

Bidders Conference

Alameda County Health Care
Services Agency (HCSA)

RFP No. EMS-901017:

**Emergency Ambulance Service,
911 Response, ALS Transport, and
Standby Service with Transportation
Authorization**

AGENDA

1. Welcome
2. Sign-In
3. Bidders Conference Proceedings
4. Introductions
5. Calendar of Events
6. RFP Overview and Highlights / Received Bidder Questions and Clarifications
7. Break Time and Collection of Bidder Questions
8. Information about Issuance of Addendum

BIDDERS CONFERENCE PROCEEDINGS

- Questions shall be written and collected by RFP staff
- Responses to questions will be finalized in an Addendum, which along with the RFP will be the controlling document
- Presentation content does not replace or supersede official language in the RFP and accompanying Addenda

CALENDAR OF EVENTS

(Section ID., p. 21)

Written Questions Due: 5:00 pm on December 15, 2017 (to be confirmed via Addendum)

Addendum Issued: January 19, 2018

Response Due: May 18, 2018 by 2:00pm

Evaluation Period: May 21-July 31, 2018

Board Letter Issued: September 11, 2018

Board Award Date: September 25, 2018

Contract Start Date: October 1, 2018

Service Start Date: 12:00 am July 1, 2019

Note: Dates are subject to change via Addendum.

INTENT

(Section I.A, p. 10)

- The selected Bidder will be awarded a contract for exclusive operating rights to provide 911 Ambulance Service, including Emergency Ambulance Service, 911 Response, ALS Transport, and Standby Service with Transportation Authorization, and respond to all medical 911 calls within the Alameda County Exclusive Operating Area (“EOA”), as provided for in Section 1797.224 of the California Health and Safety Code.
 - The EOA includes all geographic areas of Alameda County, except for the incorporated cities of Alameda, Albany, Berkeley, and Piedmont, where 911 ambulance services are provided through those cities’ fire departments, and Lawrence Livermore National Laboratory, which contracts with the Alameda County Fire Department for ambulance services.

INTENT

(Section I.A, p. 10)

- The EMS Agency intends to award a direct contract to a single Contractor experienced in the business management, financing, and operation of large 911 ALS Ambulance Services, operating through high performance contracts. The selected Contractor, as defined in this RFP, may not subcontract any 911 Ambulance Services provided to the County to any other organization, must self-perform the majority of 911 Ambulance Services, and must directly employ all Key Personnel as well as EMT's and Paramedics as described in this RFP.

INTENT

(Section I.A, p. 11)

- The County intends to award a five (5)-year contract to the responsible Bidder whose proposal conforms to the RFP and whose bid presents the greatest value to the County, all evaluation criteria considered, as determined by achieving the highest score awarded by the County Selection Committee (CSC).
 - The County may unilaterally extend the contract an additional twenty four (24) months at any time, so long as that extension does not extend the total contract term beyond 10 years.

BACKGROUND

(Section I.B, pp. 11-13)

- EOA Call Volume

Year	2012	2013	2014	2015	2016
Unique Events	120,798	127,253	131,263	138,018	129,855
Units Not Cancelled En Route	112,619	118,142	121,316	125,511	114,717
Transports from Scene	91,522	94,676	97,373	100,567	103,568

SCOPE

(Section I.B, pp. 13-16)

- The overall goal of the terms and specifications of this RFP is to identify and enter into a contract with the 911 Ambulance provider that will best serve the 911 medical needs of the people of Alameda County while working collaboratively with the EMS Agency and other system participants to develop ongoing improvements in the delivery of prehospital care.

SCOPE

(Section I.B, pp. 13-16)

- The EMS Agency has made several key modifications to the typical provider terms, specifications, and requirements, to strategically match emergency ambulance resources to patient needs, and improve care to patients without undue financial or operational hardship on the Contractor. These changes include, but are not limited to:
 - Adoption of a liquidated damages structure to replace traditional fines and penalties for failing to meet standards
 - Changes in response time requirements
 - Changes in response configurations
 - Modifications supporting the strategic deployment and dispatch of ambulances.

