



Request for Information

#1177

Ambulance Billing Software System & Electronic Patient Care (ePCR) Reporting

City of Springfield
Fire & Life Safety Department
Springfield, Oregon 97477

March 24, 2014

I. Project Overview

Ambulance Account Services is a division of the Fire & Life Safety department within the City of Springfield, Oregon. In addition to providing ambulance billing for our own department, we provide ambulance billing services for other municipalities (companies) on a per-transport billing fee. Including Springfield Fire & Life Safety, we currently bill for 25 municipalities within the state of Oregon, with an annual number of claims billed of approximately 30,000.

We currently have 15 concurrent user licenses on the system. As a source of additional revenue for the department, one of the objectives for this division is to increase the number of agencies we provide billing services for.

Attachment A specifies the billing system requirements, with key categories that we consider necessary for the operation of the Ambulance Billing activities for the City's Fire & Life Safety Department. The City is only interested in information on billing systems capable of handling multiple companies.

Our current ambulance billing system contains a membership management module that is integrated into the billing system. This module is used to manage the FireMed Ambulance Membership program, a large subscription program currently with approximately 32,000 members. Any new billing system must include a membership management module with the ability to provide at least the current level of detail and reporting. See Attachment A.

Additionally, the City utilizes Electronic Patient Care Reporting (ePCR) in the field, using mobile computers. The City seeks information on ePCR programs that would fully integrate with the ambulance billing system and provide simple, clear ePCR information, available in real time.

II. Overall Project Description and Scope of Work

The City seeks information from suppliers interested in providing a software solution that meets the City's needs for:

- Ambulance billing services (web-based or cloud-based solutions are acceptable)
- Ambulance membership management services
- Electronic Patient Care Reporting
- Multiple company billing

Springfield currently using Zoll RescueNet ambulance billing software and Zoll Membership Management module - any proposed new system must include both functions.

Zoll ePCR is currently used in Springfield. Any new ePCR system must be able to integrate with the billing software used by City.

Respondents may choose to provide information on ambulance billing/membership options, ePCR options, or both.

III. RFI Response Submission Requirements

Your response to the Request for Information must contain all of the information requested in the Request for Information. Submissions will be clear and concise. The City encourages green options and discourages the use of materials that cannot be recycled such as PVC and spiral binders, plastic or glossy covers and dividers. Further, the City encourages Proposers to print on both sides of a sheet of paper whenever possible. Submissions must include the items organized and numbered to correspond to each requirement below:

1. Proposer's name, address, telephone and email address;
2. A written response to elements listed in Attachment A;
3. Estimated length of time required to implement, test, and deliver proposed system;
4. Estimated cost of the proposed system broken down into software, hardware; implementation, training, maintenance, customization, and warranties;
5. Warranty for proposed system;
6. Sample user and system documentation for the proposed system;
7. Sample license agreements, maintenance contracts, and implementation contracts.

IV. Schedule

RFI Package Available	March 24, 2014
Questions or Clarifications Due	April 4, 2014
City Response to Questions Due	April 11, 2014
Packets Due by:	April 18, 2014, 2pm local time

Respondents may contact Angie Hambright by email at ahambright@springfield-or.gov for further information regarding this process or to request clarification on the information requested.

V. Instructions to Respondents

The Request for Information may be found on the City of Springfield website at www.springfield-or.gov (Select the **Purchase/Contracts** hyperlink from the menu on the left and then select the document titled **RFI #1177 Ambulance Billing Software System.**)

Each Response must include (1) one original signed submission, (3) three printed copies clearly marked "**RFI #1177 Ambulance Billing Software System**". Each response must be contained in a sealed envelope or box and must be received no later than 2pm, local time, April 18, 2014 at the following address:

City of Springfield
Finance Department
Attention: Jayne McMahan, Procurement and Contracts Manager
225 Fifth Street,
Springfield, Oregon 97477

VII. Late Responses Not Considered

Responses must be received by the time specified at the address listed above. Any Response received after the deadline will not be considered. Faxed or emailed submissions will not be accepted.

