



## Department of Procurement and Contract Compliance

### **Addendum #1**

**RFP R41494**

**Billing Services for KCKFD - EMS Division**

Release Date:  
May 8, 2025

**Refer All Inquiries to:** Kelly Regan [kregan@wycokck.org](mailto:kregan@wycokck.org)

Department of Procurement and Contract Compliance

701 N 7<sup>th</sup> Street, Suite 649  
Kansas City, KS 66101

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**ADDENDUM #1**

**RFP R41494**

**Billing Services for KCKFD - EMS Division**

**Please be advised of the following changes/clarifications to subject solicitation.**

**QUESTION:**

Has the current contract gone full term?

**ANSWER:**

Yes.

**QUESTION:**

Have all options to extend the current contract been exercised?

**ANSWER:**

No.

**QUESTION:**

Who is the incumbent, and how long has the incumbent been providing the requested services?

**ANSWER:**

Digitech has provided services since 2007.

**QUESTION:**

To what extent will the location of the bidder's proposed location or headquarters have a bearing on any award?

**ANSWER:**

No. We prefer the company to be US-based.

**QUESTION:**

How are fees currently being billed by any incumbent(s), by category, and at what rates?

**ANSWER:**

KANSAS CITY, KANSAS FIRE DEPARTMENT

Dennis Rubin Fire Chief

EMS DIVISION

Fire Headquarters Building 815 North 6th Street Kansas City, Kansas 66101

Phone: 573-5550

Fax: 342-9610

**QUESTION:**

What estimated or actual dollars were paid last year, last month, or last quarter to any incumbent(s)?

**ANSWER:**

\$475,614

**QUESTION:**

What were your annual gross charges last year or for the last 12 months?

**ANSWER:**

Approximately 16 M.

**QUESTION:**

What were your annual total adjustments for last year or for the last 12 months?

**ANSWER:**

\$5,497,488.37

**QUESTION:**

What were your annual contractual allowance write offs for last year or for the last 12 months?

**ANSWER:**

\$5,497,488.37

**QUESTION:**

What were your annual gross collections last year or for the last 12 months?

**ANSWER:**

6.3M

**QUESTION:**

What were your annual billable transports last year or for the last 12 months?

**ANSWER:**

17400

**QUESTION:**

What are your per-mile ground transport charges?

**ANSWER:**

\$15

**QUESTION:**

What are your advanced life support charges?

**ANSWER:**

\$875

**QUESTION:**

What are your advanced life support emergency level 1 charges?

**ANSWER:**

\$875

**QUESTION:**

What are your advanced life support emergency level 2 charges?

**ANSWER:**

\$1200

**QUESTION:**

What are your basic life support charges?

**ANSWER:**

\$875

**QUESTION:**

What are your basic life support emergency charges?

**ANSWER:**

\$875

**QUESTION:**

What are your specialty care transport charges?

**ANSWER:**

Not provided.

**QUESTION:**

What are your treatment without transport charges?

**ANSWER:**

\$220

**QUESTION:**

What is your average per-trip charge?

**ANSWER:**

Fee per category plus miles.

**QUESTION:**

When were the last changes to your transport rates, and are you considering raising any of the rates currently charged?

**ANSWER:**

1/1/24 expected slight increase in 2026.

**QUESTION:**

Are there any other charges you assess not otherwise covered by our questions?

**ANSWER:**

No

**QUESTION:**

What percentage of your patients are residents versus non-residents, and do you charge the two groups differently?

**ANSWER:**

All patients are charged the same rate.

**QUESTION:**

Do you operate any shared services agreements with any other municipal or county governments in the region and, if so, with whom?

**ANSWER:**

No.

**QUESTION:**

What were your transports per year for advanced life support for last year or for the last 12 months?

**ANSWER:**

7144

**QUESTION:**

What were your transports per year for advanced life support emergency level 1 for last year or for the last 12 months?

**ANSWER:**

6796

**QUESTION:**

What were your transports per year for advanced life support emergency level 2 for last year or for the last 12 months?

**ANSWER:**

177

**QUESTION:**

What were your transports per year for basic life support for last year or for the last 12 months?

**ANSWER:**

10938

**QUESTION:**

What were your transports per year for basic life support emergency for last year or for the last 12 months?

**ANSWER:**

8938

**QUESTION:**

What were your transports per year for specialty care transport for last year or for the last 12 months?

**ANSWER:**

We do not offer specialty care transports.

**QUESTION:**

What were your transports per year for treatment without transport for last year or for the last 12 months?

**ANSWER:**

38 Treatment no transports.

**QUESTION:**

What is your payer mix expressed as percentages of 100% billed?

**ANSWER:**

Medicare: 40%

Medicaid: 20%

Self-pay: 24%

Commercial: 16%

**QUESTION:**

What is your payer remit mix expressed as percentages of 100% of what you typically receive?

**ANSWER:**

Commercial:	48%
Medicare:	28%
Medicaid:	23%
Self-pay:	1%

**QUESTION:**

What is your average loaded miles per trip?