SCOPE

(Section I.B, pp. 13-16)

- This procurement process is designed to move the EMS System, and the 911 Ambulance Service provided therein, away from the traditional mindset that “quicker is always better” and toward a new framework of “providing the right resource, to the right patient, at the right time, and at the lowest responsible cost” —a direction that is supported by clinical research and is necessary for the financial stability of the system.

SCOPE

(Section I.B, pp. 13-16)

- The EMS Agency also closely monitors clinical practice and operational and financial performance to assure that the 911 Ambulance Services meet each of the County's overarching goals for the EMS System. These goals include the Institute for Health Improvement's Triple Aim for health care:
 - **Sustain and improve the quality of clinical care the patient receives**
 - **Stabilize or reduce the cost of EMS services**
 - **Improve patient satisfaction.**

MINIMUM QUALIFICATIONS

(Section 1.C, pp.16-21)

To qualify for evaluation by a County Selection Committee (CSC), Bidder must meet the following Bidder Minimum Qualifications:

- **Experience**

1. Each of the Bidder's Key Personnel must have been, for the last five (5) years, continuously engaged in providing or directly overseeing provision of those Key Personnel services as required by a high performance contract to a primary 911 Ambulance Services provider with exclusivity at the ALS level for an operating area of greater than 800,000 persons, with size, geographical spread, population densities, and call volume proportionately similar to those of the County of Alameda's EOA.

MINIMUM QUALIFICATIONS

(Section 1.C, pp.16-21)

2. The Bidder must have existed and continuously provided Prehospital ALS Emergency Medical Services for a minimum of five (5) years in the United States.
 - If the Bidder is organized as a legally formed partnership or limited liability company, each partner entity participating in the partnership or limited liability company must have existed and continuously provided Prehospital ALS Emergency Medical Services, for a minimum of five (5) years in the United States.
 - If the Bidder is organized as a joint power authority or joint powers agency, each public agency participating in the joint power authority or joint powers agency must have existed and continuously provided Prehospital ALS Emergency Medical Services, for a minimum of five (5) years in the United States.

MINIMUM QUALIFICATIONS

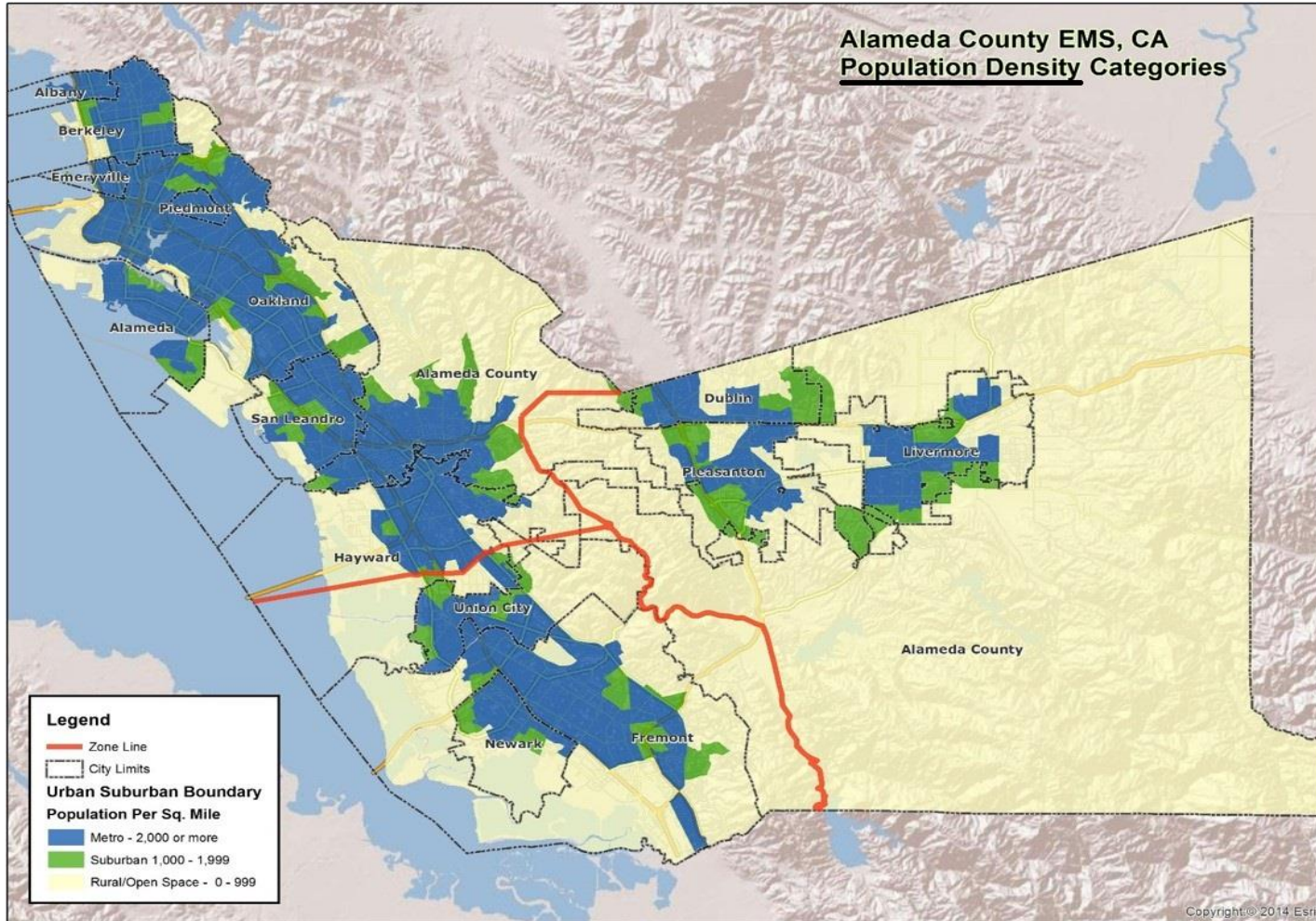
(Section I.C, pp.16-21)