VIII. Information Only

The City is soliciting information only at this time. If responses received include options that will better meet the needs of the City and are financially feasible, a Request for Proposal process will be pursued after evaluation of all information received through this RFI.

IX. Proposal Ownership

All material submitted by the Respondents shall be considered property of Springfield, and the City will not be required to return same to any Respondent. The material submitted by Respondent will be treated in the same manner as the City's own records.

After opening, all Responses become part of the public record unless exempt under Oregon Public Records Law. Respondents wishing to exempt appropriate portions of their Response from disclosure as public records are encouraged to discuss their concerns with City's Finance Director (address listed below) prior to the submissions of their Response.

Robert J. Duey, Finance Director
City of Springfield Finance Department
225 Fifth Street
Springfield, OR 97477

X. Exceptions to Request for Information

If, for any reason, a Respondent should find fault with the structure of this Request for Information, concerns may be submitted in writing to:

Jayne McMahan
Purchasing/Contracts Manager
225 Fifth Street
Springfield, OR 97477
Phone: (541) 726-3708
jmcmahan@springfield-or.gov

The City will make every effort to answer questions. Responses to questions will be posted on the Springfield website www.springfield-or.gov (select the hyperlink **Purchase/Contracts** from the left menu on the home page and then select the document titled **RFI #1177 Ambulance Billing Software System**).

XI. Cost of Preparing Response

The City is not liable for any costs incurred by vendors for the preparation or presentation of their Request for Information. This includes any costs in the submission of a Response or in doing any necessary research for the preparation thereof.

ATTACHMENT A

1. TECHNOLOGY ARCHITECTURE:

- 1.1. Describe your system’s technological architecture (web-based, cloud, server, etc.)
- 1.2. Describe how your system interacts with other business software (i.e. Outlook, PeopleSoft, Windows Enterprise, Internet Explorer, etc.)
- 1.3. Document proposed hardware configuration
- 1.4. If this is the turn-key system, list all hardware and software requirements. These requirements must also be included in the cost break-out you provide.

2. SOFTWARE: The following sub-categories identify key areas required to perform the functions for Billing, Membership & ePCR. For each, provide detail explaining the software licensing configuration & any associated costs. Include a complete description of the core module features as well as each optional software module and cost. Also, include your licensing model (i.e. term, perpetual, enterprise, named user, etc.).

