service shall research and demonstrate its ability to interface and retrieve data from the Town of Leicester Ambulance Information System(s), and other required formats, as well as maintaining their system to accept/transmit electronic data from the Town of Leicester.

Understood and Agreed.

Comstar has both the Information Technology professionals and software and hardware in place to meet all of your IT needs for electronic run reporting. Comstar has the ability and experience to work with the Town's TriTech system for Electronic Patient Care Reporting, as we have many current municipal clients who are utilizing TriTech, like you, and successfully transmitting their ePCR information to us for billing.

We have the capabilities to work with any NEMSIS compliant ePCR data file should the Town ever decide to change its ePCR platform.

10. Waiver Handling Policy

Although the Town of Leicester wishes to maximize ambulance collections, we do wish to have compassion for those with financial hardship. A strict waiver policy has been formulated by, and administered by, the Town of Leicester. Please outline your capabilities in dealing with clients that express hardship.

Comstar shares the Town's desire to provide professional, courteous, and helpful service at all times.

Comstar's objectives are to maximize revenues to ambulance services for services provided while remaining sensitive to issues such as patients without insurance and/or low incomes. Our primary focus is to ascertain and submit to the patient's health, workers compensation, or motor vehicle insurance as these insurances usually pay eighty to one hundred percent of a patient's charge.

Comstar has many steps in place to obtain and bill a patient's insurance, before sending any correspondence to the patient. However, in cases where correspondence must be sent, Comstar's toll free number is included and our employees are available to help fill out any forms.

We can work with the Town to understand your defined policy for handling patients without insurance and/or patients who have a financial hardship. Our billing specialists are trained to administer the policy to your exact wishes.

Our processing steps and forms are customizable to ensure proper administration of your policies in this area.

When all billing and collection steps are complete, it is good accounting practice to identify and review uncollected accounts for purposes of write-off or other disposition. On a monthly basis, you will receive a report identifying any patient accounts requiring write off or other disposition consideration. This report will provide patient, transport and reason codes to facilitate your disposition decision. Unless directed otherwise, write-offs and abatements are only transacted after receiving client approval.

Please see ATTACHMENT 3 for a sample Waiver Handling Policy that we could send out to patients to have them fill out, and then Comstar would forward to the Town for disposition.

A sample Patient Hardship Application has been included as ATTACHMENT 4.

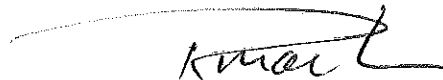
Terms and Conditions

By signing this quotation, the Proposer acknowledges and agrees to the following terms and conditions:

1. This Request for Price Quotation is governed by the provisions of M. G. L. Chapter 30B.
2. The Town is exempt from the following taxes: sales, excise and Federal transportation.
3. The Town reserves the right to reject any or all bids when the Town determines that it is in the best interest of the Town to do so.
4. The Town will award the contract to the responsible Proposer offering the needed service at the best quotation.
5. The vendor shall comply with all applicable Federal, State and Local laws.
6. In performance of this contract, the vendor shall not discriminate on the grounds of race, color, religion, national origin, age or sex, in employment practices or in the selection or retention of subcontractors, and in the procurement of material or rental of equipment. The Town may cancel, terminate or suspend the contract in whole or in part for any violation of this paragraph.
7. The vendor shall not assign, sell, subcontract or otherwise transfer any interest in this contract without prior written consent of the Town.

All Quotations must be signed:

Richard L Martin



Name of Proposer

Signature of Proposer

8 Turcotte Memorial Dr., Rowley, MA 01969

Address

Social Security # _____, or Federal Identification 46-5544561

MINIMUM QUALIFICATION CRITERIA

In addition to addressing each of the items in the specifications, the proposer must submit, as part of his/her non-price proposal, the following minimum criteria. Initial the appropriate response to each criterion, and include the required documentation in the Non-Price (technical) proposal envelope.

Comstar meets and or exceed all of the required minimum and evaluation criteria as they relate to this RFP. Please review the following two (2) pages which contain the Town's required pages which are properly initialed and signed by Comstar by Comstar. Following that are Comstar's responses and supporting evidence to each criterion.

MINIMUM QUALIFICATION CRITERIA

In addition to addressing each of the items in the Specification, the proposer must submit, as part of his/her non-price proposal, the following minimum qualification criteria: Initial the appropriate response to each criterion, and include the required documentation in the Non-Price (technical) proposal envelope.

1. A letter of transmittal signed by the individual authorized to negotiate for and contractually bind the Contractor, stating that the offer is effective for at least thirty (30) calendar days from the deadline for the submission of proposals.

YES ☒ NO ☐

2. A list of Massachusetts's municipalities for which the contractor has provided billing service. This list is to include a current name, address, and telephone number of references for the selection committee to access. Any negative information generated by reference check shall be cause sufficient to dismiss the proposal as unacceptable. Negative information that shall be considered grounds to render the proposal unacceptable shall be information that shows the service operated in a fashion that reflected negatively on the community served.

YES ☒ NO ☐

3. Proposers must provide a toll free number for the Town's use and for the use of recipients/clients.

YES ☒ NO ☐

4. List any litigation, with appropriate explanation, in which your firm has been a party (as Plaintiff or Defendant) in the past five years from 2013 through the present.

YES ☒ NO ☐

5. Proposers must provide documentation of certified medical coders/auditors on staff.

YES

☒

NO

☐

6. Proposers must be able to interface and receive electronically forms and reports from the Town of Leicester Ambulance Information system.

YES

☒

NO

☐

7. Proposers must be able to have experience with hospital information systems and are currently receiving electronic demographic information.

YES

☒

NO

☐

8. Proposers must list any patient complaints officially recorded with the Town.

YES

☒

NO

☐

9. Proposers must have an affiliation with a Massachusetts Licensed Collection Agent

YES

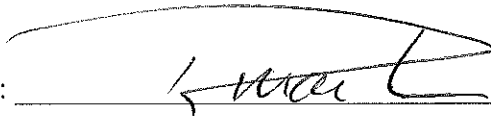
☒

NO

☐

I hereby state that I understand the minimum evaluation criteria and that I have initialed all of the appropriate sections, and further, that I have attached the required information to the summary sheet located at the back of this document.

Signature:



Name/Title: Richard L Martin, Manager & CEO

MINIMUM QUALIFICATION CRITERIA – COMSTAR RESPONSES

6. A Letter of Transmittal including the name address and other pertinent information about the firm. The Letter of transmittal shall include information regarding the business structure (corporation, sole proprietorship, partnership) and who is authorized to contractually bind the firm into an agreement. Additionally the letter should include tax identification number and some expression of the senior officers or project managers' commitment to the project.

Please see Page 3 for a Letter of Transmittal.

2. A list of Massachusetts municipalities or ambulance services for which the contractor has provided billing service. This list is to include a current name, address and telephone number of references for the selection committee to access. Any negative information generated by reference check shall be cause sufficient to dismiss the proposal as unacceptable. Negative information that shall be considered grounds to render the proposal unacceptable shall be information that shows the service operated in a fashion that reflected negatively on the community served.

Please see Page 33 for contact information on 10 of Comstar's 110+ Massachusetts municipal clients. Contact information for additional clients will be provided upon request.

3. Proposers must provide a toll free number for the Town's use and for the use of recipients/clients.

Clients and their patients can communicate with Comstar in several different ways. Return envelopes are included in all correspondence sent to patients. Comstar includes its toll free phone number (800)488-4351 and website address (www.comstarbilling.com) on all correspondence.

Additionally, Comstar maintains a second toll free number: 800-742-3001. All client callers to this line are transferred directly to a Comstar customer service team member for assistance between the hours of 8am and 4:30 pm. Outside of those hours, the call is sent directly to Comstar's Manager & CEO, Rick Martin.

4. List any litigation, with appropriate explanation, in which your firm has been a party (as Plaintiff or Defendant) in the past five years from 2013 through the present.

None.

5. Proposer must provide documentation of certified medical coders/auditors on staff.

Comstar is partnered with both the NAAC and HBMA. Many of Comstar's employees, including senior management are Certified Ambulance Coders, as certified through the National Academy of Ambulance Coding (NAAC), and will provide verification upon request.

The National Academy of Ambulance Coding (NAAC) represents the industry's "Gold Standard of Excellence" in compliance, ethics and integrity in all facets of ambulance billing and coding. Prior to the introduction of NAAC's Certified Ambulance Coder (CAC) program, there was no nationwide ambulance-specific billing and coding training and certification program in the United States. The CAC certification provides the industry with its own, specific and unique program to meet the incredible, twofold need of providing the industry's billing offices the opportunity to train new Billing & Coding professionals as dictated by their needs and on their schedules; and to maintain a highly educated staff of Billers and Coders with the critical knowledge and commitment to excellence necessary to assure the Nation's Ambulance services of continued accurate, thorough and compliant billing.

6. Proposers must be able to interface and receive electronically forms and reports from the Town of Leicester Ambulance Information system.

Comstar has the proper IT infrastructure to work with any NEMSIS compliant ePCR platform. We can accept ePCR data from a variety of software applications including TriTech with the appropriate export functions.

7. Proposers must be able to have experience with hospital information systems and are currently receiving electronic demographic information.

Comstar has experience working with many hospitals throughout Massachusetts and New England and we are able to accept electronic demographic information in a variety of formats. Comstar receives electronic demographic information from many of the facilities our clients transport to, and can accept electronic information from any hospital that has the ability to export a file.

Specifically, Comstar has established relationships with surrounding hospitals (Harrington Memorial, St. Vincent Hospital, and UMASS Memorial Hospital.) in order to obtain patient demographic information. We would continue to work with these facilities to receive information in the future.

8. Proposers must list any patient complaints officially recorded with the Town

Comstar will forward all complaints to the Town.

9. Proposers must have an affiliation with a Massachusetts Licensed Collection Agent

Comstar is licensed as a collection agency by the Banking Division of the Commonwealth of Massachusetts.

In addition, Comstar has an affiliation with an Advanced Collection Agency Services provided by First Financial Resources (FFR). Comstar partners with an outside collection agency for “hard collections” in order to maintain the integrity and separation of responsibility for these types of collections. Although, we are legally able to do so, we like to separate them to prove that we did all that we could to collect under our agreed upon pricing structure.

COMPARATIVE EVALUATION CRITERIA

Comstar understands that this criteria is what the Town will use to make analytical decisions, however, we wanted to show our support and evidence of why we consider ourselves HIGHLY ADVANTAGEOUS in every area.

1. **Highly Advantageous.** Comstar has been performing municipal ambulance billing services for over 32 years, since 1984.
2. **Highly Advantageous.** Comstar provides ambulance billing and collection services to over 200 municipal services, over 110 of which are located in the Commonwealth of Massachusetts. Please see our References on Page 33 for list of 10 Comstar municipal clients, as well as a complete client list. Contact information for any of our over 200 clients may be provided upon request.
3. **Highly Advantageous.** Comstar is receiving outstanding results for all of its clients, while abiding by each individual client's collection policy. See Page 38 for a list of 5 references with proof of insurance collection percentages above 90 percent.
4. **Highly Advantageous.** Comstar processes claims to all insurance carriers. If direct billing is required to obtain insurance information, Comstar includes its toll free phone number on all bills and correspondence. Our phones are answered by our Customer Service Representatives (from 8am to 9pm M-F) who are trained to be courteous helpful and respectful to callers. Please see ATTACHMENT 5 for a set of Sample Patient Billing Statement with Insurance Questionnaire.
5. **Highly Advantageous.** Comstar is partnered with both the NAAC and HBMA. Many of Comstar's employees, including senior management are Certified Ambulance Coders, as certified through the National Academy of Ambulance Coding (NAAC), and will provide verification upon request.

The National Academy of Ambulance Coding (NAAC) represents the industry's "Gold Standard of Excellence" in compliance, ethics and integrity in all facets of ambulance billing and coding. Prior to the introduction of NAAC's Certified Ambulance Coder (CAC) program, there was no nationwide ambulance-specific billing and coding training and certification program in the United States. The CAC certification provides the industry with its own, specific and unique program to meet the incredible, twofold need of providing the industry's billing offices the opportunity to train new Billing & Coding professionals as dictated by their needs and on their schedules; and to maintain a highly educated staff of Billers and Coders with the critical knowledge and commitment to excellence necessary to assure the Nation's Ambulance services of continued accurate, thorough and compliant billing.

PROFESSIONAL REFERENCES

Here is a list of 10 Comstar References. This references show a cross section of Comstar clients, who can attest to the professionalism and success of Comstar. Like the Town of Gardner, they are all municipal ambulance services, as is our client base.

Additional References may be provided upon request.

Customer: Centerville-Osterville-Marstons Mills Fire District
Primary Contact: Michael Winn
Title: Fire Chief
Address: 1875 Falmouth Road, Centerville, MA 02632
Telephone: (508) 790-2375
Period of Service: From 1998 through present
Annual Number of claims: 2154
Description of Services Provided: Providing Full Range of Ambulance Billing and Collection Services

Customer: Town of Westfield, MA
Primary Contact: Mary Regan
Title: Fire Chief
Address: 34 Broad Street, Westfield, MA 01085
Telephone: (413) 572-6330
Period of Service: From 2012 through present
Annual Number of claims: 5571
Description of Services Provided: Providing Full Range of Ambulance Billing and Collection Services

Customer: Hyannis Fire District
Primary Contact: Harold Brunelle
Title: Fire Chief
Address: 95 High School Extension Road
Telephone: (508) 775-1300
Period of Service: From 1999 through present
Annual Number of claims: 3717
Description of Services Provided: Providing Full Range of Ambulance Billing and Collection Services

Customer: Town of Longmeadow, MA
Primary Contact: John Dearborn
Title: Fire Chief
Address: 34 Williams Street, Longmeadow, MA 01106
Telephone: (413) 565-4179
Period of Service: From 1998 through present
Annual Number of claims: 1046
Description of Services Provided: Providing Full Range of Ambulance Billing and Collection Services

Customer: Town of Nantucket
Primary Contact: Paul Rhude
Title: Fire Chief
Address: 131 Pleasant Street, Nantucket, MA 02544
Telephone: (508) 228-2700
Period of Service: From 1989 through present
Annual Number of claims: 1045
Description of Services Provided: Providing Full Range of Ambulance Billing and Collection Services

Customer: Town of Hanover
Primary Contact: Jeffrey Blanchard
Title: Fire Chief
Address: 32 Center Street, Hanover, MA 02339
Telephone: (508) 826-4013
Period of Service: From 2001 through present
Annual Number of claims: 1118
Description of Services Provided: Providing Full Range of Ambulance Billing and Collection Services

Customer: Town of North Andover
Primary Contact: William McCarthy
Title: Fire Chief
Address: 124 Main Street, North Andover, MA 01845
Telephone: (978) 688-9590
Period of Service: From 1991 through present
Annual Number of claims: 1895
Description of Services Provided: Providing Full Range of Ambulance Billing and Collection Services

Customer: Town of Winchester
Primary Contact: John Nash
Title: Fire Chief
Address: 32 Mount Vernon Street, Winchester, MA 02081
Telephone: (781) 668-0260
Period of Service: From 1991 through present
Annual Number of claims: 892
Description of Services Provided: Providing Full Range of Ambulance Billing and Collection Services and hosted ZOLL ePCR Services

Customer: Town of Easton
Primary Contact: Kevin Partridge
Title: Fire Chief
Address: 413 Bay Road, Easton, MA 02375
Telephone: (781) 230-0750
Period of Service: From 2005 through present
Annual Number of claims: 1346
Description of Services Provided: Providing Full Range of Ambulance Billing and Collection Services

Customer: Town of North Reading
Primary Contact: William Warnock
Title: Fire Chief
Address: 152 Park Street, North Reading, MA 01864
Telephone: (978) 664-3112
Period of Service: From 2002 through present
Annual Number of claims: 850
Description of Services Provided: Providing Full Range of Ambulance Billing and Collection Services and hosted ZOLL ePCR Services



AMBULANCE BILLING SERVICE

CLIENT LIST

12/11/18

Massachusetts

Town of Acushnet
Athol Fire Department
Ashby Fire Department
City of Attleboro
Town of Ashfield
Auburn Fire Department
Avon Fire Department
Barnstable Fire District
Becket Ambulance Department
Town of Belchertown
Town of Berkley
Town of Billerica
Blackstone Fire Department
Brewster Fire Department
Brimfield Ambulance Service
Brookfield Emergency Squad
Town of Carver
COM Fire District
Town of Charlemont
Town of Charlton Ambulance Dept.
City of Chicopee
Town of Clinton
Cohasset Fire Department
Town of Colrain
Cotuit Fire Department
Town of Dalton
Town of Deerfield
Dighton Fire Department
Dover Fire Department
Town of East Brookfield
Town of Easton
Essex Fire Department
Town of Fairhaven Ambulance
Town of Falmouth
Town of Franklin
Town of Freetown
Town of Georgetown
Town of Granby
Town of Granville
Hanover Fire Department
Highland Ambulance Service
Hindsdale Vol Firemans Association
Hingham Fire Department
Hilltown Community Amb Service
Town of Hull
Hyannis Fire District
Kingston Fire Department
Lakeville Fire Department
Lanesborough Fire Department
Lawrence General Hospital
LGH - Paramedic Service
LGH - City of Lawrence
Town of Lenox Ambulance
Town of Longmeadow
Town of Ludlow Fire Dept.