- **Financial Condition**
 1. Financial Stability
 2. Working Capital
 3. System Economics Statement

- **Demonstration of Additional Bidder Qualifications**
 1. Litigation History
 2. Contracts in Good Standing
 3. Key Personnel
 4. Contracts with EMS System Participants

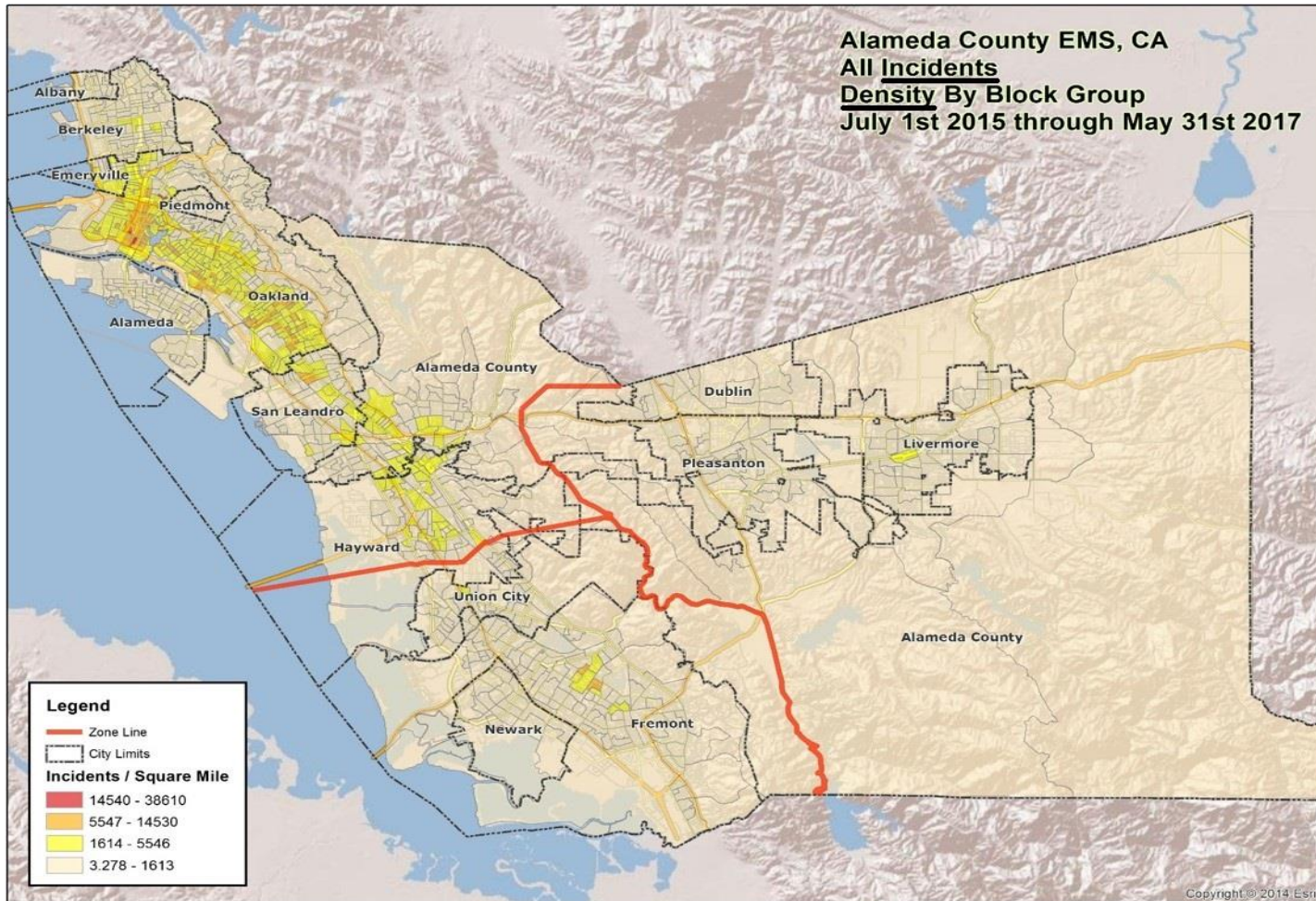
MAPS

(Exhibit F, pp. 174-175)



MAPS

(Exhibit F, pp. 174-175)



PROPOSAL REQUIREMENTS / MINIMUM SERVICES

(Exhibit A-1; Section IV.W, pp. 99-100)

- The three **Deployment Zones** are:
 - **North** – From the northwest County line down the bayside communities to an east/west line crossing Interstate 880 (I-880) at Industrial Boulevard, intersecting Palomares Road and continuing in the north-easterly direction to the County line.
 - **South** – From the line crossing I-880 at Industrial Boulevard and intersecting Palomares Road continuing southerly to Niles Canyon Road, then south-easterly along Niles Canyon Road, Paloma Way and Calaveras Road to the County line.;
 - **East** – Commonly called the Tri-Valley, the three cities and unincorporated areas within Alameda County east of the North and South Deployment Zones.

PROPOSAL REQUIREMENTS / MINIMUM SERVICES

(Exhibit A-I, Section I.E, pp. 62-65; Section IV.W, pp. 99-114)

- 23 months of existing system data used to construct a model of clinical severity for 911 medical responses
 - Medical Priority Dispatch System (MPDS) coding
 - Transport rates & modes
 - Frequency of advanced clinical intervention