**ANSWER:**

7.3 Miles

**QUESTION:**

What is your average revenue per call?

**ANSWER:**

\$357 (2024 data is not fully mature) Commercial: \$702  
Medicaid: \$476  
Medicare: \$426  
Self-pay: \$36

**QUESTION:**

Do you have a lockbox provider and, if so, which provider?

**ANSWER:**

UMB Bank

**QUESTION:**

If you have a lockbox provider, will that provider remain in place as a result of this procurement?

**ANSWER:**

No changes will be made to the current workflow with the lockbox.

**QUESTION:**

Do you have a collection agency provider and, if so, which provider?

**ANSWER:**

After awarding this contract, we will start on an RFP for an outside collections agency.

**QUESTION:**

Which local hospitals or care facilities typically receive most of your patients?

**ANSWER:**

The University of Kansas receives 60% Providence Medical Center receives 25%  
Advent Healthcare Shawnee Mission, St Lukes Plaza, and University Healthcare are frequent destinations.

**QUESTION:**

Please reconfirm the due date for this procurement by providing it in response to answers to questions.

**ANSWER:**

Thursday May 22, 2025 no later than 2:00pm

**QUESTION:**

If there was a previous solicitation for these services, what was its title, number, release date, and due date?

**ANSWER:**

No

**QUESTION:**

When is the anticipated award date?

**ANSWER:**

3rd quarter of 2025

**QUESTION:**

Can you please provide greater explanation of your expectations related to any required subcontracting to minority-owned, women-owned, or other types or categories of small or disadvantaged businesses? For example, what is required with the proposal, and what is required to comply during the term of the contract?

**ANSWER:**

Come into compliance with Article XI of the Procurement Code regarding compliance with State and Federal anti-discrimination laws.

Contact the Procurement and Contract Compliance Division located on the 6<sup>th</sup> Floor of the Municipal Office Building, 701 N. 7<sup>th</sup> Street, Kansas City, Kansas 66101, Room 649 or call (913) 573-5440 for information regarding compliance requirements.

**QUESTION:**

Are bidders permitted to deviate in any way from any manner of quoting fees you may be expecting? For example, if there is a pricing page in the RFP, can bidders submit an alternate fee structure? If there is no pricing page in the RFP, do you have any preference for how bidders should quote fees or can bidders create their own pricing categories?

**ANSWER:**

Offerors may submit only one proposal for evaluation. Alternate proposals (proposals that offer something different than what is asked for) will be rejected.

*Cost Proposal*

Provide a schedule of the fees that would be charged to the Unified Government for all services. Fee schedule should be comprehensive to include all charges with a brief description of the fees and how these fees will be calculated. Fees, whether flat rate or contingency based, shall be all inclusive.

**QUESTION:**

Please describe your level of satisfaction with your current or recent vendor(s) for the same purchasing activity, if applicable.

**ANSWER:**

Not Applicable

**QUESTION:**

If there was a previous solicitation for these services, what was its title, number, release date, and due date?

**ANSWER:**

We have had a piggyback contract for years. This is the first RFP for services of this nature.

**QUESTION:**

Will the vendor be financially responsible for the cost of your ePCR software and hardware? If so, please provide all specifications.

**ANSWER:**

The fire department will maintain the hardware and ePCR services that are currently in use. We use Imagetrend for ePCR services now. We are currently using Windows-based Panasonic G2 tablets, but we will be switching to iPads by the time this contract is awarded.

**QUESTION:**

Please provide your Treatment No Transport policy.

**ANSWER:**

See the attachments KCKFD Medical Policy 300-09.01 and General Order 300- 09-01.



300-09 No  
Treatment No Transp



GO 300-09.01 No  
Treatment No Transp

**QUESTION:**

Please describe your current practice for managing Notice of Privacy Practice (NPP). Will the successful vendor be responsible for mailing NPP's?

**ANSWER:**

We have it listed on our website, and we would request it be mailed with this new contract. We are open to a discussion as to the most current best practice to maintain compliance.

**THE ATTACHED SIGNATURE PAGE MUST BE COMPLETED AND RETURNED WITH YOUR PROPOSAL.**

In other respects, except as specifically stated above, the subject Request for Proposal remains unchanged.

**SIGNATURE PAGE**

**RFP R41494, Billing Services for KCKFD - EMS Division**

Proposers are asked to acknowledge receipt of this Addendum Number One (1), by completing the information requested below and submitting this information with their proposal. Failure to do so may subject the proposer to disqualification.

ALL OTHER SPECIFICATIONS AND CONDITIONS REMAIN UNCHANGED.

RECEIPT OF THIS ADDENDUM IS HEREBY ACKNOWLEDGED

NAME/BUSINESS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_, STATE: \_\_\_\_\_, ZIP CODE: \_\_\_\_\_

PHONE: ( ) \_\_\_\_\_ FAX NO: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

ATTENTION OF: \_\_\_\_\_

TITLE: \_\_\_\_\_

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_

All questions should be directed to the Purchasing Department at (913) 573-5440