Massachusetts (cont.)

Manchester Fire Department
Mansfield Fire Department
Town of Mattapoisett
Medfield Fire Department
Town of Middleton
Town of Millis Amb Service
Millville Fire Department
Town of Monson
Town of Nantucket
Town of Needham
City of New Bedford
Town of New Marlborough
Newbury Fire Department
North Andover Fire Department
North Adams Ambulance Service
North Attleboro Fire Department
North Brookfield EMS
City of North Hampton
North Reading Fire Department
Northborough Fire Department
Town of Northfield
Town of Norton
Oak Bluffs Fire Department
Orange Fire Department
Otis Rescue Squad
Plainville Fire Department
Plympton Fire Department
Rehoboth Ambulance
Richmond Fire Department
Rochester Fire Department
Rutland Fire Department
Sandisfield Fire Department
Sandwich Fire Department
Town of Southbridge
Southern Berkshire Vol Amb
Scituate Fire Department
Seekonk Fire Department
Sharon Fire Department
Somerset Fire Department
Southborough Fire Department
South Hadley FD No. 1
South Hadley FD No. 2
Southwick Fire Department
Tewksbury Fire Department
Town of Tisbury
Tri Town Ambulance / Chilmark
Town of Tyngsborough
Walpole Fire Department
Town of Warren
West Barnstable Fire Department
West Boylston Fire Department
Westborough Fire Department
City of Westfield
Wilmington Fire Department
Winchester Fire Department
Town of Windsor

New Hampshire

Alton Fire Dept
Amherst Rescue Squad
Town of Andover
Town of Antrim
Barnstead Fire Rescue
Town of Barrington
Bedford Fire Department
Bethlehem Fire Department
Town of Bow
Brentwood Fire Department
Town of Bridgewater
Town of Bristol
Campton-Thornton Fire Rescue
Town of Chichester
City of Concord
Conway Village Fire District
Town of Deering
City of Dover
Town of Dunbarton
Durham Ambulance Corps
Town of East Kingston
Town of Enfield
Epping Fire Department
Town of Epsom
Exeter NH
Town of Farmington
Franconia Life Squad
Town of Gilford Ambulance
Town of Goffstown
Town of Greenland
Hampton Fire Department
Town of Hampton Falls
Hebron Fire Department
Hennicker, NH
Town of Hillsborough
Town of Hooksett
Hollis Fire Department
Hopkinton FD
Hudson Fire Department
City of Keene
Town of Kensington
Town of Kingston
City of Lebanon
Linwood Ambulance
Town of Lisbon
Town of Loudon
Town of Marlow
Town of Merrimack
Town of Middleton
Town of Milford
Milton Fire Department
New Boston
New Durham Fire Department
New England Dragway
Newington Fire Department

New Hampshire (cont.)

NewMarket Ambulance Corps
Town of Newton
North Hampton Fire Department
Town of Northumberland
Town of Northwood
Pelham Fire Department
Portsmouth Fire Department
Rye Fire Department
South Hampton
Souhegan Valley Amb Service
Salem Fire Department
Salisbury NH
Strafford Fire Department
Stratham Fire Department
Tilton-Northfield Fire Dept
Tri-Town / Pembroke
Town of Wakefield
Town of Waterville Valley
Town of Weare
Town of Wilton
Windham Fire Department

Rhode Island

East Greenwich Fire District
Middletown Fire Department
Town of Narragansett
City of Newport
City of Providence
Warren Fire Department
City of Warwick

Maine

Town of Arundel
City of Bangor
Town of Lebanon
Town of Machias
North Berwick Rescue
Town of Sanford
Town of Scarborough
Town of Waldoboro

Vermont

Town of Colchester
Town of Montgomery
Rescue, Inc.

Connecticut

Town of Canton
Town of Enfield
Town of North Branford
Town of Trumbull
Town of Wallingford

New York

Town of Shandaken
City of Troy

COLLECTION PERCENTAGE REFERENCE PROOF
--

Here is a list of 5 Comstar References with collection percentages 85% or above, with three of them being above 90%

1. Michael Winn, Fire Chief
COMM Fire District
1875 Falmouth Road
Centerville, MA 02632
Collection Percentage from Insurance: (508) 790-2375
97%

2. Michael Small, Chief
Falmouth Fire Department
399 Main Street
Falmouth, MA 02540
Collection Percentage from Insurance: (508) 495-2551
97%

3. Mark Difronso, Chief
Town of Southbridge
41 Elm Street
Southbridge, MA 01550
Collection Percentage from Insurance: (508) 764-5430
95%

4. John Murphy, Chief
Auburn Fire Rescue
47 Auburn Street
Auburn, MA 01501
Collection Percentage from Insurance: (508) 832-7800
95%

5. Charles Cloutier, Chief
Charlton Fire Department
PO BOX 114
Charlton, MA 01508
Collection Percentage from Insurance: (508) 248-2299
96%

APPENDIX A

I, Richard L Martin Manager & CEO
Name Title
of Comstar
Company Name

Certify under the penalties of perjury that:

1. I duly represent the Proposer and have full authority to execute any and all documents for and on behalf of the Proposer relative to its operation, and
2. If an out-of-state company, a resident agent in the Commonwealth of Massachusetts must be appointed for service of process. The name and address of the company's resident agent is: _____
3. I certify that all statements contained herein are true and may be relied upon by the Town of Leicester as true and accurate statements of Comstar's Ability to perform the scope of service in this RFP.

Witness my hand and seal this

Agent of Proposer: Richard L Martin
(name)

Title: Manager & CEO

Date: 12/14/16

Address of Proposer: 8 Turcotte, Memorial Drive, Rowley, MA 01969

Telephone Number of Proposer: (800) 488-4351

APPENDIX B

Non-Collusion Form and Tax Compliance Form

Persons submitting a bid or proposal to provide supplies or services to your jurisdiction, or to purchase supplies from your jurisdiction, must submit a certification of non-collusion and tax compliance.

CERTIFICATE OF NON-COLLUSION

The undersigned certifies under penalties of perjury that this bid or proposal has been made and submitted in good faith and without collusion or fraud with any other persons. As used in this certification, the work "person" shall mean any natural person, business, partnership, corporation, union, committee, club, or other organization, entity, or group of individuals.

Signature

Richard L Martin

(Name)

Comstar

(Name of business)

TAX COMPLIANCE CERTIFICATION

Pursuant to M. G.L. Chapter 62C, § 49A, I certify under the penalties of perjury that, to the best of my knowledge and belief, I am in compliance with all laws of the Commonwealth of Massachusetts relating to taxes.

Signature

Richard L Martin

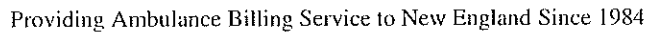
(Name)

Comstar

(Name of business)

TOWN OF LEICESTER ATTACHMENTS

1. First Financial Resources (FFR) Documents
2. Sample Monthly Reconciliation Report Package
3. Sample Waiver Handling Policy
4. Sample Hardship Application Form
5. Sample Patient Statement



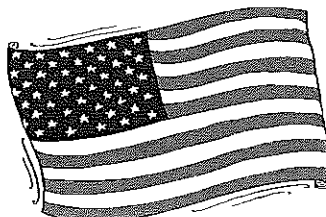
from the desk of Rick Martin

Direct Line: 978-771-6482

E-Mail: Rick.Martin@ComstarBilling.com

[illegible]

America
Land of the Free
Home of the Brave





RECEIVABLES PARTNERSHIP

Comstar and First Financial Resources Inc. have reached a business agreement which will directly increase the receivables return of Comstar clients. Comstar and First Financial Resources offer this special service proposal. in an effort to provide the highest level of service for Comstar clients.

First Financial Resources, Inc. is a high quality collection agency comprised of a cohesive team of dedicated collection professionals operating in a rewarding and challenging environment whose goal is to implement innovative and cost effective account receivable services.

First Financial Resources, Inc. (FFR) was founded in 1990 by the late Allan Gordon, a collection veteran for over thirty nine years, and his son Larry who brought to the business fourteen years of collection service management and marketing experience. FFR was founded with the intent to develop a flexible and client oriented collection service capable of offering the highest customer service at competitive rates.

At First Financial Resources, we have meticulously refined our collection process over the past year to ensure that the four pillars of our company mission (dedication, quality, excellence, integrity) radiates from our collection process. First and foremost, we have created customized client services, tailored to each individual client. We have the ability to customize every aspect of our service for you, from electronic placement to updated status reports. Secondly, we have differentiated ourselves from other collection agencies through our communication style with your debtors. We don't harass, threaten, or demean. We listen, educate, and collect. This results in more dollars generated for our clients, not complaints.

Our organization is extremely enthusiastic about the business relationship with Comstar. We hope you will sign on with us and enjoy the added value this opportunity provides for your organization. Please review the following documentation on the services provided. Feel free to contact Rick Martin directly at 978-771-6482 or me at 800-747-2302 extension 204 if you have any questions.

Sincerely,

A handwritten signature in black ink, appearing to read "Larry Gordon".

Larry Gordon
President
First Financial Resources Inc.

"No Collection, No Charge! Our mission is to treat our client and debtors with utmost respect to generate a win-win result."

FFR Collection Policies and Procedures

Outlined below are the policies and procedures which First Financial Resources, Inc. follows upon receiving new accounts and an explanation of legal services.

Acknowledgement

- Upon receipt of accounts an acknowledgement is sent to the client to verify debtor's name and amount due.

First Letter

- The same day, the first letter is sent to the debtor notifying them of the collection activities and includes an explanation of the debtor's rights.

Credit Reporting

- If client authorizes FFR to report debtors to the Credit Bureau (Experian, Equifax and Trans Union), the debtor is notified on the 31st day of the possible credit damage with our second letter. If payment is not received after 60 days the account has been placed with FFR, the account becomes eligible to be placed on the debtor's credit report, which then gets listed with the Credit Bureau on the upcoming 5th day of the month. An account can remain on a debtor's credit report for up to 7 years from the date of last charge, regardless if the statute of limitations has expired.

Collector's Actions

- First telephone call is placed to debtor immediately after the second notice is sent.
- Skip-tracing is performed on accounts with inaccurate/incomplete contact information.
- Additional telephone attempts are made. Contact is attempted twice per week at home and twice per month at the debtor's place of business, as state and federal law permits. If no response, the review date is advanced 30 days where additional telephone attempts and/or mailing(s) take place. On or about Day 180, the collector determines his/her ability to collect the account and determines the most viable course of action to enable future collection.
- If all efforts to collect have been exhausted and the collector feels legal action will be fruitless, another demand notice will be sent and the account will be placed in the annual diligence review queue (inactive status). If the collector determines that attempts by a third party may serve as a catalyst for collections, the collector will send a demand notice and will request legal action on an account. This decision is based on variables such as balance and validity of demographic information. Accounts that have been requested to go legal will be reviewed by the forwarding department for further action. Accounts placed into the annual diligence review queue will receive future phone attempts and/or collection letters.

Legal Process

- Client will receive the Legal Authorization Request Form for accounts that are deemed suit worthy by our forwarding department. We will make a recommendation to pursue through small claims or civil suit only after particular research is conducted (i.e. verification of the debtor's assets, employment, business status, credit rating, bankruptcy searches, etc.). Furthermore, for legal action to remain profitable for you, we will rarely recommend filing suit on any account under \$1,500.00. If we receive written authorization from the client to file suit, the account will be forwarded to our appropriate collection attorney. Our attorney will send demand letters, make phone attempts, and will enter the account into court to render judgment against the debtor. Based on an account's collectability, the attorney may execute judgment by requesting service to the debtor, arranging additional court hearings, real estate attachment, etc. Legal judgments remain active on a debtor's public record for 20 years (in the state of MA), unless the balance becomes satisfied-in-full prior to that. If the client declines legal action, the account is placed in the annual diligence review queue (and remains on the debtor's credit report and will receive future communications from FFR).

Paid-in-full accounts

- Once an account is paid/settled-in-full, any credit report affected by this debt will be updated as a paid collection debt on the subsequent credit update we perform. We can completely delete an account from a debtor's credit report based on circumstance. We also send payment receipts to debtors upon request.

Uncollectible Accounts

- There are a few different types of these accounts. When a client requests that we close and return an account, the account is then flagged to be deleted from a debtor's credit report and we no longer work the account. Any account identified as a duplicate gets treated equivalent to a closed per client's request account. When bankruptcy notification is received on an account we update the status of the account to fit which Chapter the debtor has filed. We also inform the credit bureau that the debtor has filed for bankruptcy, along with the particular chapter. Accounts that become past statute typically do not receive further communications. Under Massachusetts law (for example), an account becomes past statute once the date of last charge is 6 years old. If a debtor prevails in court on a legal authorized account, by law the debt is not owed and we have to remove the account from the debtor's credit report (this is a rarity).

****Please feel free to contact our office if you have any questions.*

Comstar / FFR Process Flow, Activity Tracking, Transaction Posting & Reporting

Key Points:

- Comstar does not automatically assign patient accounts to FFR. The client retains the decision making authority. You communicate your direction to us by selecting the desired disposition option for each patient on your monthly Request for Write-Off report.
- All FFR activity will be reported to you under Comstar' existing reporting and reconciliation process.
- Your current Comstar banking process will be used for proceeds collected by FFR.
- FFR will deduct its fee and issue a net payment, no need to cut a separate check to FFR.

Comstar's standard monthly Request for Write-off with Reason Report (indicating Comstar has exhausted all of its authorized billing and collection steps) will be the document clients will use to indicate which specific patient accounts they wish to be placed with FFR. Clients are asked to put the letters FFR next to any patient account they wish placed with FFR. Other disposition decisions can be noted on this same report as usual. This marked up report can be mailed, faxed or scanned/mailed to Comstar.

Patient accounts placed with FFR will have their current payer set to FFR. The designated accounts will then be flagged and electronically transmitted to FFR.

On a monthly basis, FFR will cut a check to the client for the amount of funds collection on the client's behalf less FFR's Fee. A detailed statement showing the patient accounts paid (Gross and net of fee) will be provided by FFR with each check.

Comstar will post these payments to the client's accounts and book the FFR fee as we do contractual allowances with coding that will specifically identify the source of this contractual allowance as "FFR Fee".

After posting the payment to the client account, Comstar will forward the check following the standard banking instructions. Thus, the payment receipts and FFR fees will be reported in your normal Month End Reconciliation Report Package. As with all Comstar activity reports, we will provide a documented audit trail sufficient to allow you to link every FFR activity back to your source document, the patient run report. The reporting content will satisfy both your operations reporting and financial control and audit needs.

Agreement for Services

****If you are interested in utilizing the services of First Financial Resources, Inc. please fill out the information below and fax the completed three page form to Jeff Tassi at 978-356-2721****

First Financial Resources, Inc. appreciates the opportunity to work on your behalf. We have constructed this working agreement to confirm and specify the terms of our arrangement and to clarify the nature and extent of the services we will provide.