 - Patient disposition
- Based on the level of clinical severity, medical requests for EMS response have been placed in one of 4 Priority categories.
- This system ensures identification of the highest-acuity patients and provision of the appropriate-level of medical response to each call.
- 5150 requests are non-medical and have separate resource and response-time requirements.

PROPOSAL REQUIREMENTS / MINIMUM SERVICES

(Exhibit A-I, Section I.E, pp. 62-65)

Priority 1 Critical	
ALS First Responder	Lights and Sirens
ALS Ambulance	Lights and Sirens
EMS Supervisor	Lights and Sirens
<i>Calls with very high rates of ALS interventions or mortality. This level could also use any type of vehicle or provider to provide CPR or AED.</i>	
Priority 2 Life Threatening	
ALS First Responder	Lights and Sirens
ALS Ambulance	Lights and Sirens
<i>Mixture of several categories with high rate of ALS intervention and high transportation rates.</i>	
Priority 3 Urgent / Emergent Interfacility Transport	
ALS First Responder (as needed)	Lights and Sirens
ALS Ambulance	Lights and Sirens
<i>911 system generated request for interfacility transfer from healthcare facility that has licensed medical personnel on scene credentialed at the level of Registered Nurse or higher.</i>	
Priority 4 Non-Life Threatening	
Optional BLS or ALS First Responder	No Lights and Sirens
BLS or ALS Ambulance	No Lights and Sirens
<i>Mixture of categories with low rates of interventions and moderate transport rates.</i>	

