

RFP 23-03 Ambulance Services Questions and Answers

Questions From Falck of Northern California

Responses are in italics.

Re: SOW, IV.A, “INTENT” on page 5: Indicates the contract is “exclusive”; however, several other areas (bulleted below) indicate the ACFD can use other subcontractors. a. Section IV.C, paragraph five, on page

7: The ACFD is in the process of a developing formal partnerships/relationships with the City of Fremont/Fremont Fire Department, City of Hayward/Hayward Fire Department, Livermore-Pleasanton Fire Department, and the City of Oakland/Oakland Fire Department as partners in providing Emergency Medical Services within the Alameda County Exclusive Operating Area.

b. **Section IV.F, item 34, on page 13:** Allows the provider to also subcontract (with approval by ACFD).

c. **Section IV.G, item 14.a.1, on page 13:** “This deployment may include firefighter staffed units in specific locations to be determined by ACFD.”. i. Section 2 and 3 also call out exceptions for fire department staffed units. d. Section IV.G, item 16.b, “Exclusivity Exception”, on page 22: Clearly indicated the exclusive provider is handling all calls, but specifically calls out Delta and Echo calls that can be assigned to others that will happen every day. 100% compliance is not achievable so subcontracting would occur daily.

e. **Section R, item 2.c, on page 36:** The ACFD reserves the right to award to a single or multiple Contractors.

Based on the information above, would ACFD please provide clarity on the related questions below?

QUESTION 1:

Is it the Department’s intent to award the RFP to a single contracted ambulance provider or multiple?

ANSWER TO QUESTION 1:

The intent is to contract with a single ambulance provider.

QUESTION 2:

Can ACFD further elaborate on whether the selected provider will provide all of the 1,150 ambulance hours and if so, what are the roles of the other partners in the system?

ANSWER TO QUESTION 2:

ACFD expects the successful bidder to be prepared and capable of providing a full “turnkey” operation without reliance on other agencies to cover the projected number of unit hours listed. However, due to statewide challenges of private sector providers fulfilling their contractual obligations, cities have expressed a desire to be integrated into the system to provide stability of deployment within their jurisdictions. If ACFD is awarded the County bid, ACFD may negotiate with agencies that desire to provide services in some form. The primary provider will be the ambulance subcontractor and final deployment, staffing, annual hours and price will be negotiated.

QUESTION 3:

Is there any financial responsibility assigned to the selected provider for other partners in the system?

ANSWER TO QUESTION 3:

No.

QUESTION 4:

Would it be the provider subcontracting or would it be ACFD having additional subcontractors?

ANSWER TO QUESTION 4:

ACFD would enter into separate agreements.

QUESTION 5:

Would other fire department resources be subcontractors to ACFD or to the selected provider? If so, which departments? If so, which departments?

ANSWER TO QUESTION 5:

If other agencies were to provide services (fulltime units, surge, peak, etc.) these would be through MOU's between ACFD and other public agencies.

Re: Section E, “REQUIREMENTS OVERVIEW”, on page 9: The County RFP has typically not included non-emergency interfacility transports.

QUESTION 6a:

Is it the intent for the ACFD contract to include IFT work (CCT and NICU) even if the County RFP doesn't include it?

ANSWER TO QUESTION 6a:

We are expecting the new contract to be vastly different from the current contract. ACFD will meet the entire SOW per the County RFP. Services that are not listed in the upcoming RFP will be considered and the selected subcontractor should be prepared to discuss other services that will enhance not only the system but the business relationship making the RFP response stronger upon submission to the County.

QUESTION 6b:

Other IFT providers have typically done this work. Will this RFP provide exclusivity to that market? If so, is it ACFD's intent to expand this service delivery?

ANSWER TO QUESTION 6b:

See Item 2.a above.

QUESTION 7:

Re: Section E, "REQUIREMENTS OVERVIEW", on page 9: This section indicates ACFD has developed a preliminary deployment plan. If ACFD is determining the number of hours in the system, the number of resources, the deployment plan, and controlling the resources, how can the provider be responsible for response times when it doesn't control these primary factors which impact compliance?