This agreement is entered into by and between First Financial Resources, Inc., hereinafter referred to as "FFR" and _____, hereinafter referred to as "Client", and is effective as of the _____ day of _____, 2016.

Client Responsibilities

Client acknowledges that all account information will be transmitted by Comstar to FFR via mail, fax, email, FFR's website, or FFR's Web Portal. Client agrees to cease recovery activity on all accounts placed with FFR. Client acknowledges that sufficient account itemizations must be available on all accounts when requested by FFR. Client shall use its best efforts to promptly inform FFR of any change in the status of the debt, including but not limited to the dispute of a debt, in whole or in part by the debtor, filing of bankruptcy by the debtor, receipt of a letter of representation from an attorney representing the debtor, or any written correspondence received regarding a debtor. Client acknowledges that all payments received by Client's office, made towards collection accounts, must be reported to FFR as soon as possible. Client shall not place the same account with more than one collection agency and/or attorney for collection at the same time.

First Financial Resources, Inc. Responsibilities

As a bonded member of both the American Collectors Association and the New England Collectors Association, FFR carries errors and omissions liability coverage and agrees to hold Client harmless. FFR agrees to perform due diligence in the collection of all accounts submitted by Client. During our engagement we will provide the following services at your discretion:

Customized Collections

All accounts placed with FFR will go through the same collection process during which time FFR will maintain a full account history. If and when account demographics become incorrect, FFR will utilize the latest technologies to obtain new contact information (aka skip-tracing). FFR will use any and all information found to collect an account. Collection efforts are made via mail, phone, fax, and email. FFR will comply with debtor rights within the constraints of the Fair Debt Collection Practices Act, Fair Credit Reporting Act, and all applicable state laws. FFR will protect all sensitive information of the Client and debtors; both physical and electronic.

Credit Reporting

Accounts must be with FFR for a minimum of forty-five (45) days and have a balance of fifty (50) dollars or greater in order to become eligible for credit reporting. Qualified accounts will be reported to all three major credit bureaus (Equifax, TransUnion, and Experian); FFR's credit reporting marks have the ability to stay on a report for up to seven (7) years from the date of service or last charge date. FFR will pay all fees and will be responsible for account maintenance.

Accept

Decline

Settlements

With your authorization below, FFR will have the ability to offer a settlement, to a debtor, for a certain percentage off the principal balance without having to contact your office prior. We have strict policies for settlements; they are used as a last resort, the account must adhere to stringent qualifications, and our specialists start by offering a lower amount than what is authorized (they never exceed the authorized percentage). Any offer over that percentage will require us calling you for permission. We occasionally send bulk mailings on older, qualified accounts. Our settlement offers require prompt payment. Settlements are given in the Client's best interest to maximize recoveries. Below we are offering the most commonly used percentages.

25% off _____ OR 35% off _____
Accept Accept

Decline

Fees and Statement Type

FFR has a strict "no collection, no charge" policy. Client acknowledges that FFR will retain a fee of thirty-three and one third (33⅓) percent upon monies collected from any and all accounts placed. This holds true whether the payment was made to FFR, Client, or Comstar. All earned fees are automatically deducted and a balanced check or invoice will be sent to Comstar. FFR agrees to notify Comstar within thirty (30) days of all monies received on collection accounts. All unpaid fees are due in thirty (30) days. It should be noted that if a fee goes unpaid for more than thirty (30) days, we reserve the right to offset that fee with future collections.

Terms of Agreement

This agreement will become in effect on the effective date and will remain operational with a perpetual term unless and until terminated by either FFR or client. Client reserves the right to withdraw any and all accounts that have been assigned for collection at no fee to client, at any time. Termination of this agreement must be done in writing. Upon receipt of written notice, FFR will cease and desist all collection attempts and close all accounts within thirty (30) days.

If the foregoing terms are in accordance with your understanding, please sign this agreement in the space provided and return the original signed agreement to us.

We appreciate this opportunity to serve you.

Very truly yours,

First Financial Resources, Inc.

Accepted and Agreed:

Client Name

Address

City, State, Zip Code

Authorized Signature

Title

First Financial Resources, Inc.

One Clarks Hill, Suite 302

Framingham, MA 01702

Larry P. Gordon

President



SAMPLE REPORTS

MONTHLY RECONCILIATION REPORT PACKAGE

The intent of this report package is to provide the client and traditional accounting reconciliation of all transactions processed for the reporting period. The following is an actual client report package. Client and patient identifying information has been removed to ensure the confidentiality of their information.

Reports Description:

Reconciliation Summary Report

This is a management report which provides month and year to date total for all transaction categories. This report also serves as the reconciliation tool for accounting purposes. The **Beginning Balance** for each month is also the **Ending Balance** from the prior month. Both represent the total amount owed to the client by its patients at that point in time. **Gross Commitments** are the new charges posted and billed during the month on behalf of your service. **Contractual Allowances** are the differences between your billing rates and reimbursement rates called for in contracts your service has signed with certain payers (Medicare, Medicaid.....) **Net Commitments** are the Gross Commitments less the Contractual Allowances. **Total Payments Received by Comstar** is the sum of all checks sent to Comstar, always payable to your service, which were posted to your patient accounts during the month. **Payments Received by Client** is typically electronic funds transfers made directly to the clients bank account by payers such as Medicare and Medicaid. We account for these separately to facility the reconciliation of your bank account on a monthly basis. **Retractions** are amounts a payer withholds due to a prior over payment. **Net Payments Applied** is the sum of Payments Received by Comstar and the Client less retractions. On a monthly basis, Comstar's fee is calculated and billed to you based on this figure. **Write-Offs** are patient account balances that you have directed us to write-off.

Transaction Detail Reports

For all of the transaction types listed above, you will receive a detailed report by transport date of service. Each transaction listed on these reports shows your incident number so that you have a complete audit trail back to the source document of our bill activity, your incident report.

Aging Detail Report

This report lists each patient that owes your service money at the close of the reporting period. The total on this report ties to the Ending Balance in the Reconciliation Summary Report for a given month.

Request For Disposition Report

When we have exhausted all authorized billing and collection steps, a patient account will be put on hold and placed on this report for your review and disposition decision.

Town of Main Street Ambulance
Ambulance Billing Account Reconciliation Report
FY 2016

Prepared By: Comstar

Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	YTD
\$1,829,109.81	\$1,752,799.27	\$1,879,795.66	\$1,868,494.82	\$1,850,014.35	\$2,000,444.79	\$1,939,540.26	\$1,916,802.88	\$1,924,171.99	\$1,993,475.87	\$1,801,175.43
\$205,455.63	\$452,738.30	\$220,877.53	\$313,591.30	\$403,100.65	\$274,532.97	\$381,374.58	\$260,172.45	\$512,568.42	\$377,932.41	\$3,904,671.62
\$129,790.22	\$210,170.42	\$129,068.18	\$187,777.36	\$160,305.68	\$189,647.45	\$227,072.30	\$112,697.80	\$297,930.95	\$200,076.48	\$2,077,343.85
\$75,665.41	\$242,567.88	\$91,809.35	\$125,813.94	\$242,794.97	\$94,885.52	\$154,302.28	\$147,474.65	\$214,637.47	\$177,855.93	\$1,827,327.77
\$38,548.72	\$43,357.93	\$34,138.26	\$63,248.89	\$25,898.65	\$33,709.56	\$34,159.20	\$26,814.41	\$38,053.40	\$43,750.34	\$494,579.58
\$107,987.55	\$70,618.50	\$66,325.19	\$84,726.98	\$67,394.65	\$112,277.17	\$131,025.70	\$116,286.35	\$113,938.20	\$142,993.69	\$1,144,436.57
\$0.00	\$6,342.46	\$1,200.79	\$4,718.09	\$1,401.01	\$4,854.41	\$2,521.06	\$3,428.86	\$7,019.32	\$-1,170.05	\$33,532.71
\$146,536.27	\$107,633.97	\$99,262.66	\$143,257.78	\$91,892.29	\$141,132.32	\$162,663.84	\$139,671.90	\$144,972.28	\$187,914.08	\$1,605,483.44
\$0.00	\$7,937.52	\$1,290.43	\$1,036.63	\$472.24	\$4,657.73	\$1,991.58	\$433.64	\$360.98	\$418.23	\$18,899.01
\$5,439.68	\$0.00	\$2,557.10	\$0.00	\$0.00	\$0.00	\$12,384.24	\$0.00	\$0.33	\$0.00	\$21,121.26
\$1,752,799.27	\$1,879,795.66	\$1,868,494.82	\$1,850,014.35	\$2,000,444.79	\$1,939,540.26	\$1,916,802.88	\$1,924,171.99	\$1,993,475.87	\$1,982,999.49	\$1,982,999.49

or: **TOWN OF Main St Ambulance**

07/06/2016; AND Company IS TOWN OF Main St Ambulance AMBULANCE; AND Yes

<u>Name</u>	<u>Charge Description</u>	<u>Qty</u>	<u>PPU</u>	<u>Total</u>
	Main St Ambulance Mileage	-4.6	\$30.00	-\$138.00
	Main St Ambulance Mileage	5.0	\$30.00	\$150.00
	Total Charges			\$12.00
	Main St Ambulance Mileage	-7.0	\$30.00	-\$210.00
	Main St Ambulance Mileage	6.6	\$30.00	\$198.00
	Total Charges			-\$12.00
	Main St Ambulance Mileage	-7.0	\$30.00	-\$210.00
	Main St Ambulance Mileage	6.9	\$30.00	\$207.00
	Total Charges			-\$3.00
	Main St Ambulance Mileage	-7.3	\$30.00	-\$219.00
	Main St Ambulance Mileage	8.0	\$30.00	\$240.00
	Total Charges			\$21.00
	Main St Ambulance Mileage	-5.0	\$30.00	-\$150.00
	Main St Ambulance Mileage	4.5	\$30.00	\$135.00
	Total Charges			-\$15.00
	Main St Ambulance Mileage	-7.0	\$30.00	-\$210.00
	Main St Ambulance Mileage	6.2	\$30.00	\$186.00
	Total Charges			-\$24.00
	Main St Ambulance Mileage	-9.6	\$30.00	-\$288.00
	Main St Ambulance Mileage	10.0	\$30.00	\$300.00
	Total Charges			\$12.00
	Main St Ambulance Mileage	-4.8	\$30.00	-\$144.00
	Main St Ambulance Mileage	5.0	\$30.00	\$150.00

Main St Ambulance IMMOBILIZATION	1.0	\$181.90	\$181.90
Main St Ambulance BLS Emergency Ba	1.0	\$1,346.33	\$1,346.33
Main St Ambulance Engine Response A	1.0	\$175.00	\$175.00
		Total Charges	\$1,823.23
Main St Ambulance BLS Emergency Ba	1.0	\$1,346.33	\$1,346.33
Main St Ambulance Mileage	6.0	\$30.00	\$180.00
		Total Charges	\$1,526.33
Main St Ambulance Mileage	2.8	\$30.00	\$84.00
Main St Ambulance BLS Emergency Ba	1.0	\$1,346.33	\$1,346.33
		Total Charges	\$1,430.33
Main St Ambulance Mileage	9.0	\$30.00	\$270.00
Main St Ambulance BLS Emergency Ba	1.0	\$1,346.33	\$1,346.33
		Total Charges	\$1,616.33
Main St Ambulance BLS Emergency Ba	1.0	\$1,346.33	\$1,346.33
Main St Ambulance Engine Response A	1.0	\$175.00	\$175.00
Main St Ambulance Mileage	4.0	\$30.00	\$120.00
		Total Charges	\$1,641.33
Main St Ambulance Mileage	8.5	\$30.00	\$255.00
Main St Ambulance I.V. Therapy	1.0	\$0.00	\$0.00
Main St Ambulance ALS1 Emer. Base F	1.0	\$2,428.46	\$2,428.46
Main St Ambulance Cardiac Monitor	1.0	\$0.00	\$0.00
		Total Charges	\$2,683.46
Main St Ambulance BLS Emergency Ba	1.0	\$1,346.33	\$1,346.33
Main St Ambulance Mileage	6.0	\$30.00	\$180.00
		Total Charges	\$1,526.33
Main St Ambulance BLS Emergency Ba	1.0	\$1,346.33	\$1,346.33
Main St Ambulance Mileage	4.6	\$30.00	\$138.00
		Total Charges	\$1,484.33

Total Charges	\$ 377,932.41
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ITS32\CUSTOM\CLOSING REPORTS\COMMITMENT REPORTS\1_COMMITMENTS DETAIL ZEROS SUPPRES

Allowances Report for: TOWN OF Main St Ambulance AMBULANCE

Post Date IS BETWEEN 05/31/2016 AND 07/06/2016; AND Company IS TOWN OF Main St Ambulance AMBULANCE; AND Credits IS AMBULANCE FUND PAYMENT OR CONT. ALLOW - BCBS MANUAL OR CONT. ALLOW - BLUE CROSS OR CONT. ALLOW - CONTRACT OR CONT. ALLOW - MANUAL OR CONT....

<u>Incident Date</u>	<u>Patient</u>	<u>Incident #</u>	<u>Run #</u>	<u>Dollars</u>
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CONT. ALLOW - BCBS MANUAL

04/20/16		4060004000945	96494	\$1,112.73
			SUBTOTAL	<u>\$ 1,112.73</u>

CONT. ALLOW - MANUAL

07/22/15		004000315	173228	\$91.24
03/11/16		4060004000835	57095	\$592.04
03/15/16		4060004000843	57103	\$150.00
			SUBTOTAL	<u>\$ 833.28</u>

CONT. ALLOW - MEDICAID

07/27/14	X		146132	-\$2,314.48
09/09/14	X		184190	-\$1,110.06
09/29/15		003000494	214524	\$2,256.17
05/05/16		4060003000999	111565	\$2,256.17
05/14/16		4060004001019	111619	\$1,218.34
05/16/16		4060003001024	111587	\$2,310.31
05/17/16		4060003001028	111591	-\$2,147.89
05/26/16		4060004001065	133663	\$2,411.00
05/28/16		4060003001046	133586	\$1,353.69
05/28/16		4060004001071	133722	\$2,337.38
05/30/16		4060004001078	133725	\$1,272.48
05/31/16		4060003001049	133589	\$2,229.10
06/03/16		4060004001084	133729	\$1,272.48
06/11/16		4060004001106	138668	\$1,110.06
06/14/16		4060004001121	138686	\$2,364.45
06/15/16		4060003001080	144054	\$1,191.27
06/17/16		4060003001087	144137	\$1,326.62
06/18/16		4060003001088	144138	\$2,147.89
06/18/16		4060004001140	144196	\$1,272.48
06/19/16		4060004001149	144204	\$1,299.55
06/22/16		4060004001160	143959	\$1,272.48
06/22/16		4060004001157	144202	\$1,353.69
06/22/16		4060004001158	145180	\$1,272.48
			SUBTOTAL	<u>\$ 27,955.66</u>

C T. ALLOW - MEDICAID HMO

07/27/14	X		146132	\$2,314.48
09/09/14	X		184190	\$1,110.06
08/07/15		003000338	173203	\$293.27
02/03/16		004000712	30048	\$2,337.38
03/03/16		004000812	47691	\$86.49

04/11/16	4060003000952	90183	\$1,151.52
04/12/16	4060003000957	90262	\$514.33
04/16/16	4060003000967	96458	\$81.90
04/21/16	4060003000975	96463	\$88.85
04/21/16	4060004000948	96495	\$189.49
04/21/16	4060004000950	96497	\$85.52
04/23/16	4060004000957	96503	\$79.00
04/24/16	4060004000963	96509	\$100.66
04/25/16	4060004000965	96513	\$97.47
04/27/16	4060004000970	96516	\$108.28
04/29/16	4060004000976	96521	\$102.83
05/03/16	4060004000984	100448	\$102.83
05/03/16	4060004000983	111593	\$101.38
05/05/16	4060004000990	100472	\$96.46
05/06/16	4060004000997	111600	\$96.46
05/09/16	4060004001003	111604	\$109.78
05/09/16	4060004001005	111606	\$98.78
05/15/16	4060004001022	110380	\$102.69
05/18/16	4060004001033	111629	\$99.36
05/18/16	4060004001030	111630	\$86.10
05/19/16	4060003001033	115619	\$101.82
05/21/16	4060004001043	115632	\$98.92
05/24/16	4060004001059	115653	\$100.23
SUBTOTAL			<u>\$ 9,936.34</u>