PROPOSAL REQUIREMENTS / MINIMUM SERVICES

(Exhibit A-1, Section IV.W, pp. 99-114)

- Response time requirements for medical calls are based on Mode of Response (i.e. Lights and Sirens vs. No Lights and Sirens) and Subzone.
- Subzones are determined by population density
 - Metro – 2,000 or more residents per square mile
 - Suburban – 1,000 to 1,999 residents per square mile
 - Rural/Open Space – 0 to 999 residents per square mile
- Total number of response time measurement categories is eighteen (18).

PROPOSAL REQUIREMENTS / MINIMUM SERVICES

(Exhibit A-1, Section IV.W, pp. 99-114)

North DZ (6 Measurement Categories)	Metro	Code 3	Suburban	Code 3	Rural/ Open Space	Code 3
		Code 2		Code 2		Code 2
South DZ (6 Measurement Categories)	Metro	Code 3	Suburban	Code 3	Rural/ Open Space	Code 3
		Code 2		Code 2		Code 2
East DZ (6 Measurement Categories)	Metro	Code 3	Suburban	Code 3	Rural/ Open Space	Code 3
		Code 2		Code 2		Code 2

PROPOSAL REQUIREMENTS / MINIMUM SERVICES

(Exhibit A-I; Section IV.W, pp. 99-114)

MPDS Dispatch Category	Minimum Ambulance Personnel Configuration	Metro	Suburban	Rural/Open Space
		Ambulance	Ambulance	Ambulance
Priority 1	1 Paramedic 1 EMT	10:00 min.	14:00 min.	16:00 min.
Priority 2	1 Paramedic 1 EMT	12:00 min.	16:00 min.	20:00 min.
Priority 3	1 Paramedic 1 EMT	14:00 min.	18:00 min.	20:00 min.
Priority 4	2 EMTs	20:00 min.	30:00 min.	40:00 min.

PROPOSAL REQUIREMENTS / MINIMUM SERVICES

(Exhibit A-I, Section IV.M, pp. 86-87; Section IV.V, pp. 97-98)

- For mental and/or behavioral health transport calls in which medical assessment or medical care is **not** necessary, the Contractor is responsible to provide BLS transport or an alternative resource as approved by the EMS Agency.
- All bidders are required to develop and submit a plan for use of alternative transportation units for mental health/behavioral, and other transport requests that do not necessitate emergency ambulance response.
- For California Welfare and Institutions Code section 5150 and/or behavioral/mental health calls in which a law enforcement officer (or other authorized person) requests a medical assessment, the Contractor is responsible to respond with a BLS or ALS ambulance, based on the nature of the call.

PROPOSAL REQUIREMENTS / MINIMUM SERVICES

(Exhibit A-1, Section IV.W, pp. 101-102)

Dispatch Category	Minimum Personnel Configuration	Metro	Suburban	Rural/Open Space
		BLS Ambulance or Alternative Resource	BLS Ambulance or Alternative Resource	BLS Ambulance or Alternative Resource
Non-medical 5150	2 EMTs or alternative configuration	40:00 min.	50:00 min.	60:00 min.