2.1. Billing

	YES	NO
2.1.1. Capability to customize permissions by user	<input type="checkbox"/>	<input type="checkbox"/>
2.1.2. Core software features comply with HIPAA requirements	<input type="checkbox"/>	<input type="checkbox"/>
2.1.3. Ability to handle separate accounts receivables for multiple company billing	<input type="checkbox"/>	<input type="checkbox"/>
2.1.3.1. state limitations (if any)		
2.1.3.2. cost per company (if any)		
2.1.4. Ability to perform individual month end close out by company	<input type="checkbox"/>	<input type="checkbox"/>
2.1.5. Capable of charge differential by zone within the same company profile	<input type="checkbox"/>	<input type="checkbox"/>
2.1.6. Core module is “Guarantor” based	<input type="checkbox"/>	<input type="checkbox"/>
2.1.7. Core module is “Patient” based	<input type="checkbox"/>	<input type="checkbox"/>
2.1.8. Indicate whether the core software performs search by the following:		
2.1.8.1. Name (First, Last – Patient, Guarantor)	<input type="checkbox"/>	<input type="checkbox"/>
2.1.8.2. Account Number, Incident Number	<input type="checkbox"/>	<input type="checkbox"/>
2.1.8.3. Balance Due	<input type="checkbox"/>	<input type="checkbox"/>
2.1.8.4. Social Security	<input type="checkbox"/>	<input type="checkbox"/>
2.1.8.5. Date of Service	<input type="checkbox"/>	<input type="checkbox"/>
2.1.8.6. Date of Birth	<input type="checkbox"/>	<input type="checkbox"/>
2.1.8.7. List other search abilities		
2.1.9. Specify capability of core module for cash posting for the following:		
2.1.9.1. Automated insurance write-downs (i.e. Medicare contractual allowables, Medicaid contractual allowables)	<input type="checkbox"/>	<input type="checkbox"/>
2.1.9.1.1. Entered & maintained by user	<input type="checkbox"/>	<input type="checkbox"/>
2.1.9.1.2. Entered & maintained by software update	<input type="checkbox"/>	<input type="checkbox"/>
2.1.9.2. Post payments by Batch	<input type="checkbox"/>	<input type="checkbox"/>
2.1.9.3. Post by single payment	<input type="checkbox"/>	<input type="checkbox"/>
2.1.9.4. Accept and post electronic remittance advise	<input type="checkbox"/>	<input type="checkbox"/>
2.1.9.4.1. With automatic posting and adjustments	<input type="checkbox"/>	<input type="checkbox"/>
2.1.9.5. Post electronic payment denials	<input type="checkbox"/>	<input type="checkbox"/>
2.1.9.6. Mass messaging at time of posting such as insurance denials and notification to patient	<input type="checkbox"/>	<input type="checkbox"/>
2.1.10. Ability to submit claims electronically	<input type="checkbox"/>	<input type="checkbox"/>
2.1.10.1. Provide a list of all insurances supported		
2.1.11. Indicate capability of report functionality for the following:		
2.1.11.1. User defined fields for pre-hospital care reports entered into the system by date range	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO
2.1.11.2. Detailed aging report of outstanding account balance by individual insurance code and payer group	<input type="checkbox"/>	<input type="checkbox"/>
2.1.11.3. By specific insurance company to show payments posted and adjustments both in summary and detail	<input type="checkbox"/>	<input type="checkbox"/>
2.1.11.4. Ability to extract data to Microsoft programs (Access/Word/Excel)	<input type="checkbox"/>	<input type="checkbox"/>
2.1.11.4.1. Describe how the extracts are performed		
2.1.11.5. Does the proposed system provide advanced reporting/analysis abilities such as On-Line Analytical Processing?	<input type="checkbox"/>	<input type="checkbox"/>