CONT. ALLOW - MEDICARE

04/30/15	002000265	95037	\$2,319.00
02/22/16	004000771	36495	\$2,091.02
03/08/16	4060004000829	57091	\$2,129.92
04/28/16	4060004000974	96520	-\$1,195.12
04/29/16	4060003000988	96474	-\$1,085.29
05/01/16	4060003000992	96478	\$1,062.41
05/08/16	4060004001001	111603	-\$2,075.00
05/09/16	4060003001008	111575	\$2,189.40
05/11/16	4060004001010	111612	\$1,092.16
05/13/16	4060004001015	111617	-\$2,300.34
05/17/16	4060003001028	111591	\$2,047.55
05/22/16	4060004001050	133656	\$2,173.39
05/23/16	4060004001051	133657	\$2,164.24
05/23/16	4060004001056	133658	\$2,036.11
05/24/16	4060003001037	115624	\$1,094.45
05/25/16	4060003001038	133520	\$2,107.04
05/25/16	4060003001040	133524	\$2,052.12
05/26/16	4060004001066	133661	\$2,148.22
05/27/16	4060003001045	133588	\$2,052.12
05/27/16	4060004001068	133667	\$2,077.29
05/27/16	4060004001069	133668	\$2,155.08
05/28/16	4060004001072	133670	\$2,091.02
05/29/16	4060003001047	133587	\$1,085.29
05/29/16	4060004001074	133723	\$3,364.65
05/30/16	4060003001048	133578	\$2,086.44
05/30/16	4060004001075	133665	\$1,066.99
05/30/16	4060004001077	133724	\$2,104.75
05/31/16	4060003001050	133581	\$2,077.29

01/13/10	EA10-42	3224	\$5.00
06/06/11	EA11-1349	93337	\$31.74
07/31/12	NONE	136697	\$16.66
10/20/13	XXXX	197170	\$50.00
02/15/14	XXX	31351	\$33.33
10/20/14	XXXX	217677	\$14.62
01/14/15	002000004	10673	\$16.15
02/01/15	003000054	31420	\$8.33
06/21/15	003000243	135737	\$33.25

SUBTOTAL	<u>\$ 209.08</u>
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GRAND TOTAL	<u>\$ 200,076.48</u>
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Ambulance Payment Summary for: TOWN OF Main St Ambulance AMBULANCE

Post Date IS BETWEEN 05/31/2016 AND 07/06/2016; AND Company IS TOWN OF Main St Ambulance AMBULANCE; AND Credits IS PAYMENT - CHECK OR PAYMENT - EFT OR PAYMENT-CREDIT CARD OR PMT-RCVD BY CLIENT OR PMT-WITHHELD BY STATE; AND Yes

Incident Date	Incident#	Run#	Patient	PMT Method	Amount	Payment By	Final
05/17/13	XXXX	88748		PAYMENT - CHECK	\$20.00	Bill Patient	NO
03/27/14	XXXX	58493		PAYMENT - CHECK	\$50.00	Bill Patient	NO
02/12/15	002000084	32386		PAYMENT - CHECK	\$202.77	Bill Patient	YES
03/22/15	002000172	66478		PAYMENT - CREDIT CARD	\$200.00	Bill Patient	NO
07/22/15	004000315	173228		PAYMENT - CHECK	\$2,844.12	SAFETY INSURANCE -	YES
08/07/15	003000338	173203		PAYMENT - CHECK	\$1,173.06	UNITED HEALTHCARE (ALL	YES
08/17/15	003000364	180353		PAYMENT - CREDIT CARD	\$120.00	Bill Patient	NO
09/11/15	004000411	207730		PAYMENT - CHECK	\$1,529.73	MET LIFE - PA SCRANTON	NO
10/24/15	004000467	233792		PAYMENT - EFT	\$2,698.46	FALLON COMMUNITY	YES
11/11/15	003000626	250526		PAYMENT - CHECK	\$25.00	Bill Patient	NO
11/17/15	003000637	262241		PAYMENT - CHECK	\$678.68	Bill Patient	YES
11/19/15	004000523	262263		PAYMENT - CHECK	\$516.46	Bill Patient	NO
11/19/15	004000523	262263		PAYMENT - EFT	\$516.46	TUFTS HEALTH PLAN-NAVIGATOR	NO
11/25/15	004000533	271338		PAYMENT - CREDIT CARD	\$50.00	Bill Patient	NO
12/05/15	004000550	271355		PAYMENT - CREDIT CARD	\$100.00	Bill Patient	NO
12/10/15	003000688	289601		PAYMENT - CHECK	\$1,197.06	UFCW NAT'L LOCAL 7981	NO
12/11/15	004000570	276100		PAYMENT - EFT	\$186.33	TUFTS HEALTH PLAN-NAVIGATOR	NO
12/11/15	003000708	287467		PAYMENT - EFT	\$1,616.33	BC/BS OF MASSACHUSETTS	YES
12/18/15	004000581	287505		PAYMENT - CHECK	\$2,578.46	BLUE BENEFIT ADMINISTRATORS	YES
12/23/15	003000723	287482		PAYMENT - EFT	\$97.87	MASS MEDEX	YES
12/29/15	004000605	287523		PAYMENT - CHECK	\$2,668.46	HEALTH PLANS INS -	YES
12/30/15	004000606	294024		PAYMENT - EFT	\$81.64	HARVARD PILGRIM	YES
01/02/16	003000750	2592		PAYMENT - CHECK	\$126.24	Bill Patient	YES
01/03/16	003000751	2593		PAYMENT - CHECK	\$100.00	Bill Patient	YES
01/05/16	004000626	9627		PAYMENT - EFT	\$2,608.46	FALLON COMMUNITY	YES
01/17/16	004000660	13487		PAYMENT - CHECK	\$1,851.33	ARBELLA QUINCY MA	YES
01/22/16	004000677	16773		PAYMENT - CHECK	\$75.00	Bill Patient	YES
01/26/16	004000689	16784		PAYMENT - CHECK	\$100.00	Bill Patient	YES
01/26/16	003000795	16765		PAYMENT - EFT	\$94.87	BC/BS OF MASSACHUSETTS	YES
01/26/16	004000689	16784		PAYMENT - CHECK	\$337.90	HARVARD PILGRIM - STRIDE	YES
01/26/16	003000795	16765		PAYMENT - EFT	\$350.89	MEDICARE-MA	YES
01/26/16	003000795	16765		PAYMENT - EFT	\$21.00	MEDICARE-MA	YES
02/03/16	004000712	30048		PAYMENT - CHECK	\$301.08	NEIGHBORHOOD HEALTH	YES
02/06/16	004000727	30061		PAYMENT - CHECK	\$95.01	AMERICAN CONTINENTAL	YES
02/07/16	004000728	30062		PAYMENT - CHECK	\$149.63	Bill Patient	YES
02/09/16	003000823	30045		PAYMENT - CHECK	\$117.17	GIC UNICARE	YES
02/11/16	003000832	36448		PAYMENT - CHECK	\$18.57	Bill Patient	YES
02/11/16	004000754	36479		PAYMENT - CHECK	\$269.85	Bill Patient	YES
02/23/16	004000775	36498		PAYMENT - CHECK	\$39.69	Bill Patient	YES
02/25/16	003000857	40940		PAYMENT - EFT	\$104.57	BC/BS OF MASSACHUSETTS	YES
02/25/16	003000857	40940		PAYMENT - EFT	\$350.89	MEDICARE-MA	YES
02/25/16	003000857	40940		PAYMENT - EFT	\$59.04	MEDICARE-MA	YES
02/26/16	004000786	40964		PAYMENT - CHECK	\$337.90	HARVARD PILGRIM - STRIDE	YES

05/18/16	004001033	111629	PAYMENT - EFT	\$350.89	MEDICARE-MA	YES
05/18/16	004001033	111629	PAYMENT - EFT	\$38.59	MEDICARE-MA	YES
05/18/16	004001030	111630	PAYMENT - EFT	\$295.48	MEDICARE-MA	YES
05/18/16	004001030	111630	PAYMENT - EFT	\$42.00	MEDICARE-MA	YES
05/18/16	004001034	111610	PAYMENT - EFT	\$2,145.00	TUFTS HEALTH PLAN	NO
05/18/16	004001034	111610	PAYMENT - EFT	-\$2,145.00	TUFTS HEALTH PLAN	NO
05/18/16	004001034	111610	PAYMENT - EFT	\$2,146.00	TUFTS HEALTH PLAN	NO
05/19/16	004001039	115628	PAYMENT - EFT	\$309.31	TUFTS HEALTH PLAN MEDICARE	NO
05/19/16	004001035	111632	PAYMENT - EFT	\$350.89	MEDICARE-MA	NO
05/19/16	004001035	111632	PAYMENT - EFT	\$25.54	MEDICARE-MA	NO
05/19/16	003001030	115611	PAYMENT - EFT	\$350.89	MEDICARE-MA	NO
05/19/16	003001030	115611	PAYMENT - EFT	\$44.84	MEDICARE-MA	NO
05/19/16	003001031	115614	PAYMENT - EFT	\$350.89	MEDICARE-MA	NO
05/19/16	003001031	115614	PAYMENT - EFT	\$44.28	MEDICARE-MA	NO
05/19/16	003001033	115619	PAYMENT - EFT	\$350.89	MEDICARE-MA	YES
05/19/16	003001033	115619	PAYMENT - EFT	\$48.25	MEDICARE-MA	YES
05/19/16	004001036	115625	PAYMENT - EFT	\$350.89	MEDICARE-MA	NO
05/19/16	004001036	115625	PAYMENT - EFT	\$17.03	MEDICARE-MA	NO
05/19/16	004001037	115626	PAYMENT - EFT	\$350.89	MEDICARE-MA	NO
05/19/16	004001037	115626	PAYMENT - EFT	\$15.90	MEDICARE-MA	NO
05/19/16	004001038	115627	PAYMENT - EFT	\$1,678.85	BC/BS OF MASSACHUSETTS	NO
05/20/16	004001040	115629	PAYMENT - EFT	\$350.89	MEDICARE-MA	NO
05/20/16	004001040	115629	PAYMENT - EFT	\$39.73	MEDICARE-MA	NO
05/21/16	004001043	115632	PAYMENT - EFT	\$350.89	MEDICARE-MA	YES
05/21/16	004001043	115632	PAYMENT - EFT	\$36.90	MEDICARE-MA	YES
05/21/16	004001041	115630	PAYMENT - EFT	\$265.57	MEDICAID-MA	YES
05/22/16	004001048	115635	PAYMENT - EFT	\$262.64	MEDICAID-MA	YES
05/22/16	003001035	115623	PAYMENT - EFT	\$350.89	MEDICARE-MA	NO
05/22/16	003001035	115623	PAYMENT - EFT	\$28.95	MEDICARE-MA	NO
05/22/16	004001047	115634	PAYMENT - EFT	\$350.89	MEDICARE-MA	NO
05/22/16	004001047	115634	PAYMENT - EFT	\$25.54	MEDICARE-MA	NO
05/23/16	004001053	115637	PAYMENT - EFT	\$507.86	MEDICARE-MA	NO
05/23/16	004001053	115637	PAYMENT - EFT	\$51.09	MEDICARE-MA	NO
05/23/16	004001055	115642	PAYMENT - EFT	\$1,586.33	HARVARD PILGRIM	YES
05/24/16	004001057	115645	PAYMENT - EFT	\$295.48	MEDICARE-MA	NO
05/24/16	004001057	115645	PAYMENT - EFT	\$24.40	MEDICARE-MA	NO
05/24/16	004001059	115653	PAYMENT - EFT	\$350.89	MEDICARE-MA	YES
05/24/16	004001059	115653	PAYMENT - EFT	\$42.00	MEDICARE-MA	YES
05/25/16	004001062	115657	PAYMENT - EFT	\$2,698.46	HARVARD PILGRIM	YES
05/26/16	004001064	115661	PAYMENT - EFT	\$1,466.33	HARVARD PILGRIM	YES

Total Payments \$186,744.03

Retraction/Reimbursement Report for:

TOWN OF Main St Ambulance AMBULANCE

Post Date IS BETWEEN 05/31/2016 AND 07/06/2016; AND Company IS TOWN OF Main St Ambulance AMBULANCE; AND Credits IS REIMBURSEMENT OR RETRACTION OR RETRACTION - CHECK OR RETRACTION - CREDIT CARD OR RETRACTION - EFT OR RETRACTION - RCVD BY CLIENT OR RETRAC...

<u>Incident Date</u>	<u>Patient</u>	<u>Incident #</u>	<u>Run #</u>	<u>Dollars</u>
<u>REIMBURSEMENT</u>				
12/20/15		003000714	287473	\$2,698.46
12/30/15		004000606	289611	-\$50.00
02/26/16		004000787	40965	-\$336.25
			SUBTOTAL	<u>\$ 2,312.21</u>
<u>RETRACTION - EFT</u>				
12/17/15		003000708	287467	-\$498.16
02/27/16		003000862	40945	-\$644.00
			SUBTOTAL	<u>-\$ 1,142.16</u>
			GRAND TOTAL	\$ 1,170.05

Summary of Payments Received After Patient was Sent to FFR

Post Date IS BETWEEN 05/31/2016 AND 07/06/2016; AND Company IS TOWN OF Main St Ambulance AMBULANCE; AND Credits IS FFR PAYMENT - NO FEE; AND Yes

TOWN OF Main St Ambulance AMBULANCE

Date	Incident#	Run#	Patient	PMT Method	Amount	Payment By	Post Date
2015-02-01	003000054	31420		FFR PAYMENT - NO F	\$16.67	FFR - FIRST FINANCIAL/2016-06-20	
2015-01-14	002000004	10673		FFR PAYMENT - NO F	\$32.31	FFR - FIRST FINANCIAL/2016-06-20	
2011-06-06	EA11-1349	93337		FFR PAYMENT - NO F	\$63.49	FFR - FIRST FINANCIAL/2016-06-20	
2015-06-21	003000243	135737		FFR PAYMENT - NO F	\$66.51	FFR - FIRST FINANCIAL/2016-06-20	
2010-01-13	EA10-42	3224		FFR PAYMENT - NO F	\$10.00	FFR - FIRST FINANCIAL/2016-06-20	
2012-07-31	NONE	136697		FFR PAYMENT - NO F	\$33.34	FFR - FIRST FINANCIAL/2016-06-20	
2014-10-20	XXXX	217677		FFR PAYMENT - NO F	\$29.24	FFR - FIRST FINANCIAL/2016-06-20	
2013-10-20	XXXX	197170		FFR PAYMENT - NO F	\$100.00	FFR - FIRST FINANCIAL/2016-06-20	
2014-02-15	XXX	31351		FFR PAYMENT - NO F	\$66.67	FFR - FIRST FINANCIAL/2016-06-20	
Company Total:				Total Payments	\$418.23		
Report Total:				Total Payments	\$418.23		

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Separation:

