

CITY OF BETHLEHEM
INTER-DEPARTMENTAL CORRESPONDENCE

SUBJECT: Request for Approval by City Council of Contract Award or Contract Price Increase Pursuant to City Ordinance, Article 121.05 (a)

Project or Contract Reference: 2023 54 Health Billing Consultant

TO: City Council, all members, and Council Solicitor

FROM: Kristen Wenrich, Health Director

DATE: September 5, 2023

On behalf of the Administration, pursuant to City Ordinances, Article 121.05, I request City Council's approval of the following recommendation of the referenced contract award or price increase.

- Check Type of Contract or Change:

_____ The contract is for over \$50,000 and required to be bid under the Third Class City Code. We have advertised the above referenced project and received qualified bids. We recommend award of the contract to the bidder identified and for the reasons stated below.

_____ The recommendation is for a price increase of 10% or more for an existing contract over \$50,000 that was previously bid and awarded under the Third Class City Code.

 X The contract is for the engagement of professional services. We have received a proposal for professional services in connection with above-referenced project. We recommend the award of the contract to:

- Is the contract appropriation or price increase included in this year's budget? X yes ___ no
- Identify contract funding sources (general fund, grants, loans, etc.....):
Grant (0302-42172E)
- The name and address of the recommended Professional Service Provider are:
Mozella McCoy
899 Briarstone Road
Bethlehem, PA 18017

- Term of contract or estimated completion date, subject to standard extensions:
June 30, 2024

- Description of project or scope of services to be provided:

Ms. McCoy will assist the Bethlehem Health Bureau with setting up the appropriate structure to bill insurance companies for clinical services.

Deliverables

1. Review the current list of insurance companies that the Bethlehem Health Bureau bills for clinical services and determine if any actions are needed to be fully credentialed.
 2. Submit appropriate documentation to the insurance companies in order to be fully credentialed.
 3. Determine if there are additional insurance companies that the Bethlehem Health Bureau should pursue credentialing with.
 4. Review the current list of medical codes the Bethlehem Health Bureau is using and charges for each service. Assess if changes should be made to the current diagnostic codes and charges.
 5. Assist with developing a process to segregate the Bethlehem Health Bureau's insurance payments from Bethlehem EMS insurance payments.
 6. Review current billing policies and assist with modifications as necessary.
 7. Train staff on steps to become credentialed with insurance companies.
- State the actual or estimated price to the City or the proposed Department budget allowance for the initial term; and state payment rate per unit of service if applicable:
\$93.75 an hour @ 75 hours = \$7,031.25
 - Number of renewal term options and duration of each renewal, if any:
N/A
 - Maximum dollar value of all renewals provided for beyond the original term as if all renewals were exercised:
 - Reasons for recommendation of Administration and Council approval of contract:
Ms. McCoy has expertise in insurance billing and has served in a consultant capacity for 9 years.

Please approve this recommendation by passing the accompanying resolution. A vote of final approval is requested at the first City Council agenda listing of this matter.

By: _____
Department Head

Copies To: Mayor
Director of Administration
Director of Budget and Finance
Law Bureau
Purchasing Bureau
Controller
Project Manager
Attachment: proposed resolution

RESOLUTION NO. _____

Authorization for Contract or Amendment under Article 121.05(a)

BE IT RESOLVED by the Council of the City of Bethlehem that the Mayor and the Controller and/or such other City officials as deemed appropriate by the City Solicitor, are hereby authorized to execute a Contract or Amendment and such other agreements and documents as are deemed by the City Solicitor to be necessary and/or related thereto, with the following named contractor, for the uses and purposes indicated in the supporting Recommendation of Award of Bid or Contract.

1. Name of Contractor: Mozella McCoy
2. Project or Contract Reference: 2023 54 Health Billing Consultant

Sponsored by _____

ADOPTED by Council this _____ day of _____, 20____.

President of Council

ATTEST:

City Clerk