2.1.11.6. Ability to track incidents by:		
2.1.11.6.1. Ambulance Service Area (ASA)	<input type="checkbox"/>	<input type="checkbox"/>
2.1.11.6.2. fire district	<input type="checkbox"/>	<input type="checkbox"/>
2.1.11.6.3. sub-district	<input type="checkbox"/>	<input type="checkbox"/>
2.1.11.6.4. census tract	<input type="checkbox"/>	<input type="checkbox"/>
2.1.11.6.5. zip code	<input type="checkbox"/>	<input type="checkbox"/>
2.1.11.7. Indicate if the report functionality is part of the core module or optional module with cost associated and whether than less that 100% data entered can be extracted		
2.1.11.8. Provide a listing and samples of standard reports as well as user defined ad hoc reports		
2.2. Collections: The following sub-categories identify key areas required to perform the ambulance billing collections.		
2.2.1. Does core software have ability to produce:		
2.2.1.1. Collection letters	<input type="checkbox"/>	<input type="checkbox"/>
2.2.1.2. Invoices	<input type="checkbox"/>	<input type="checkbox"/>
2.2.1.3. Statements	<input type="checkbox"/>	<input type="checkbox"/>
2.2.1.4. Templates (i.e. letters, billing forms, 1500)	<input type="checkbox"/>	<input type="checkbox"/>
2.2.1.5. Electronic claims (ECM) batch (.dat file)	<input type="checkbox"/>	<input type="checkbox"/>
2.2.1.6. Forms/ECM by batch or single print	<input type="checkbox"/>	<input type="checkbox"/>
2.2.1.6.1. Processing all via automated schedule (i.e. overnight)	<input type="checkbox"/>	<input type="checkbox"/>
2.2.1.7. Are these items customizable by the end user?	<input type="checkbox"/>	<input type="checkbox"/>
2.2.2. Indicate whether the software performs the following functions:		
2.2.2.1. User defined sequence of automated collection notices by pay source	<input type="checkbox"/>	<input type="checkbox"/>
2.2.2.2. Promise to pay amount (user defined) by set date (user defined) with automated system action (user defined) if condition not met	<input type="checkbox"/>	<input type="checkbox"/>
2.2.2.3. Ability to add interest	<input type="checkbox"/>	<input type="checkbox"/>
2.2.2.4. Ability to document collection notes	<input type="checkbox"/>	<input type="checkbox"/>
2.2.2.5. Provide an automated audit trail that records views or changes made by the user (i.e. history log)	<input type="checkbox"/>	<input type="checkbox"/>
2.2.2.6. Data Field on main user screen for user defined flags or alerts	<input type="checkbox"/>	<input type="checkbox"/>
2.2.2.7. Ability to enter international postal addresses	<input type="checkbox"/>	<input type="checkbox"/>
2.2.2.8. Credit card submissions	<input type="checkbox"/>	<input type="checkbox"/>
2.2.2.9. Ability to scan & attach items directly to the account	<input type="checkbox"/>	<input type="checkbox"/>
2.2.2.9.1. Barcode capability	<input type="checkbox"/>	<input type="checkbox"/>
2.2.2.9.2. Explain process followed		
2.2.3. Are above items in 2.2.1 and 2.2.2 part of the base module?	<input type="checkbox"/>	<input type="checkbox"/>
2.2.3.1. If no, are these items part of an optional module?	<input type="checkbox"/>	<input type="checkbox"/>
2.2.3.1.1. Specify any additional cost (if any)		
2.2.4. Ability to interact with web-based billing products & scrubbing software (i.e. Capario, Experian, Accurant, etc.)	<input type="checkbox"/>	<input type="checkbox"/>
2.2.4.1. Does the system have like features included in the base module	<input type="checkbox"/>	<input type="checkbox"/>