TOWN OF Main St Ambulance AMBULANCE

<u>Patient</u>	<u>Current</u>	<u>31-60</u>	<u>61-90</u>	<u>91-120</u>	<u>Over 120</u>	<u>Total</u>
	0.00	0.00	0.00	0.00	1,211.97	1,211.97
	0.00	0.00	0.00	0.00	1,474.97	1,474.97
	0.00	0.00	0.00	0.00	1,035.43	1,035.43
	0.00	0.00	0.00	0.00	1,656.87	1,656.87
	0.00	0.00	0.00	0.00	2,557.10	2,557.10
	0.00	0.00	0.00	0.00	-121.47	-121.47
	0.00	0.00	0.00	0.00	55.00	55.00
	0.00	0.00	0.00	0.00	41.51	41.51
	0.00	0.00	0.00	0.00	289.36	289.36
	0.00	0.00	0.00	0.00	3,022.12	3,022.12
	0.00	0.00	0.00	0.00	2,796.42	2,796.42
	0.00	0.00	0.00	0.00	2,514.22	2,514.22
	0.00	0.00	0.00	0.00	306.94	306.94
	0.00	0.00	0.00	0.00	1,474.97	1,474.97
	0.00	0.00	0.00	0.00	258.14	258.14
	0.00	0.00	0.00	0.00	1,453.53	1,453.53
	0.00	0.00	0.00	0.00	793.01	793.01
	0.00	0.00	0.00	0.00	2,739.00	2,739.00
	0.00	0.00	0.00	0.00	749.46	749.46
	0.00	0.00	0.00	0.00	749.46	749.46
	0.00	0.00	0.00	0.00	101.88	101.88
	0.00	0.00	0.00	0.00	633.91	633.91
	0.00	0.00	0.00	0.00	1,432.09	1,432.09
	0.00	0.00	0.00	0.00	510.33	510.33
	0.00	0.00	0.00	0.00	2,535.66	2,535.66
	0.00	0.00	0.00	0.00	80.60	80.60
	0.00	0.00	0.00	0.00	2,492.78	2,492.78
	0.00	0.00	0.00	0.00	1,453.53	1,453.53
	0.00	0.00	0.00	0.00	422.43	422.43
	0.00	0.00	0.00	0.00	203.57	203.57
	0.00	0.00	0.00	0.00	91.57	91.57
	0.00	0.00	0.00	0.00	16.37	16.37
	0.00	0.00	0.00	0.00	1,208.78	1,208.78
	0.00	0.00	0.00	0.00	50.00	50.00
	0.00	0.00	0.00	0.00	941.36	941.36
	0.00	0.00	0.00	0.00	2,642.86	2,642.86
	0.00	0.00	0.00	0.00	514.00	514.00

	1,556.33	0.00	0.00	0.00	0.00	1,556.33
	2,638.46	0.00	0.00	0.00	0.00	2,638.46
	1,946.33	0.00	0.00	0.00	0.00	1,946.33
	2,698.46	0.00	0.00	0.00	0.00	2,698.46
	417.14	0.00	0.00	0.00	0.00	417.14
	401.48	0.00	0.00	0.00	0.00	401.48
	1,823.23	0.00	0.00	0.00	0.00	1,823.23
	253.85	0.00	0.00	0.00	0.00	253.85
	390.80	0.00	0.00	0.00	0.00	390.80
	262.64	0.00	0.00	0.00	0.00	262.64
	1,641.33	0.00	0.00	0.00	0.00	1,641.33
	500.92	0.00	0.00	0.00	0.00	500.92
	253.85	0.00	0.00	0.00	0.00	253.85
	403.61	0.00	0.00	0.00	0.00	403.61
Totals At Comstar	128,857.28	131,525.51	35,403.11	31,946.14	221,679.89	549,411.93
	0.00	0.00	0.00	0.00	463.01	463.01
	0.00	0.00	0.00	0.00	84.28	84.28
	0.00	0.00	0.00	0.00	83.15	83.15
	0.00	0.00	0.00	0.00	610.01	610.01
	0.00	0.00	0.00	0.00	595.01	595.01
	0.00	0.00	0.00	0.00	78.91	78.91
	0.00	0.00	0.00	0.00	814.01	814.01
	0.00	0.00	0.00	0.00	932.80	932.80
	0.00	0.00	0.00	0.00	517.01	517.01
	0.00	0.00	0.00	0.00	685.01	685.01
	0.00	0.00	0.00	0.00	1.01	1.01
	0.00	0.00	0.00	0.00	932.80	932.80
	0.00	0.00	0.00	0.00	481.01	481.01
	0.00	0.00	0.00	0.00	951.01	951.01
	0.00	0.00	0.00	0.00	575.69	575.69
	0.00	0.00	0.00	0.00	878.80	878.80
	0.00	0.00	0.00	0.00	499.01	499.01
	0.00	0.00	0.00	0.00	557.69	557.69
	0.00	0.00	0.00	0.00	932.80	932.80
	0.00	0.00	0.00	0.00	499.01	499.01
	0.00	0.00	0.00	0.00	814.01	814.01
	0.00	0.00	0.00	0.00	771.06	771.06
	0.00	0.00	0.00	0.00	92.91	92.91
	0.00	0.00	0.00	0.00	104.08	104.08
	0.00	0.00	0.00	0.00	1,786.83	1,786.83
	0.00	0.00	0.00	0.00	1,154.87	1,154.87
	0.00	0.00	0.00	0.00	528.55	528.55
	0.00	0.00	0.00	0.00	843.55	843.55

0.00	0.00	0.00	0.00	1,556.33	1,556.33
0.00	0.00	0.00	0.00	2,638.46	2,638.46
0.00	0.00	0.00	0.00	250.00	250.00
0.00	0.00	0.00	0.00	3,595.36	3,595.36
0.00	0.00	0.00	0.00	2,608.46	2,608.46
0.00	0.00	0.00	0.00	306.47	306.47
0.00	0.00	0.00	0.00	320.85	320.85
0.00	0.00	0.00	0.00	2,790.36	2,790.36
0.00	0.00	0.00	0.00	2,608.46	2,608.46
0.00	0.00	0.00	0.00	2,668.46	2,668.46
0.00	0.00	0.00	0.00	1,496.33	1,496.33
0.00	0.00	0.00	0.00	3,025.36	3,025.36
0.00	0.00	0.00	0.00	763.57	763.57
0.00	0.00	0.00	0.00	721.53	721.53
0.00	0.00	0.00	0.00	533.69	533.69
0.00	0.00	0.00	0.00	269.85	269.85
0.00	0.00	0.00	0.00	2,995.36	2,995.36
0.00	0.00	0.00	0.00	1,466.33	1,466.33
0.00	0.00	0.00	0.00	887.36	887.36
0.00	0.00	0.00	0.00	1,883.23	1,883.23
0.00	0.00	0.00	0.00	1,761.33	1,761.33
0.00	0.00	0.00	0.00	1,761.33	1,761.33
0.00	0.00	0.00	0.00	1,193.24	1,193.24
0.00	0.00	0.00	0.00	100.00	100.00
0.00	0.00	0.00	0.00	2,578.46	2,578.46
0.00	0.00	0.00	0.00	100.00	100.00
0.00	0.00	0.00	0.00	1,162.89	1,162.89
0.00	0.00	0.00	0.00	1,586.33	1,586.33
0.00	0.00	0.00	0.00	2,698.46	2,698.46
Totals At FFR	0.00	0.00	0.00	0.00	##### 1,433,587.56

Combined Comstar and FFR Totals

Current	31-60	61-90	91-120	Over 120	Total
128,857.28	131,525.51	35,403.11	31,946.14	221,679.89	549,411.93
0.00	0.00	0.00	0.00	1,433,587.56	1,433,587.56
128,857.28	131,525.51	35,403.11	31,946.14	1,655,267.45	1,982,999.49

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\\TS32\CUSTOM\CLIENT ACCOUNTING\CLOSING AGINGS\ENDS\Main E

Report - TOWN OF Main St AMBULANCE

AND 07/06/2016; AND Company IS TOWN OF Main St AMBULANCE; AND Schedule IS WRITE-OFF REQUEST

the patients below for the reasons listed and request they be dispositioned. We will hold these accounts on your aging report until we receive a response from you. Please check off those accounts you approve for additional information / instructions for those not approved.

<u>Patient Name & Address</u>	<u>Social Security #</u>	<u>Birth Date</u>	<u>Charges</u>	<u>Allowed</u>	<u>Payments</u>	<u>Balance</u>
9 MECHANIC ST- NORTH Main St , MA 02356-1412	000-00-0000	09/20/54	\$2,548.46	2,548.46	\$2,020.00	\$528.46
PLAN						
Reason > NO RESP TO COLLECTION LETTER						
Select one of the following options: Write-Off Approved [] Transfer to FFR Collection Agency []						
380 FOREST ST- BRIDGEWATER, MA 02324	000-00-0000	10/06/75	\$1,586.33	1,586.33	\$0.00	\$1,586.33
PRIM HEALTHCARE						
Reason > NO RESP TO COLLECTION LETTER						
Select one of the following options: Write-Off Approved [] Transfer to FFR Collection Agency []						
1859 HARRIS RD- FORT MILL, SC 29708-8473	000-00-0000	03/28/57	\$2,878.46	2,878.46	\$50.00	\$2,828.46
PH PLANS						
Reason > NO RESP TO COLLECTION LETTER						
Select one of the following options: Write-Off Approved [] Transfer to FFR Collection Agency []						
23 COLLEEN MARY WAY- SOUTH Main St , MA 02375-1281	000-00-0000	01/05/69	\$3,715.36	3,715.36	\$550.00	\$3,165.36
Reason > NO RESP TO COLLECTION LETTER						
Select one of the following options: Write-Off Approved [] Transfer to FFR Collection Agency []						
	000-00-0000	07/15/28	\$1,421.33	390.25	\$310.93	\$79.32

15 MARSHALL RD- NORTH Main St , MA 02356-1006

MA Claims

Reason > NO RESP TO COLLECTION LETTER

Select one of the following options: Write-Off Approved [] Transfer to FFR Collection Agency []

000-00-0000	12/12/77	\$1,913.23	1,913.23	\$0.00	\$1,913.23
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1 SAMOSET AVE- MANSFIELD, MA 02048-2273

Reason > NO RESP TO COLLECTION LETTER

Select one of the following options: Write-Off Approved [] Transfer to FFR Collection Agency []

000-00-0000	07/17/52	\$1,478.33	403.84	\$321.76	\$82.08
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70 TURNPIKE ST- SOUTH Main St , MA 02375-1122

MA Claims

Reason > NO RESP TO COLLECTION LETTER

Select one of the following options: Write-Off Approved [] Transfer to FFR Collection Agency []

000-00-0000	08/31/27	\$1,517.33	410.79	\$360.79	\$50.00
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51-1 BELMONT ST- SOUTH Main St , MA 02375-1173

PLAN MEDICARE PREF.

Reason > DECEASED / NO ESTATE

Select one of the following options: Write-Off Approved [] Transfer to FFR Collection Agency []

000-00-0000	08/17/35	\$1,526.33	413.60	\$163.60	\$250.00
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<120 W MAIN ST Apt G63 Norton ma 02766-1213> Mail return per prev note

MASSACHUSETTS

Reason > BAD ADDRESS

MASSACHUSETTS

Select one of the following options: Write-Off Approved [] Transfer to FFR Collection Agency []

GRAND TOTAL	\$ 20,290.41
-------------	--------------

Signature

Printed On: 8/4/2016 at 7:44:28AM

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ITS32\CUSTOM\CLOSING REPORTS\REQ FOR WO REPORTS\REQ FOR DISPO FFR CURRENT.RPT

Disposition Report - TOWN OF Main St AMBULANCE

) AND 07/06/2016; AND Company IS TOWN OF Main St AMBULANCE; AND Schedule IS WRITE-OFF REQUEST

re pending disposition. Please review and respond at your earliest convenience.

<u>Patient Name & Address</u>	<u>Social Security #</u>	<u>Birth Date</u>	<u>Charges</u>	<u>Allowed</u>	<u>Payments</u>	<u>Balance</u>
305 TURNPIKE ST- SOUTH Main St , MA 02375-1735	000-00-0000	03/18/66	\$1,474.97	1,474.97	\$0.00	\$1,474.97
Reason > NO RESPONSE FROM PATIENT						
Select one of the following options: Write-Off Approved [] Transfer to FFR Collection Agency []						
1 MARTIN TER- NORTH Main St , MA 02356-2024	000-00-0000	06/03/43	\$1,635.43	1,635.43	\$600.00	\$1,035.43
Reason > NO RESPONSE FROM PATIENT						
Select one of the following options: Write-Off Approved [] Transfer to FFR Collection Agency []						
34 kilsyth rd north Main St ma 02356 nof per gap	000-00-0000	08/29/49	\$2,557.10	2,557.10	\$0.00	\$2,557.10
Reason > INCOR/INSUF INFO-NO RESP CLT						
Select one of the following options: Write-Off Approved [] Transfer to FFR Collection Agency []						
215 NORTH ST- WATERTOWN, CT 06795-1915	000-00-0000	06/12/91	\$1,453.53	1,453.53	\$1,575.00	-\$121.47
Reason > NO RESPONSE FROM PATIENT						
Select one of the following options: Write-Off Approved [] Transfer to FFR Collection Agency []						
	000-00-0000	10/11/48	\$2,529.23	475.77	\$420.77	\$55.00

MA Claims

Reason > NO RESP TO COLLECTION LETTER

Select one of the following options: Write-Off Approved [] Transfer to FFR Collection Agency []

000-00-0000	02/16/87	\$1,466.33	1,466.33	\$0.00	\$1,466.33
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<1270 Warren Ave. APT 2 Brockton, MA 02301-6852> per mail return

Reason > BAD ADDRESS

Select one of the following options: Write-Off Approved [] Transfer to FFR Collection Agency []

000-00-0000	09/08/22	\$1,562.33	424.44	\$224.44	\$200.00
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2 JANINE DR- NORTH Main St , MA 02356-1749

PLAN MEDICARE PREF.

Reason > DECEASED / NO ESTATE

Select one of the following options: Write-Off Approved [] Transfer to FFR Collection Agency []

000-00-0000	08/31/27	\$1,517.33	410.79	\$360.79	\$50.00
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51-1 BELMONT ST- SOUTH Main St , MA 02375-1173

PLAN MEDICARE PREF.

Reason > DECEASED / NO ESTATE

Select one of the following options: Write-Off Approved [] Transfer to FFR Collection Agency []

000-00-0000	08/17/35	\$1,526.33	413.60	\$163.60	\$250.00
-------------	----------	------------	--------	----------	----------

<120 W MAIN ST Apt G63 Norton ma 02766-1213> Mail return per prev note

ACHUSETTS

Reason > BAD ADDRESS

ACHUSETTS

Select one of the following options: Write-Off Approved [] Transfer to FFR Collection Agency []

GRAND TOTAL

\$ 60,078.35

Signature

Printed On: 8/4/2016 at 7:45:58AM

Page 12

ITS32\CUSTOM\CLOSING REPORTS\REQ FOR WO REPORTS\REQ FOR DISPO FFR CUMULATIVE.RPT

OTHER REPORTS

As part of our service to you, Comstar can provide additional reports upon request. Comstar will also provide custom reports prepared to your specifications upon request. These reports provided on an ad-hoc basis or included as part of your monthly report package at your discretion.

WAIVER HANDLING POLICIES

1) Most Commonly used:

Most of our clients have concerns for patients with no insurance and low incomes. We have met this concern with several approaches, but the most common is to print on the invoice/insurance questionnaire a message such as:

**IF YOU DO NOT HAVE HEALTH INSURANCE AND PAYMENT WILL
CREATE A HARDSHIP CHECK HERE [] AND RETURN IN THE
ENCLOSED ENVELOPE. YOU WILL BE SENT AN APPLICATION FOR
FEE CANCELLATION.**

When Comstar receives this request, we send the patient and application for fee cancellation. The completed application is returned to Comstar, logged into our computer and then forwarded to our client for review and approval. The patient balance due is put in a hold status during this review process.

It is advisable to have a written policy/criteria for determining financial hardship. Such a policy/criteria serves to avoid any actual or perceived discrimination in the determination process. The fee cancellation request form contains the Hill-Burton guidelines (2x the federally defined poverty level). The Hill-Burton guidelines are used by many hospitals as a guideline for determining if a financial hardship exists. Many of our clients use these guidelines as a starting point, factoring in other patient specific circumstances to arrive at a final decision.

Even the clearest of forms can be confusing to a patient, especially if they are dealing with it while in the process of recovering from an illness or injury. Comstar includes its 800 number on all patient correspondence. Comstar does not use an answering service or voice mail system. The phones are staffed by our billing specialists. They are specifically trained to be helpful, courteous and respectful to all callers. Supervisors randomly monitor the tone and content of our staff's dialogue with patients to ensure the highest quality.