Dispatch Category	Minimum Personnel Configuration	Metro		Suburban		Rural/Open Space	
		Response	Resource	Response	Resource	Response	Resource
Non-medical 5150	2 EMTs or alternative configuration	Non-Emergent	BLS Ambulance or Alternative Resource	Non-Emergent	BLS Ambulance or Alternative Resource	Non-Emergent	BLS Ambulance or Alternative Resource

PROPOSAL REQUIREMENTS / MINIMUM SERVICES

(Exhibit A-1, Section IV.W, pp. 99-114)

- It is the goal of the EMS Agency to deliver the expected clinically-driven response times to all incidents 90% of the time.
- The goal of liquidated damages is to bring serious attention to needed corrections, after a detection and warning period. A contractor planning to under-deploy and pay small, but cumulative penalties is not providing acceptable service to the County.
- Liquidated damages escalate based on failure to correct non-compliance with response times.
- Repetitive pattern failures of response time compliance will result in severe penalties up to a declaration of material breach of the contract. The financial penalties are designed to be a deterrent serving to ensure proper deployment of the system 24 hours a day, 7 days a week, 52 weeks per year.

PROPOSAL REQUIREMENTS / MINIMUM SERVICES

(Exhibit A-I, Section IV.W, pp. 99-114)

- Incentive to Perform: No liquidated damages are paid if 90% performance is attained in each response time measurement category.
- Exception: Excessively prolonged response times are unacceptable to the EMS Agency and constitute a Failure to Respond. Contractor shall pay **\$50,000** for each failure by the Contractor to provide an ambulance on-scene within two hundred and fifty percent (250%) of the Response Time Compliance Requirement to any location within the EOA where a medical response has been requested by an EMS Agency-approved EMD center.

PROPOSAL REQUIREMENTS / MINIMUM SERVICES

(Exhibit A-I, Section V.DD, pp. 131-132; Section IV.Z, pg. 122)

- The EMS Agency requires the use of its selected single, uniform electronic patient care report and data collection system for all 911 providers in the County. The Contractor will be the backbone of the data collection system; Contractor will own, provide, and maintain the system. Contractor will be required to provide the software for the First Responder Agencies, and the EMS Agency will provide technical support for these First Responder Agencies through a separate consulting contract.
- Contractor shall propose and provide, at its cost, a data reporting system for the near real-time evaluation of performance and response time data as specified and approved by the EMS Agency. This system shall enable web-based access by the EMS Agency and others whom the EMS Director may authorize.

PROPOSAL REQUIREMENTS / MINIMUM SERVICES

(Exhibit A-1, Section IV.Y, pg. 117-119)

- Contractor may either directly deliver ambulance system status management (SSM) and dispatch services or provide these services in collaboration with one of the EMS Agency-approved Emergency Medical Dispatch centers.
 - Certain efficiencies in dispatch and the associated integration of field operations amongst various contractors providing service to the EMS Agency may be intrinsic to the existing structure of the dispatch system. Contractor shall therefore consider with due diligence retaining the provision of SSM and dispatch services by ACRECC.
 - Contractor shall propose in detail its preferred model to deliver SSM and dispatch services including the cost, structure and organizational relationship of personnel to provide the services, as well as the ownership and linkage(s) of all associated software and technologies to be utilized.

PROPOSAL REQUIREMENTS / MINIMUM SERVICES

(Section III.I, pp. 77-83; Section IV.P, pg. 91)

- Direct Employment of Key Personnel
 - Bidders must pre-identify those individuals designated as “Key Personnel”
 - Operations Director
 - Finance Manager
 - Health/Safety/Risk Management Specialist
 - Provider Medical Director
 - Quality Manager
 - Each position must be filled by a separate individual, who is fully committed to and responsible for the functions of that position, with appropriate authority to direct and oversee the Contractor’s Alameda County 911 Ambulance Services.
 - All Key Personnel are subject to prior approval by the EMS Agency.

- Supervisory Staff (24-7-365 Availability)
 - Four (4) Clinical Field Supervisors
 - One (1) Field-based Operations Supervisor
 - One (1) Dispatch/System Status Supervisor

Break and Collection of Bidder Questions

SUBMITTAL OF BIDS

(Section I.O., pp. 37-40)

Absolute deadline of
2:00 p.m. on May 18, 2018
(refer to RFP for specifics)

Information about Addendum Issuance

DISCLAIMER

The RFP and written addendum are the only sources of information upon which Bidders may rely. No statement or representation made outside the RFP and addendum, whether at the Bidders' Conferences or otherwise, reflects the scope, requirements, or meaning of the RFP, and no such statement or representation shall supersede the terms of the RFP and addendum.