2.2.4.2. List specific systems & any associated costs

2.3. **Membership:** Include how the Membership & Billing modules interact (i.e. identification of active & termed memberships, enrollment begin & end dates visible to the biller, automatic overrides of default billing cycle for active memberships, etc.)

	YES	NO
2.3.1. System's configuration capability for each:		
2.3.1.1. Customization of multiple membership group options with varying		
2.3.1.1.1. Enrollment fees	<input type="checkbox"/>	<input type="checkbox"/>
2.3.1.1.2. Enrollment periods	<input type="checkbox"/>	<input type="checkbox"/>
2.3.1.1.3. Expiration reasons	<input type="checkbox"/>	<input type="checkbox"/>
2.3.1.1.3.1. Indicate the capability for custom code lists for each of the above		
2.3.2. Head of Household indicator with ability to link dependents to the membership	<input type="checkbox"/>	<input type="checkbox"/>
2.3.2.1. Ability to change Head of Household	<input type="checkbox"/>	<input type="checkbox"/>
2.3.2.2. Ability to link dependent to multiple memberships	<input type="checkbox"/>	<input type="checkbox"/>
2.3.2.3. Ability to delete dependent from membership, retaining note of membership enrollment period that was in effect at time dependent was deleted	<input type="checkbox"/>	<input type="checkbox"/>
2.3.2.4. Is there a maximum number of dependent records allowed per membership	<input type="checkbox"/>	<input type="checkbox"/>
2.3.2.4.1. Specify		
2.3.3. Indicate whether the core software performs search by the following:		
2.3.3.1. Name (First, Last)	<input type="checkbox"/>	<input type="checkbox"/>
2.3.3.2. Account Number	<input type="checkbox"/>	<input type="checkbox"/>
2.3.3.3. Social Security	<input type="checkbox"/>	<input type="checkbox"/>
2.3.3.4. Date of Birth	<input type="checkbox"/>	<input type="checkbox"/>
2.3.3.5. Home Address	<input type="checkbox"/>	<input type="checkbox"/>
2.3.3.6. Mailing Address	<input type="checkbox"/>	<input type="checkbox"/>
2.3.3.7. Phone Number	<input type="checkbox"/>	<input type="checkbox"/>
2.3.3.8. Custom Codes list	<input type="checkbox"/>	<input type="checkbox"/>
2.3.3.9. List other search abilities (i.e. wildcards)		
2.3.4. Ability to capture the member's email address	<input type="checkbox"/>	<input type="checkbox"/>
2.3.5. Ability to capture the member's nickname or 'also known as' name	<input type="checkbox"/>	<input type="checkbox"/>
2.3.6. Ability to document notes by member (head of household & dependent)	<input type="checkbox"/>	<input type="checkbox"/>
2.3.7. Provide an automated audit trail that records changes to each membership record made by the user (i.e. history log)	<input type="checkbox"/>	<input type="checkbox"/>
2.3.8. Forms:		
2.3.8.1. Ability to customize renewal forms/membership cards, using any member field from the database:		
2.3.8.1.1. Membership ID Number	<input type="checkbox"/>	<input type="checkbox"/>
2.3.8.1.2. Last Name	<input type="checkbox"/>	<input type="checkbox"/>
2.3.8.1.3. First Name	<input type="checkbox"/>	<input type="checkbox"/>
2.3.8.1.4. Middle Initial	<input type="checkbox"/>	<input type="checkbox"/>
2.3.8.1.5. Generation (Suffix)	<input type="checkbox"/>	<input type="checkbox"/>
2.3.8.1.6. Date of Birth	<input type="checkbox"/>	<input type="checkbox"/>
2.3.8.1.7. Home Address	<input type="checkbox"/>	<input type="checkbox"/>
2.3.8.1.8. Home Address 2	<input type="checkbox"/>	<input type="checkbox"/>
2.3.8.1.9. Home City	<input type="checkbox"/>	<input type="checkbox"/>
2.3.8.1.10. Home State	<input type="checkbox"/>	<input type="checkbox"/>
2.3.8.1.11. Home Zip	<input type="checkbox"/>	<input type="checkbox"/>
2.3.8.1.12. Home Phone	<input type="checkbox"/>	<input type="checkbox"/>
2.3.8.1.13. Secondary Phone	<input type="checkbox"/>	<input type="checkbox"/>
2.3.8.1.14. Email Address	<input type="checkbox"/>	<input type="checkbox"/>
2.3.8.1.15. Mailing Address	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO
2.3.8.1.16. Mailing Address 2	<input type="checkbox"/>	<input type="checkbox"/>
2.3.8.1.17. Mailing City	<input type="checkbox"/>	<input type="checkbox"/>