2) Same general approach as above, however, the client chooses not to employ an application process. In this case, a message on the bill / insurance questionnaire sent to the patient will read:

**IF YOU DO NOT HAVE HEALTH INSURANCE AND PAYMENT WILL
CREATE A HARDSHIP CHECK HERE [] AND THESE CHARGES WILL
BE WAIVED.**

- 3) Some patients are just too proud to indicate in writing they have a hardship. However, in the course of a phone call to obtain insurance information, a patient may express in words that a hardship exists. It is our policy to document this and forward the information to our client for a disposition decision. The patient account is put on hold until a response is received from our client.
- 4) In the course of determining insurance coverage, we may find out that a patient is currently on Welfare and or has Medicaid coverage. However, this coverage was not in effect on the date of service. Again, it is our policy to document this and forward the information to our client for a disposition decision. The patient account is put on hold until a response is received from our client.
- 5) Some clients wish to offer the patient the ability to call, speak to a person and discuss their situation in a personalized and confidential manner. In this case, Comstar will include a message on its bill / insurance questionnaire to the patient stating:

**IF YOU DO NOT HAVE HEALTH INSURANCE AND PAYMENT WILL
CREATE A HARDSHIP PLEASE CALL XXXXXXXXXX .**

The calls may be directed to Comstar's 800# or a specific person at Town Hall. These specifics are customizable to the wishes of our client.

- 6) Comstar has assisted several clients in the drafting of written policies that address not only the hardship situation, but outline the standard billing and collection steps approved by the Town. This documentation defines a clear framework for both Comstar and our client. It also serves as objective evidence that a non-discriminatory process is used by the Town and its billing agent. The following pages are a sample of such a policy. We have several others on file that may be useful in the formulation of your policy.

TOWN OF FOXBOROUGH
C/O COMSTAR
(800) 488-4351

Customer:

DAVIS, JOHN
1000 MAIN ST
LEICESTER, MA 01524

Billed To:

JOHN DAVIS
1000 MAIN ST
LEICESTER, MA 01524

Date: 12/1/2016

HARDSHIP APPLICATION

Origin

1000 MAIN STREET
LEICESTER, MA 01524

Destination

SAINT VINCENT HOSPITAL

Date of Service 11/1/2016

Run Number 111527

Amount Due: \$419.00

This application is to request to have the above customer's ambulance charges canceled. To apply, complete the questions below, sign and return in the enclosed envelope within 5 days.

If your income, based on family size, is less than those listed below, charges may be canceled. Add an additional \$8,320 for each person over 8. **Proof of income must be attached to the completed form.**

FAMILY SIZE	ANNUAL INCOME
1	\$23,540
2	\$31,680
3	\$40,180
4	\$48,500
5	\$56,820
6	\$65,140
7	\$73,460
8	\$81,780

Your family size: _____

Total Annual Family Income: _____

Please explain any unusual circumstances: _____

Signed: _____ Phone# _____

This application will be forwarded to the Town of Leicester for their review and determination.

MIT TO:

TOWN OF LEICESTER
C/O COMSTAR
8 TURCOTTE MEMORIAL DRIVE
ROWLEY, MA 01969

Please return this letter and fold so that the address to your left is visible in the return envelope window.

Federal Tax ID #
0123456789

TOWN OF LEICESTER
C/O COMSTAR AMBULANCE BILLING SERVICE
8 TURCOTTE MEMORIAL DRIVE, ROWLEY, MA 01969
(800) 488-4351

PATIENT NAME: SMITH, JOHN

RUN NUMBER: 16 -26184

DATE OF CALL: 12/01/2016

PATIENT SSN: XXX-XX-3210

JOHN SMITH
1000 MAIN STREET

FROM: RESIDENCE
TO: Saint Vincent Hospital

LEICESTER, MA 01524

PRIMARY PAYOR: Bill Patient

SECONDARY PAYOR: TUFTS HEALTH PLAN

DESCRIPTION	CHECK #	QUANTITY	UNIT PRICE	PMT DATE	AMOUNT
BLS Emergency Base Rate		1	575.00		575.00
Mileage		5	22.30		111.50

PLEASE PAY THIS AMOUNT

\$686.50

This bill is your responsibility. Please remit payment.

We are not associated with the hospital. If you have insurance to cover these charges, please see our website, call us or complete the back and return in the enclosed envelope. As a courtesy, we offer to direct bill insurance companies for you, but ultimately the financial responsibility belongs to the patient. Thank you.

To view our NOTICE OF PRIVACY PRACTICES, please visit our website: WWW.COMSTARBILLING.COM.

DETACH ALONG ABOVE LINE AND RETURN STUB WITH YOUR PAYMENT. THANK YOU.

PATIENT NAME: SMITH, JOHN

RUN NUMBER: 16 -26184

INCIDENT DATE 12/01/2016

CURRENT DATE: 12/1/201

**AMOUNT
ENCLOSED:**

\$

REMIT TO:

TOWN OF LEICESTER
c/o Comstar
8 TURCOTTE MEMORIAL DRIVE
ROWLEY, MA 01969

Please make check payable to:
TOWN OF LEICESTER

INSURANCE INFORMATION

PLEASE COMPLETE THE TOP PORTION AND ANY SECTIONS RELEVANT TO PATIENT INSURANCE COVERAGE AT THE TIME OF THE INCIDENT. IF EMPLOYMENT OR MOTOR VEHICLE RELATED, COMPLETE THE APPROPRIATE SECTION. WE DO NOT NEED A CLAIM FORM. IF THERE IS MORE THAN ONE INSURANCE, PLEASE INDICATE PRIMARY COVERAGE OR CALL.

FOR YOUR CONVENIENCE, YOU CAN CALL US AT (800) 488-4351 OR GO TO OUR WEBSITE (WWW.COMSTARBILLING.COM) AND CLICK ON THE **SUBMIT INSURANCE INFORMATION** BUTTON.

AREA CODE _____ TEL# _____ PATIENT'S DATE OF BIRTH _____

SIGNATURE _____ DATE _____

I AUTHORIZE THE RELEASE OF INFORMATION NEEDED TO PROCESS THIS CLAIM AND FOR PAYMENT TO BE MADE DIRECTLY TO THE SERVICE PROVIDER.

MEDICARE

(Note: Medicare does not cover Chair Car services)

HEALTH CLAIM NUMBER (USUALLY LOOKS LIKE 012-34-5678-A) _____

BLUE CROSS / BLUE SHIELD / ANTHEM

SUBSCRIBER _____ PATIENT IS SUBSCRIBER ☐ SPOUSE ☐ CHILD ☐

POLICY NUMBER: PREFIX (3 LETTERS) _____ ID# _____ STATE _____

MEDICAID / MEDICAID HMO

INSURANCE COMPANY NAME _____

ID NUMBER OR POLICY NUMBER _____

OTHER HEALTH INSURANCE

SUBSCRIBER _____ PATIENT IS: SUBSCRIBER ☐ SPOUSE ☐ CHILD ☐

CERTIFICATE ID # _____ GROUP # (IF NONE, EMPLOYER) _____

INSURANCE COMPANY NAME _____

CLAIMS ARE SENT TO: ADDRESS _____

CITY _____ STATE _____ ZIP _____ Phone #: _____

WORKERS COMPENSATION

EMPLOYER'S NAME _____ Phone #: _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

INSURANCE CARRIER _____ Phone #: _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

CLAIM # _____

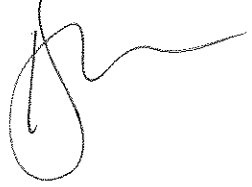
MOTOR VEHICLE INSURANCE

INSURANCE COMPANY _____ Phone #: _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

NAME OF INSURED _____

POLICY # _____ CLAIM # _____

KEVIN MIZIKAR'S EVAL of Constable


**Town of Leicester
Request for Proposals
For
Ambulance Billing/Collection Service**

The Town of Leicester is seeking proposals for the billing/collection of BLS/ALS Emergency Ambulance Services for the Leicester Emergency Medical Services Department.

Request for Proposal documents may be obtained via email to Kristen Forsberg, ForsbergK@LeicesterMA.org starting December 1st, 2016 at 12:00PM.

Proposals must be submitted no later than December 20th, 2016 at 2:00PM at the Leicester Town Hall, Town Administrator's Office, located at 3 Washburn Square Leicester, MA 01524. Proposals will not be opened publicly.

The Town of Leicester reserves the right to reject any and all proposals, in whole or in part and to make awards in a manner deemed in the best interest of the Town of Leicester.

Kevin J. Mizikar
Town Administrator

TOWN OF LEICESTER MASSACHUSETTS

Be sure to submit your technical proposal in 1 (one) original and 2 (two) paper copies. This is to include all documents/pages contained within the package.

Please put your company's name and address on the outside of your proposal envelope. Technical Proposal and Price Proposal must be submitted separately. Failure to do so will result in proposal rejection.

Be sure both are properly executed.

INVITATION FOR PROPOSALS

Read thoroughly "Invitation for Proposals" and the legal advertisement relative to proposal deposits and other details on submitting proposals.

If bidder/proposer is a co partnership, all partners must execute all copies of the proposal, unless one partner has been authorized to sign for the copartnership, in which case evidence of such authority shall be submitted.

If bidder/proposer is a corporation, the authorized agent shall execute all copies of the proposal. Evidence of authority to sign must be submitted.

All Proposals should be submitted as separate Technical price and price proposals, each enclosed in a separately sealed envelope appropriately marked to indicate the "Technical" and "Price" proposal. If the non-price proposal contains any price information, the entire proposal shall be rejected as non-responsive.

INVITATION FOR PROPOSALS

Sealed proposals for furnishing the following will be received at the Leicester Town Hall, Town Administrator's Office, located at 3 Washburn Square Leicester, MA 01524, until the time specified below at which time the proposals will be opened. The time received will be noted on each proposal. There will not be a public bid opening, but a list of proposals will be available following the opening.

ITEM
Billing/Collection Service for
Emergency Ambulance Services
Town Hall – Town Administrator's Office
3 Washburn Square, Leicester, MA 01524

DEADLINE
12/20/2016 @ 2:00PM

Specifications and Proposal forms may be obtained via email from Kristen Forsberg, ForsbergK@LeicesterMA.org.

Price Proposals must be submitted separately from Technical Proposals.

No proposer may withdraw his/her proposal for a period of forty five **Proposal**.

Leicester is an affirmative action/equal opportunity purchaser.

The Town reserves the right to accept or reject, in whole or in part, any or all proposals or take whatever other action may be deemed necessary to be in the best interest of the Town.

BILLING/COLLECTION SERVICE FOR EMERGENCY
AMBULANCE SERVICE
TOWN OF LEICESTER EMSDEPARTMENT

SUBMISSION OF PROPOSAL:

The emergency ambulance service is operated by the Leicester Emergency Medical Services Department and is an Advanced Life Support (ALS) /Basic Life Support (BLS) service. Billing services providers interested in providing the billing/collection service, as set forth in the attached Specifications, are invited to deliver one (1) original and two (2) copies of an ambulance billing proposal to the Leicester, EMS Department, located at 3 Washburn Square, Leicester, MA 01524 no later than 2:00PM December 20, 2016.

All proposals shall be sealed, addressed to the Leicester Town Hall, Town Administrator's Office, located at 3 Washburn Square, Leicester, MA 01524. The technical price proposal must be signed, placed in an envelope, and sealed. The price proposal will require the fee for the service to be stated as a percentage amount for the actual receipts. This envelope is to be clearly marked with the Proposer's name, date of opening, and titled as follows:

Town of Leicester – Ambulance Billing/Collection Price Proposal

The technical proposal, must contain all information pertaining to the Billing/Collection Service, such as method of billing, transition timetable from the present system to the initiation of billing procedures, application for, and timetable for, the respective applications for provider numbers for Medicare and MassHealth (if not already completed by the Town). The price proposal must address, at a minimum, each of the issues set forth in the "Request for Proposals" in order to be considered responsive. The Town of Leicester, will reject any proposal, which does not respond to each issue in the "Request for Proposals" as non-responsive. All pages that require signatures must be signed where appropriate and submitted as part of the non-price proposal. This envelope is to be clearly marked with the Proposer's name, date of opening and titled as follows:

Town of Leicester – Ambulance Billing/Collection Technical Proposal

Proposer may correct, modify, or withdraw a proposal by sealed, written notice, clearly marked as a correction, modification, or withdrawal, and received in the Office of the Town Administrator prior to the time and date for the submission of the proposals. Proposals that are received after the proposal due date and time will not be accepted.

SIGNING OF PROPOSALS: Statements of Qualification must be signed as follows:

- a. If the Proposer is an individual, by him/her personally;
- b. If the Proposer is a partnership, by the name of the partners, followed by the signature of each general partner; and
- c. If the Proposer is a corporation, by the authorized officer, whose signature must be attested to by the Clerk/Secretary of the corporation and the corporate seal affixed. A copy of the corporate vote must also be submitted.

Reviewing Period: All proposals meeting the minimum requirements and conditions may be held by the Town of Leicester, for a period of forty five (45) days from the date of opening proposals, for the purpose of reviewing the proposals and investigating the qualifications of Proposers prior to the awarding of the contract. The Town of Leicester reserves the right to call proposers in for interviews to discuss the proposal with the review committee; however the Town of Leicester does not guarantee this.

Vendor Selection: Following the procedures previously described, the Town of Leicester, will make a decision regarding selection of the vendor whom it wishes to enter into a contract with. Proposals will be evaluated upon the basis of the Minimum Qualifications; the Comparative Evaluation Criteria for Selection set forth, prices and other appropriate factors. This may not necessarily be the low Proposer.

Award: The Leicester Board of Selectmen will make the award of this contract. The contract shall be awarded to the responsible and responsive proposer submitting the most advantageous proposal, taking into consideration the proposal's relative merits. The Town of Leicester, reserves the right to reject any and all proposals or to waive any informality in the proposals, if it appears in the Town's best interest.

Profile of Service: The Town of Leicester EMS Department operates an ambulance service that is licensed for Basic Life Support (BLS) and ALS Service. From January 2015 to December 2015, this service performed 847 (2015) emergency transports. Those are broken down to 448 BLS and 399 ALS transports.

STATEMENT OF SERVICES

1. Term of Contract

The contract will be for two years agreement commencing on or about February 1, 2017. The contract will have a fixed percentage rate for the two-year period with the option for a 1 year extension. In addition, the Town of Leicester may terminate this agreement at any time if it so desires. Termination will be accomplished through a process detailed in Section 8 of this document.

2. Collection and Deposits

All revenue received by the Billing Service shall be recorded and deposited in an account at the bank providing municipal banking services to the Town of Leicester. Copies of deposits are to be sent to the Town on a weekly basis. A summary of the collection/deposits will be provided to the EMS Department designee and Town Treasurer/Collector at the end of each month. At the expiration of each month, the billing service shall bill the Town of Leicester for collection charges due the billing service for the actual collections made that month.

The Vendor will provide a Licensed Collection Agent to the Town of Leicester. All accounts that remain delinquent for 180 days after the initial billing to the patient will be transmitted to the Collection Agent. Collection Agent will then assume full account responsibility with the Town of Leicester.

3. Ambulance Fees

The Town of Leicester Rate Schedule for ambulance services will serve as the basis for fees for ambulance service.

4. Expenses

- A. Refunds: All expenses directly or indirectly related to the collection of the Town of Leicester patient's accounts shall be borne by the billing agent.
- b) Except: As otherwise specifically provided herein, the billing service will not incur expenses on behalf of or without the Town of Leicester's prior consent.