2.3.8.1.18. Mailing State	<input type="checkbox"/>	<input type="checkbox"/>
2.3.8.1.19. Mailing Zip	<input type="checkbox"/>	<input type="checkbox"/>
2.3.8.1.20. Membership Group/Level	<input type="checkbox"/>	<input type="checkbox"/>
2.3.8.1.21. Membership Join Date	<input type="checkbox"/>	<input type="checkbox"/>
2.3.8.1.22. Membership Expiration Date	<input type="checkbox"/>	<input type="checkbox"/>
2.3.8.1.23. Membership Fee due for selected enrollment period and membership group	<input type="checkbox"/>	<input type="checkbox"/>
2.3.8.1.24. Dependent First Name	<input type="checkbox"/>	<input type="checkbox"/>
2.3.8.1.25. Dependent Middle Initial	<input type="checkbox"/>	<input type="checkbox"/>
2.3.8.1.26. Dependent Last Name	<input type="checkbox"/>	<input type="checkbox"/>
2.3.8.1.27. Dependent Date of Birth	<input type="checkbox"/>	<input type="checkbox"/>
2.3.8.1.28. Dependent Generation (Suffix)	<input type="checkbox"/>	<input type="checkbox"/>
2.3.8.1.29. Dependent's Relationship to Head of Household	<input type="checkbox"/>	<input type="checkbox"/>
2.3.8.1.30. Date last payment received	<input type="checkbox"/>	<input type="checkbox"/>
2.3.8.1.31. Total amount received for last payment date	<input type="checkbox"/>	<input type="checkbox"/>
2.3.8.1.32. Custom fields	<input type="checkbox"/>	<input type="checkbox"/>
2.3.8.1.33. Date Form Printed	<input type="checkbox"/>	<input type="checkbox"/>
2.3.8.2. Ability to print each form by head of household or in a membership group	<input type="checkbox"/>	<input type="checkbox"/>
2.3.8.3. Ability to export each form by head of household record or in a membership group	<input type="checkbox"/>	<input type="checkbox"/>
2.3.8.4. Ability to export each membership form by membership expiration date	<input type="checkbox"/>	<input type="checkbox"/>
2.3.9. Posting Enrollment Fees:		
2.3.9.1. Ability to post fees in a batch or by single payment	<input type="checkbox"/>	<input type="checkbox"/>
2.3.9.2. Ability to post payment type:		
2.3.9.2.1. Check	<input type="checkbox"/>	<input type="checkbox"/>
2.3.9.2.1.1. Includes Check Number field	<input type="checkbox"/>	<input type="checkbox"/>
2.3.9.2.2. Credit Card	<input type="checkbox"/>	<input type="checkbox"/>
2.3.9.2.3. Cash	<input type="checkbox"/>	<input type="checkbox"/>
2.3.9.2.4. Donation	<input type="checkbox"/>	<input type="checkbox"/>
2.3.9.2.5. Direct	<input type="checkbox"/>	<input type="checkbox"/>
2.3.9.2.6. Custom payments	<input type="checkbox"/>	<input type="checkbox"/>
2.3.9.2.7. Payment reversal (i.e. NSF payment)	<input type="checkbox"/>	<input type="checkbox"/>
2.3.9.2.8. Custom payment reversal	<input type="checkbox"/>	<input type="checkbox"/>
2.3.9.2.9. Refund	<input type="checkbox"/>	<input type="checkbox"/>
2.3.9.2.10. Revenue Adjustment	<input type="checkbox"/>	<input type="checkbox"/>
2.3.10. System's ability to print a batch of payments:		
2.3.10.1. By date recorded	<input type="checkbox"/>	<input type="checkbox"/>
2.3.10.2. By 'Posted by'	<input type="checkbox"/>	<input type="checkbox"/>
2.3.10.3. By Membership group	<input type="checkbox"/>	<input type="checkbox"/>
2.3.10.4. Ability to print all membership fields related to payment batch	<input type="checkbox"/>	<input type="checkbox"/>
2.3.11. System's capabilities to produce sophisticated and advanced reports by:		
2.3.11.1. Member/non-member revenue collected in date range or enrollment period	<input type="checkbox"/>	<input type="checkbox"/>
2.3.11.2. Receipts	<input type="checkbox"/>	<input type="checkbox"/>
2.3.11.3. Membership fee	<input type="checkbox"/>	<input type="checkbox"/>
2.3.11.4. Donation	<input type="checkbox"/>	<input type="checkbox"/>
2.3.11.5. Custom payments	<input type="checkbox"/>	<input type="checkbox"/>
2.3.11.6. Refunds	<input type="checkbox"/>	<input type="checkbox"/>
2.3.11.7. Total number of memberships per membership group	<input type="checkbox"/>	<input type="checkbox"/>
2.3.11.8. Age ranges of members within each membership group	<input type="checkbox"/>	<input type="checkbox"/>

- | | YES | NO |
|---|--------------------------|--------------------------|
| 2.3.11.9. Newly joined vs. Renewed membership by Custom code field | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.3.11.10. Join date | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.3.11.11. Payment Post date | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.3.11.12. Field query (i.e. searching for all records containing word in Notes field) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.3.11.13. Adjustments | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.3.11.14. Write-offs | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.3.11.15. Write-downs | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.3.11.16. Enrollment period | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.3.11.17. Member Group | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.3.11.18. Explain the system's ability to export all fields of membership module | | |
| 2.3.11.19. Explain the system's ability to create custom reports using all membership fields | | |
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| 2.4. ePCR: Provide a complete list of system requirements (hardware and software) for your ePCR software. If more than one ePCR product is offered, answer the questions in this section for each product. | | |
|
 | | |
| 2.4.1. Does the ePCR software directly integrate with your Billing software | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.4.1.1. Include a listing of databases along with their function in your system | | |
| 2.4.1.2. Describe how this integration is automated | | |
| 2.4.1.3. How long does it take for a completed PCR to be available to Billing in your system? | | |
| 2.4.1.4. Is the ePCR/Billing integration reliant upon an export/import process? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.4.1.4.1. If yes, provide a complete description of that process, including automation vs. manual export/import processes, and specify any reliance upon a data standard (like NEMESIS) | | |
| 2.4.1.5. Provide a complete listing of all data elements that migrate from ePCR into your Billing software | | |
|
 | | |
| 2.4.2. Does the technology infrastructure for ePCR require servers or other hardware? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.4.2.1. Include detailed information, listing all requirements and network integration | | |
|
 | | |
| 2.4.3. Does the ePCR software interface with: | | |
| 2.4.3.1. SunGard CAD (CAD data into your PCR system) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.4.3.2. Firehouse | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.4.3.2.1. Include file type (text, xml, SQL view, etc.) and other configuration options | | |
| 2.4.3.2.2. Include a listing of all data elements included | | |
|
 | | |
| 2.4.4. Ability to allow customization of data entry rules that must be satisfied by the end user before a PCR can be completed | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.4.4.1. Include a listing of data elements not available to rule creation | | |
| 2.4.4.2. Detail the tool(s) used for rule creation and dissemination to mobile computers | | |
|
 | | |
| 2.4.5. Provide a complete description of the number and data type of user defined fields available in your system, and how they integrate with your user interface screens | | |
| 2.4.6. Provide a complete description of the administrative tools used to manage your ePCR system, including a listing of functions for each tool | | |
| 2.4.7. Ability to import data directly from Zoll E-Series cardiac monitors into a PCR on a mobile computer | <input type="checkbox"/> | <input type="checkbox"/> |
|
 | | |
| 2.4.8. Is PCR reporting available in the system? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.4.8.1. Provide a complete description | | |
| 2.4.8.2. Are reports customizable? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.4.8.2.1. What tool is used for customization | | |
| 2.4.8.3. Ability to track incidents by: | | |
| 2.4.8.3.1. Ambulance Service Area (ASA) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.4.8.3.2. fire district | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.4.8.3.3. sub-district | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.4.8.3.4. census tract | <input type="checkbox"/> | <input type="checkbox"/> |