5. Other

- a) It is understood that the Town of Leicester accepts assignment of MassHealth, Medicare or Medicare/MassHealth. Accordingly, the billing service will make the required contractual adjustments when applicable and will be reported on the monthly revenue statement.
- b) Write-offs and/or reductions of charges will be handled by the Town of Leicester on an abatement basis at their discretion. Requests for abatements or adjustments from patients will be sent to the billing agent, and then sent to the Town of Leicester EMS Director and Treasurer on a monthly basis.
- c) The proposer is required to describe how delinquent accounts will be processed. The proposer must state that it currently provides collection services for delinquent accounts or state that it does not currently provide collection services for delinquent accounts. The proposer may further describe such collection services if it so desires

6. Records and Reports

The billing service will furnish to the Town of Leicester the following reports and data electronically in a format that will allow integration into the Town of Leicester's data system(s);

- a) A monthly recap of reports including an aging report (aged trial balance) at the end of the month reflecting the balance of open receivables.
- b) At a minimum the following reports are required: Commitment amounts, listings of write off's, adjustments credits, and any other reports determined necessary to be able to prove the balance from month to month.
- c) All records and correspondence relating to the Town of Leicester Accounts Receivable and the billing services collection efforts will be available for examination by the Town of Leicester or its authorized representative.
- d) And any other reports/data, in an acceptable format, deemed necessary by the Town of Leicester.

7. Miscellaneous

- a. The billing service shall delegate an authorized representative for receiving notices and day to day contract administration.
- b. The billing service shall adhere to the collection procedures and time tables specified by the Town of Leicester.
- c. The billing service must be a licensed debt collector in the State of Massachusetts.

Name of Representative _____

8. Termination

The Town of Leicester may terminate this agreement at any time upon sixty (60) days written notice of termination to the billing service, and or the billing service on the anniversary of the contract upon sixty (60) days written notice to the Town of Leicester. Upon termination of the agreement, for whatever reason, the billing service shall deliver up all records and pertinent correspondence concerning the accounts and collection thereto to the Town of Leicester, and the billing service will otherwise cooperate with the Town of Leicester or their assignees to affect an orderly transfer of the collection of the Town of Leicester's accounts receivable. If the Town of Leicester should terminate this agreement, the billing service shall be entitled to receive from the Town of Leicester, any and all commissions due to the billing service up to and including the actual date of termination and transfer of accounts receivable, as well as reimbursement from the Town of Leicester of all expenses incurred by the billing service which remain unpaid at the date of termination. The billing service must turn over all records and have them delivered to a location designated by the Town of Leicester upon termination of the contract.

9. Provision

The Town of Leicester EMS Department is to provide the billing agency with a copy (paper or electronic) of the Patient Care Report Form including all pertinent information required for billing purposes. In addition, EMS Department ambulance attendants will provide a reasonable effort to gather any additional information such as the responsible insurance company information, date of birth of the patient and any other information that may assist in the billing process. All patient signature requirements will be the responsibility of the provider of service.

Furthermore, the Billing Agency shall research, demonstrate its ability to interface and retrieve data from the Town of Leicester Ambulance Information System(s) and other required formats and must maintain their system to accept/transmit electronic data from the Town of Leicester.

10. Stipulations

- a. The contract shall be governed by and shall be construed in accordance with the law of the Commonwealth of Massachusetts.
- b. In the event of any conflict or any inconsistency between the Massachusetts General Laws, as amended, and the provisions of this contract, the Massachusetts General Laws shall control. If any of the provisions of this agreement are held to be invalid, such provision or provisions shall be deemed stricken from the agreement and at the option of the Town of Leicester, the remaining provisions shall remain in full force and effect.
- c. The billing service shall hold the Town of Leicester free and harmless from all claims, liability and losses caused by the actions or failures to act on the part of the billing service, and the billing service shall fully indemnify the Town of Leicester for all such claims, liability and losses should they occur.
- d. The billing service shall have Worker's Compensation Insurance in accordance with the Massachusetts General Laws Chapter 152, as amended, and the billing service shall furnish the Town of Leicester with evidence of this coverage before the execution of the contract.

11. Waiver Handling Policy

Although the Town of Leicester wishes to maximize ambulance collections, we do wish to have compassion for those with financial hardship. A strict waiver policy will be formulated by, and administered by, the Town of Leicester. Please outline your capabilities in dealing with clients that express hardship.

Any Town of Leicester employee that has a medical emergency or injury, while working on duty, the fees for ambulance service will be waived at the discretion of the Town Manager

Terms and Conditions

By signing this quotation, the Proposer acknowledges and agrees to the following terms and conditions:

1. This Request for Price Quotation is governed by the provisions of M. G. L. Chapter 30B.
2. The Town is exempt from the following taxes: sales, excise and Federal transportation.
3. The Town reserves the right to reject any or all bids when the Town determines that it is in the best interest of the Town to do so.
4. The Town will award the contract to the responsible Proposer offering the needed service at the best quotation.
5. The vendor shall comply with all applicable Federal, State and Local laws.
6. In performance of this contract, the vendor shall not discriminate on the grounds of race, color, religion, national origin, age or sex, in employment practices or in the selection or retention of subcontractors, and in the procurement of material or rental of equipment. The Town may cancel, terminate or suspend the contract in whole or in part for any violation of this paragraph.
7. The vendor shall not assign, sell, subcontract or otherwise transfer any interest in this contract without prior written consent of the Town.

All Quotations must be signed:

Name of Proposer

Signature of Proposer

Address

Social Security # _____, or Federal Identification _____

KEVIN J. MIZUR Con STAR

MINIMUM QUALIFICATION CRITERIA

In addition to addressing each of the items in the Specification, the proposer must submit, as part of his/her non-price proposal, the following minimum qualification criteria: Initial the appropriate response to each criterion, and include the required documentation in the Non-Price (technical) proposal envelope.

1. A letter of transmittal signed by the individual authorized to negotiate for and contractually bind the Contractor, stating that the offer is effective for at least thirty (30) calendar days from the deadline for the submission of proposals.

YES ☒

NO ☐

2. A list of Massachusetts's municipalities for which the contractor has provided billing service. This list is to include a current name, address, and telephone number of references for the selection committee to access. Any negative information generated by reference check shall be cause sufficient to dismiss the proposal as unacceptable. Negative information that shall be considered grounds to render the proposal unacceptable shall be information that shows the service operated in a fashion that reflected negatively on the community served.

YES ☒

NO ☐

3. Proposers must provide a toll free number for the Town's use and for the use of recipients/clients.

YES ☒

NO ☐

4. List any litigation, with appropriate explanation, in which your firm has been a party (as Plaintiff or Defendant) in the past five years from 2013 through the present.

YES ☒

NO ☐

5. Proposers must provide documentation of certified medical coders/auditors on staff.

YES ☒

NO ☐

6. Proposers must be able to interface and receive electronically forms and reports from the Town of Leicester Ambulance Information system.

YES ☒

NO ☐

7. Proposers must be able to have experience with hospital information systems and are currently receiving electronic demographic information.

YES ☒

NO ☐

8. Proposers must list any patient complaints officially recorded with the Town.

YES ☒

NO ☐

9. Proposers must have an affiliation with a Massachusetts Licensed Collection Agent

YES ☒

NO ☐

I hereby state that I understand the minimum evaluation criteria and that I have initialed all of the appropriate sections, and further, that I have attached the required information to the summary sheet located at the back of this document.

Signature: _____

Name/Title: _____

COMPARATIVE EVALUATION CRITERIA

A contractor shall be deemed unacceptable if the minimum evaluation criteria are not met and as a result, as required by law, shall be rejected. However, once it has been determined that the contractor has met all the minimum evaluation criteria, the proposals will be further evaluated by the Town of Leicester using the following comparative evaluation criteria. The ratings of the "Highly Advantageous", "Advantageous", "Less Advantageous", and "Unacceptable", will be used to evaluate the following features of each proposal.

1. How many years of experience does your firm have in billing for municipal ambulance service?

- a. Highly Advantageous: Greater than five years experience.
- b. Advantageous: More than three years experience but less than five years experience.
- c. Less Advantageous: More than one years experience but less than three years experience.
- d. Unacceptable: Less than one year's experience.

2. How many municipal ambulance services does your firm presently represent? List the municipalities represented along with the name and current phone number of the representative from the community.

- a. Highly Advantageous: More than fifteen ambulance services.
- b. Advantageous: Between six and fourteen ambulance services
- c. Less Advantageous: Between one and five ambulance services.
- d. Unacceptable: None

3. Collection percentage: The vendor should provide documentation as proof that they can achieve a collection percentage of between 85% and 95%. The vendor has to use comparative payor mix to the Town Of Leicester (Gardner and Webster MA for examples). The proof should be established by comparison with another municipal ambulance service and that will show a collection percentage and the number of a municipal contact person for reference. (The Town of Leicester is interested in a firm with the expertise and efficiency to perform at this level).

- a. Highly Advantageous: Two or more comparative municipalities serviced and documented at rate of 90% or greater.
- b. Advantageous: At least one comparative municipality serviced and documented at a rate of 90% collection rate.
- c. Less Advantageous: Documentation of a collection percentage of less than 80%.
- d. Unacceptable: No documentation of collection percentage.

4. The billing agency will bill directly to carriers as opposed to billing recipients of the service. If clients need to be billed due to a lack of insurance information, the billing agency should be willing to assist in obtaining client information. Provide documentation on the form provided.

- a. Highly Advantageous: Process claims to all insurance carrier, automobile insurance, worker's compensation, homeowners insurance, etc.
- b. Advantageous: Process Medicare/MassHealth, major carriers and secondary insurance applicable.
- c. Less Advantageous: Process only Medicare and MassHealth and major carrier (i.e. BC/BS)
- d. Unacceptable: Process only Medicare and MassHealth claims, mail out others to client.

5. Vendor is required to have Certified Professional Coders/Auditors on staff.

- a. Highly Advantageous: Five or more Certified Professional Coders/Auditors on staff.
- b. Advantageous: Two to four Certified Professional Coders/Auditors on staff.
- c. Less Advantageous: One Certified Professional Coder/Auditor on staff..
- d. Unacceptable: No Certified Professional Coders/Auditors on staff.

Bidder will integrate with the Leicester EMS Department's current EMS software package by utilizing all existing codes for items such as hospitals, medications, insurance carriers, locations, destinations, procedures and employees.

APPENDIX A

I, _____
Name Title
of _____
Company Name

Certify under the penalties of perjury that:

1. I duly represent the Proposer and have full authority to execute any and all documents for and on behalf of the Proposer relative to its operation, and
2. If an out-of-state company, a resident agent in the Commonwealth of Massachusetts must be appointed for service of process. The name and address of the company's resident agent is: _____
3. I certify that all statements contained herein are true and may be relied upon by the Town of Leicester as true and accurate statements of _____
Ability to perform the scope of service in this RFP.

Witness my hand and seal this _____


Agent of Proposer: _____
(name)

Title: _____

Date: _____

Address of Proposer: _____

Telephone Number of Proposer: _____

Coastal Medical Billing


**Town of Leicester
Request for Proposals
For
Ambulance Billing/Collection Service**

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Town Administrator

TOWN OF LEICESTER MASSACHUSETTS

Be sure to submit your technical proposal in 1 (one) original and 2 (two) paper copies. This is to include all documents/pages contained within the package.

Please put your company's name and address on the outside of your proposal envelope. Technical Proposal and Price Proposal must be submitted separately. Failure to do so will result in proposal rejection.

Be sure both are properly executed.

INVITATION FOR PROPOSALS

Read thoroughly "Invitation for Proposals" and the legal advertisement relative to proposal deposits and other details on submitting proposals.

If bidder/proposer is a co partnership, all partners must execute all copies of the proposal, unless one partner has been authorized to sign for the copartnership, in which case evidence of such authority shall be submitted.

If bidder/proposer is a corporation, the authorized agent shall execute all copies of the proposal. Evidence of authority to sign must be submitted.

All Proposals should be submitted as separate Technical price and price proposals, each enclosed in a separately sealed envelope appropriately marked to indicate the "Technical" and "Price" proposal. If the non-price proposal contains any price information, the entire proposal shall be rejected as non-responsive.

INVITATION FOR PROPOSALS

Sealed proposals for furnishing the following will be received at the Leicester Town Hall, Town Administrator's Office, located at 3 Washburn Square Leicester, MA 01524, until the time specified below at which time the proposals will be opened. The time received will be noted on each proposal. There will not be a public bid opening, but a list of proposals will be available following the opening.

ITEM	DEADLINE
Billing/Collection Service for Emergency Ambulance Services Town Hall – Town Administrator's Office 3 Washburn Square, Leicester, MA 01524	12/20/2016 @ 2:00PM

Specifications and Proposal forms may be obtained via email from Kristen Forsberg, ForsbergK@LeicesterMA.org.

Price Proposals must be submitted separately from Technical Proposals.

No proposer may withdraw his/her proposal for a period of forty five **Proposal**.

Leicester is an affirmative action/equal opportunity purchaser.

The Town reserves the right to accept or reject, in whole or in part, any or all proposals or take whatever other action may be deemed necessary to be in the best interest of the Town.

**BILLING/COLLECTION SERVICE FOR EMERGENCY
AMBULANCE SERVICE
TOWN OF LEICESTER EMSDEPARTMENT**

SUBMISSION OF PROPOSAL:

The emergency ambulance service is operated by the Leicester Emergency Medical Services Department and is an Advanced Life Support (ALS) /Basic Life Support (BLS) service. Billing services providers interested in providing the billing/collection service, as set forth in the attached Specifications, are invited to deliver one (1) original and two (2) copies of an ambulance billing proposal to the Leicester, EMS Department, located at 3 Washburn Square, Leicester, MA 01524 no later than 2:00PM December 20, 2016.

All proposals shall be sealed, addressed to the Leicester Town Hall, Town Administrator's Office, located at 3 Washburn Square, Leicester, MA 01524. The technical price proposal must be signed, placed in an envelope, and sealed. The price proposal will require the fee for the service to be stated as a percentage amount for the actual receipts. This envelope is to be clearly marked with the Proposer's name, date of opening, and titled as follows:

Town of Leicester – Ambulance Billing/Collection Price Proposal

The technical proposal, must contain all information pertaining to the Billing/Collection Service, such as method of billing, transition timetable from the present system to the initiation of billing procedures, application for, and timetable for, the respective applications for provider numbers for Medicare and MassHealth (if not already completed by the Town). The price proposal must address, at a minimum, each of the issues set forth in the "Request for Proposals" in order to be considered responsive. The Town of Leicester, will reject any proposal, which does not respond to each issue in the "Request for Proposals" as non-responsive. All pages that require signatures must be signed where appropriate and submitted as part of the non-price proposal. This envelope is to be clearly marked with the Proposer's name, date of opening and titled as follows:

Town of Leicester – Ambulance Billing/Collection Technical Proposal

Proposer may correct, modify, or withdraw a proposal by sealed, written notice, clearly marked as a correction, modification, or withdrawal, and received in the Office of the Town Administrator prior to the time and date for the submission of the proposals. Proposals that are received after the proposal due date and time will not be accepted.

SIGNING OF PROPOSALS: Statements of Qualification must be signed as follows:

- a. If the Proposer is an individual, by him/her personally;
- b. If the Proposer is a partnership, by the name of the partners, followed by the signature of each general partner; and
- c. If the Proposer is a corporation, by the authorized officer, whose signature must be attested to by the Clerk/Secretary of the corporation and the corporate seal affixed. A copy of the corporate vote must also be submitted.

Reviewing Period: All proposals meeting the minimum requirements and conditions may be held by the Town of Leicester, for a period of forty five (45) days from the date of opening proposals, for the purpose of reviewing the proposals and investigating the qualifications of Proposers prior to the awarding of the contract. The Town of Leicester reserves the right to call proposers in for interviews to discuss the proposal with the review committee; however the Town of Leicester does not guarantee this.

Vendor Selection: Following the procedures previously described, the Town of Leicester, will make a decision regarding selection of the vendor whom it wishes to enter into a contract with. Proposals will be evaluated upon the basis of the Minimum Qualifications; the Comparative Evaluation Criteria for Selection set forth, prices and other appropriate factors. This may not necessarily be the low Proposer.

Award: The Leicester Board of Selectmen will make the award of this contract. The contract shall be awarded to the responsible and responsive proposer submitting the most advantageous proposal, taking into consideration the proposal's relative merits. The Town of Leicester, reserves the right to reject any and all proposals or to waive any informality in the proposals, if it appears in the Town's best interest.