	YES	NO
2.4.8.3.5. zip code	<input type="checkbox"/>	<input type="checkbox"/>
2.4.8.4. Ability to extract data to Microsoft programs such as Access/Word/Excel	<input type="checkbox"/>	<input type="checkbox"/>
2.4.8.4.1. Describe how the extracts are performed		
2.4.9. Do you provide a complete data dictionary for your product?		
2.4.10. Provide a complete description of how your PCR product can be used to track and complete PCR quality assurance reviews and corrections.		
3. DATA INTEGRATION: There are various hardware and software interfaces associated with different billing software's that enhance productivity. Specify whether your current core module interfaces with the following or with an optional module and state cost. Clearly specify what the hardware/software interface is by brand, model, version or platform if appropriate.		
Field Data hardware/software:		
3.1.1. Capability to transmit billing data from remote locations	<input type="checkbox"/>	<input type="checkbox"/>
3.1.2. Capability to import billing data from other electronic charting software/on-line resources:		
3.1.2.1. Zoll	<input type="checkbox"/>	<input type="checkbox"/>
3.1.2.2. Image Trend	<input type="checkbox"/>	<input type="checkbox"/>
3.1.2.3. Emergency Reporting	<input type="checkbox"/>	<input type="checkbox"/>
3.1.2.4. iPCR	<input type="checkbox"/>	<input type="checkbox"/>
3.1.2.5. FireHouse	<input type="checkbox"/>	<input type="checkbox"/>
3.1.3. Include a listing of all data elements imported for each vendor		
3.2. Accounts Payable software (i.e. PeopleSoft)	<input type="checkbox"/>	<input type="checkbox"/>
3.3. Optical storage systems (i.e. Docuware)	<input type="checkbox"/>	<input type="checkbox"/>
3.4. Automated medical eligibility software programs/Web-based billing portals (i.e. Capario)	<input type="checkbox"/>	<input type="checkbox"/>
3.5. Computer Aided Dispatch (SunGard CAD)	<input type="checkbox"/>	<input type="checkbox"/>
4. SOFTWARE INTERFACE: Currently Springfield Fire & Life Safety utilizes ZOLL RescueNet software for their ambulance billing & ambulance membership programs. The Zoll system has approximately 237,068 open account balances. The current active membership base consists of 33,501 head of household memberships, with a total of 78,403 individual members.		
4.1. Capability to migrate the current Zoll data base to the proposed billing system	<input type="checkbox"/>	<input type="checkbox"/>
4.1.1. Include cost of transfer		
4.1.2. Specify data fields included in the transfer		
4.2. Is an ambulance membership program available	<input type="checkbox"/>	<input type="checkbox"/>
4.2.1. If yes, is it included in the base module	<input type="checkbox"/>	<input type="checkbox"/>
4.2.1.1. If no, is there an additional cost for an optional module	<input type="checkbox"/>	<input type="checkbox"/>
4.2.1.1.1. Specify		
5. SERVICE MAINTENANCE AGREEMENT (SMA): Provide detailed information regarding the technical support provided by your company for the billing software.		
5.1. List terms of coverage		
5.2. Is there a policy in place for response time	<input type="checkbox"/>	<input type="checkbox"/>
5.2.1. Specify		
5.3. Is there an annual fee	<input type="checkbox"/>	<input type="checkbox"/>
5.3.1. Are there any factors that would increase this cost	<input type="checkbox"/>	<input type="checkbox"/>
5.3.1.1. Specify		
5.4. Are system upgrades part of the SMA	<input type="checkbox"/>	<input type="checkbox"/>

- | | YES | NO |
|--|--------------------------|--------------------------|
| 5.5. How are the upgrades provided | | |
| 5.6. Is there a 24/7 support hotline | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.7. Will our agency be assigned a designated representative | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. DOCUMENTATION: Provide information on the following regarding user and system manuals. | | |
| 6.1. Do you provide a published database dictionary? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.1.1. Is it available through the software application | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.2. What manuals are provided with the software? | | |
| 7. TRAINING AND EDUCATIONAL SUPPORT: Implementing and using new software requires initial and ongoing support. | | |
| 7.1. Describe the training you will provide with your system: | | |
| 7.1.1. Will initial training occur in-person | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.1.1.1. Include an estimate of the time that will be allotted, location of training, and expense, if any | | |
| 7.1.2. Are training webinars available | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.2. Are user support conferences offered during the year? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.2.1. Include location, frequency and cost | | |
| 7.3. Is there an active user group? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7.4. Describe what resources area available on-line | | |
| 10. VENDOR HISTORY: Describe your company's experience with developing, supporting and maintaining this and/or similar applications. Please include the total number of current ambulance billing software clients you have, and list what states they are located. | | |
| 11. PROVIDE ANY OTHER INFORMATION DEEMED RELEVANT | | |