Profile of Service: The Town of Leicester EMS Department operates an ambulance service that is licensed for Basic Life Support (BLS) and ALS Service. From January 2015 to December 2015, this service performed 847 (2015) emergency transports. Those are broken down to 448 BLS and 399 ALS transports.

STATEMENT OF SERVICES

1. Term of Contract

The contract will be for two years agreement commencing on or about February 1, 2017. The contract will have a fixed percentage rate for the two-year period with the option for a 1 year extension. In addition, the Town of Leicester may terminate this agreement at any time if it so desires. Termination will be accomplished through a process detailed in Section 8 of this document.

2. Collection and Deposits

All revenue received by the Billing Service shall be recorded and deposited in an account at the bank providing municipal banking services to the Town of Leicester. Copies of deposits are to be sent to the Town on a weekly basis. A summary of the collection/deposits will be provided to the EMS Department designee and Town Treasurer/Collector at the end of each month. At the expiration of each month, the billing service shall bill the Town of Leicester for collection charges due the billing service for the actual collections made that month.

The Vendor will provide a Licensed Collection Agent to the Town of Leicester. All accounts that remain delinquent for 180 days after the initial billing to the patient will be transmitted to the Collection Agent. Collection Agent will then assume full account responsibility with the Town of Leicester.

3. Ambulance Fees

The Town of Leicester Rate Schedule for ambulance services will serve as the basis for fees for ambulance service.

4. Expenses

- A. Refunds: All expenses directly or indirectly related to the collection of the Town of Leicester patient's accounts shall be borne by the billing agent.
- b) Except: As otherwise specifically provided herein, the billing service will not incur expenses on behalf of or without the Town of Leicester's prior consent.

5. Other

- a) It is understood that the Town of Leicester accepts assignment of MassHealth, Medicare or Medicare/MassHealth. Accordingly, the billing service will make the required contractual adjustments when applicable and will be reported on the monthly revenue statement.
- b) Write-off's and/or reductions of charges will be handled by the Town of Leicester on an abatement basis at their discretion. Requests for abatements or adjustments from patients will be sent to the billing agent, and then sent to the Town of Leicester EMS Director and Treasurer on a monthly basis.
- c) The proposer is required to describe how delinquent accounts will be processed. The proposer must state that it currently provides collection services for delinquent accounts or state that it does not currently provide collection services for delinquent accounts. The proposer may further describe such collection services if it so desires

6. Records and Reports

The billing service will furnish to the Town of Leicester the following reports and data electronically in a format that will allow integration into the Town of Leicester's data system(s);

- a) A monthly recap of reports including an aging report (aged trial balance) at the end of the month reflecting the balance of open receivables.
- b) At a minimum the following reports are required: Commitment amounts, listings of write off's, adjustments credits, and any other reports determined necessary to be able to prove the balance from month to month.
- c) All records and correspondence relating to the Town of Leicester Accounts Receivable and the billing services collection efforts will be available for examination by the Town of Leicester or its authorized representative.
- d) And any other reports/data, in an acceptable format, deemed necessary by the Town of Leicester.

7. Miscellaneous

- a. The billing service shall delegate an authorized representative for receiving notices and day to day contract administration.
- b. The billing service shall adhere to the collection procedures and time tables specified by the Town of Leicester.
- c. The billing service must be a licensed debt collector in the State of Massachusetts.

Name of Representative _____

8. Termination

The Town of Leicester may terminate this agreement at any time upon sixty (60) days written notice of termination to the billing service, and or the billing service on the anniversary of the contract upon sixty (60) days written notice to the Town of Leicester. Upon termination of the agreement, for whatever reason, the billing service shall deliver up all records and pertinent correspondence concerning the accounts and collection thereto to the Town of Leicester, and the billing service will otherwise cooperate with the Town of Leicester or their assignees to affect an orderly transfer of the collection of the Town of Leicester's accounts receivable. If the Town of Leicester should terminate this agreement, the billing service shall be entitled to receive from the Town of Leicester, any and all commissions due to the billing service up to and including the actual date of termination and transfer of accounts receivable, as well as reimbursement from the Town of Leicester of all expenses incurred by the billing service which remain unpaid at the date of termination. The billing service must turn over all records and have them delivered to a location designated by the Town of Leicester upon termination of the contract.

9. Provision

The Town of Leicester EMS Department is to provide the billing agency with a copy (paper or electronic) of the Patient Care Report Form including all pertinent information required for billing purposes. In addition, EMS Department ambulance attendants will provide a reasonable effort to gather any additional information such as the responsible insurance company information, date of birth of the patient and any other information that may assist in the billing process. All patient signature requirements will be the responsibility of the provider of service.

Furthermore, the Billing Agency shall research, demonstrate its ability to interface and retrieve data from the Town of Leicester Ambulance Information System(s) and other required formats and must maintain their system to accept/transmit electronic data from the Town of Leicester.

10. Stipulations

- a. The contract shall be governed by and shall be construed in accordance with the law of the Commonwealth of Massachusetts.
- b. In the event of any conflict or any inconsistency between the Massachusetts General Laws, as amended, and the provisions of this contract, the Massachusetts General Laws shall control. If any of the provisions of this agreement are held to be invalid, such provision or provisions shall be deemed stricken from the agreement and at the option of the Town of Leicester, the remaining provisions shall remain in full force and effect.
- c. The billing service shall hold the Town of Leicester free and harmless from all claims, liability and losses caused by the actions or failures to act on the part of the billing service, and the billing service shall fully indemnify the Town of Leicester for all such claims, liability and losses should they occur.
- d. The billing service shall have Worker's Compensation Insurance in accordance with the Massachusetts General Laws Chapter 152, as amended, and the billing service shall furnish the Town of Leicester with evidence of this coverage before the execution of the contract.

11. Waiver Handling Policy

Although the Town of Leicester wishes to maximize ambulance collections, we do wish to have compassion for those with financial hardship. A strict waiver policy will be formulated by, and administered by, the Town of Leicester. Please outline your capabilities in dealing with clients that express hardship.

Any Town of Leicester employee that has a medical emergency or injury, while working on duty, the fees for ambulance service will be waived at the discretion of the Town Manager

Terms and Conditions

By signing this quotation, the Proposer acknowledges and agrees to the following terms and conditions:

1. This Request for Price Quotation is governed by the provisions of M. G. L. Chapter 30B.
2. The Town is exempt from the following taxes: sales, excise and Federal transportation.
3. The Town reserves the right to reject any or all bids when the Town determines that it is in the best interest of the Town to do so.
4. The Town will award the contract to the responsible Proposer offering the needed service at the best quotation.
5. The vendor shall comply with all applicable Federal, State and Local laws.
6. In performance of this contract, the vendor shall not discriminate on the grounds of race, color, religion, national origin, age or sex, in employment practices or in the selection or retention of subcontractors, and in the procurement of material or rental of equipment. The Town may cancel, terminate or suspend the contract in whole or in part for any violation of this paragraph.
7. The vendor shall not assign, sell, subcontract or otherwise transfer any interest in this contract without prior written consent of the Town.

All Quotations must be signed:

Name of Proposer

Signature of Proposer

Address

Social Security # _____, or Federal Identification _____

MINIMUM QUALIFICATION CRITERIA

In addition to addressing each of the items in the Specification, the proposer must submit, as part of his/her non-price proposal, the following minimum qualification criteria: Initial the appropriate response to each criterion, and include the required documentation in the Non-Price (technical) proposal envelope.

1. A letter of transmittal signed by the individual authorized to negotiate for and contractually bind the Contractor, stating that the offer is effective for at least thirty (30) calendar days from the deadline for the submission of proposals.

YES ☒

NO ☐

2. A list of Massachusetts's municipalities for which the contractor has provided billing service. This list is to include a current name, address, and telephone number of references for the selection committee to access. Any negative information generated by reference check shall be cause sufficient to dismiss the proposal as unacceptable. Negative information that shall be considered grounds to render the proposal unacceptable shall be information that shows the service operated in a fashion that reflected negatively on the community served.

YES ☒

NO ☐

3. Proposers must provide a toll free number for the Town's use and for the use of recipients/clients.

YES ☒

NO ☐

4. List any litigation, with appropriate explanation, in which your firm has been a party (as Plaintiff or Defendant) in the past five years from 2013 through the present.

YES ☒

NO ☐

5. Proposers must provide documentation of certified medical coders/auditors on staff.

YES ☒

NO ☐

6. Proposers must be able to interface and receive electronically forms and reports from the Town of Leicester Ambulance Information system.

YES ☒

NO ☐

7. Proposers must be able to have experience with hospital information systems and are currently receiving electronic demographic information.

YES ☒

NO ☐

8. Proposers must list any patient complaints officially recorded with the Town.

YES ☒

NO ☐

9. Proposers must have an affiliation with a Massachusetts Licensed Collection Agent

YES ☒

NO ☐

I hereby state that I understand the minimum evaluation criteria and that I have initialed all of the appropriate sections, and further, that I have attached the required information to the summary sheet located at the back of this document.

Signature: _____

Name/Title: _____

COMPARATIVE EVALUATION CRITERIA

A contractor shall be deemed unacceptable if the minimum evaluation criteria are not met and as a result, as required by law, shall be rejected. However, once it has been determined that the contractor has met all the minimum evaluation criteria, the proposals will be further evaluated by the Town of Leicester using the following comparative evaluation criteria. The ratings of the "Highly Advantageous", "Advantageous", "Less Advantageous", and "Unacceptable", will be used to evaluate the following features of each proposal.

1. How many years of experience does your firm have in billing for municipal ambulance service?

- a. Highly Advantageous: Greater than five years experience.
- b. Advantageous: More than three years experience but less than five years experience.
- c. Less Advantageous: More than one years experience but less than three years experience.
- d. Unacceptable: Less than one year's experience.

2. How many municipal ambulance services does your firm presently represent? List the municipalities represented along with the name and current phone number of the representative from the community.

- a. Highly Advantageous: More than fifteen ambulance services.
- b. Advantageous: Between six and fourteen ambulance services
- c. Less Advantageous: Between one and five ambulance services.
- d. Unacceptable: None

3. Collection percentage: The vendor should provide documentation as proof that they can achieve a collection percentage of between 85% and 95%. The vendor has to use comparative payor mix to the Town Of Leicester (Gardner and Webster MA for examples). The proof should be established by comparison with another municipal ambulance service and that will show a collection percentage and the number of a municipal contact person for reference. (The Town of Leicester is interested in a firm with the expertise and efficiency to perform at this level).

- a. Highly Advantageous: Two or more comparative municipalities serviced and documented at rate of 90% or greater.
- b. Advantageous: At least one comparative municipality serviced and documented at a rate of 90% collection rate.
- c. Less Advantageous: Documentation of a collection percentage of less than 80%.
- d. Unacceptable: No documentation of collection percentage.

4. The billing agency will bill directly to carriers as opposed to billing recipients of the service. If clients need to be billed due to a lack of insurance information, the billing agency should be willing to assist in obtaining client information. Provide documentation on the form provided.

- a. Highly Advantageous: Process claims to all insurance carrier, automobile insurance, worker's compensation, homeowners insurance, etc.
- b. Advantageous: Process Medicare/MassHealth, major carriers and secondary insurance applicable.
- c. Less Advantageous: Process only Medicare and MassHealth and major carrier (i.e. BC/BS)
- d. Unacceptable: Process only Medicare and MassHealth claims, mail out others to client.

5. Vendor is required to have Certified Professional Coders/Auditors on staff.

- a. Highly Advantageous: Five or more Certified Professional Coders/Auditors on staff.
- b. Advantageous: Two to four Certified Professional Coders/Auditors on staff.
- c. Less Advantageous: One Certified Professional Coder/Auditor on staff..
- d. Unacceptable: No Certified Professional Coders/Auditors on staff.

Bidder will integrate with the Leicester EMS Department's current EMS software package by utilizing all existing codes for items such as hospitals, medications, insurance carriers, locations, destinations, procedures and employees.

APPENDIX A

I, _____
Name Title
of _____
Company Name

Certify under the penalties of perjury that:

1. I duly represent the Proposer and have full authority to execute any and all documents for and on behalf of the Proposer relative to its operation, and
2. If an out-of-state company, a resident agent in the Commonwealth of Massachusetts must be appointed for service of process. The name and address of the company's resident agent is: _____
3. I certify that all statements contained herein are true and may be relied upon by the Town of Leicester as true and accurate statements of _____
Ability to perform the scope of service in this RFP.

Witness my hand and seal this _____

Agent of Proposer: _____
(name)

Title: _____

Date: _____

Address of Proposer: _____

Telephone Number of Proposer: _____

APPENDIX B

Non-Collusion Form and Tax Compliance Form

Persons submitting a bid or proposal to provide supplies or services to your jurisdiction, or to purchase supplies from your jurisdiction, must submit a certification of non-collusion and tax compliance.

CERTIFICATE OF NON-COLLUSION

The undersigned certifies under penalties of perjury that this bid or proposal has been made and submitted in good faith and without collusion or fraud with any other persons. As used in this certification, the work "person" shall mean any natural person, business, partnership, corporation, union, committee, club, or other organization, entity, or group of individuals.

Signature

(Name)

(Name of business)

TAX COMPLIANCE CERTIFICATION

Pursuant to M. G.L. Chapter 62C, § 49A, I certify under the penalties of perjury that, to the best of my knowledge and belief, I am in compliance with all laws of the Commonwealth of Massachusetts relating to taxes.

Signature

(Name)

(Name of business)

TOWN OF LEICESTER
BILLING AND COLLECTION SERVICE FOR EMERGENCY
AMBULANCE SERVICE

REQUEST FOR PROPOSAL

PRICE PROPOSAL SHEET

PROPOSAL TO BE AS A FIXED PERCENTAGE RATE OF ACTUAL RECEIPTS ALL
INCLUSIVE DELIVERED TO THE TOWN OF LEICESTER AS FOLLOWS:

_____	% Year One
_____	% Year Two
_____	% Year Three

DATE: _____

SIGNED: _____

TITLE: _____

COMPANY NAME: _____

ADDRESS: _____

TOWN, STATE, ZIP: _____

TELEPHONE NUMBER: _____

FAX NUMBER: _____

Town of Leicester
Ambulance Billing & Collection Services RFP

RFP Holders List

Number	Name of Firm	Individual Requesting
1	Coastal Medical Billing	Jennifer VanderBaan
2	Comstar Billing	Jeff Tassi
3	Net Gain Marketing Inc.	Amanda Miller
4	Seven Outsource	Christina Miller
5	Intermedix	Patrick Hart
6	EF Recovery	Marshall Banks
7	Ambulance Reimbursement Systems Inc.	Chris Spenner
8	Enhanced Management Services, Inc.	Chuck Humphrey
9	Linebarger Goggan Blair & Sampson LLP	Michelle Franco
10	SourceHOV	Antoine Lapsley
11	Stellar Recovery	Danny Czyrny
12	DM Medical Billings Inc	Amy Gifford
13	Cape Medical Billing	Margie Barham

QUESTIONS ONLY

Quick Med Claims	Samantha Travis
Life Quest Services	Tricia Larson
Net Gain Marketing, Inc.	Doc Mirino

Email Address**Date Sent**

jenn@coastalbilling.com	12/1/2016
jtassi@comstarbilling.com	12/1/2016
amanda@netgain4results.com	12/6/2016
christina@sevenoutsource.com	12/6/2016
Patrick.Hart@intermedix.com	12/6/2016
mbanks@efrecovery.com	12/6/2016
cspenner@arsnetwork.com	12/6/2016
chumphrey@enhancedms.com	12/8/2016
Michelle.Franco@lgbs.com	12/8/2016
Antoine.Lapsley@sourcehov.com	12/8/2016
danny.czyrny@stallarrcoveryinc.com	12/8/2016
agifford@dmmedicalbillings.com	12/8/2016
marketing@capebilling.com	12/14/2016

STravis@quickmedclaims.com
tlarson@lifequest-services.com
Doc.Mirino@MyGovWatch.com