ANSWER TO QUESTION 7:

The provider will be held accountable for compliance that is under their control. Example: if the contract requires turnout times of 1 minute during peak and 90 seconds in off peak and that is not maintained the subcontractor shall be held accountable. The same applies for not "hitting" the on-scene button. The subcontractor shall not be held responsible for non-compliance due to the ACFD deployment plan.

Re: Section F, item 24, on page 11: Contractor further agrees to participate in drills, training, activities, public education, etc. as directed by ACFD. The Contractor further agrees that for all activities, for which the Contractor has initiated participation such as stand-by services, public education events, job fairs, etc., the Contractor shall notify ACFD of the details and location of the activities. Participation in such activities shall not impact or reduce the number of units available in the system without prior written approval of the ACFD.

QUESTION 8:

To help appropriately budget for costs, can ACFD provide estimated annual hours for this requirement?

ANSWER TO QUESTION 8:

These costs will be contracted from the chosen subcontractor based on the requirements contained in the County RFP.

Re: Section F, item 29, "Time Standards", on page 12 & section I.o.3, on page 20: Why is the ACFD requiring 100% compliance if the County RFP is 90%? All current literature supports reducing reliance on response times as a measure for good performance. 100% is not feasible and attempting to would escalate costs to the system, increase public risk, and have little impact on patient outcomes.

QUESTION 9:

Is ACFD amenable to adjusting performance criteria to factors within the contractor's control?

ANSWER TO QUESTION 9:

We have no knowledge that there will be a 90% compliance or any compliance time in the upcoming RFP. However, as stated above for compliance that is within the Sub-contractor's control, shall have a 100% compliance factor.

Re: Item 16.e, "Special Events", on page 22: ACFD will sometimes utilize its Ambulances for non-emergency purposes that will normally be scheduled in advance. During these special events, Contractor shall provide a backup ambulance and crew for the duration of the event, to cover for the unit involved and allow.

QUESTION 10:

To help appropriately budget for costs, can ACFD provide estimated annual hours for this requirement?

ANSWER TO QUESTION 10:

These costs will be contracted from the chosen subcontractor based on the requirements contained in the County RFP.

Re: Section 17, "Tier Four (4) Services: Mutual Aid", on page 23: It appears, ACFD is asking their subcontractor to have mutual aid plans with other providers.

QUESTION 11:

If ACFD is determining the number of hours in the system and the provider is meeting those standards, wouldn't it be the responsibility of ACFD to coordinate more hours when needed and pay for those hours?

ANSWER TO QUESTION 11:

These costs will be contracted from the chosen subcontractor based on the requirements contained in the County RFP.

QUESTION 12:

Will a mutual aid provider be able to bill for the services they provide to the 911 system by billing the patient?

ANSWER TO QUESTION 12:

All patient charges and billing will be performed by ALCO FD or by sub-contract.

Re: Section N, item 16, on page 33: With potentially tens of millions of dollars invested by a provider, it is unrealistic that ACFD can cancel the contract with 90 days' notice without cause.

QUESTION 13:

Is ACFD amenable to changing the language to termination for breach clauses that are typical in large contracts requiring significant investment?

ANSWER TO QUESTION 13:

ALCO FD will work with the chosen subcontractor to develop breach language based on the requirements contained within the soon to be issued County RFP.

QUESTION 14:

Re: Cost Sheets: Can the Department confirm Cost Sheets should begin in 2026?

ANSWER TO QUESTION 14:

ALCO FD will update the Bid Forms in an Addendum to reflect a 2026 start date.

Questions provided by Priority Ambulance

QUESTION 15:

Please confirm that this RFP is for 911 emergency calls (ALS & BLS), CCT and Neonatal CCT transports only. Does it also cover other interfacility transport?

ANSWER TO QUESTION 15:

TBD during issuance of the County contract.

QUESTION 16:

Will any contractor-owned ambulances be based or housed at county fire stations? Will county fire stations be used as post positions-rest locations?

ANSWER TO QUESTION 16:

No housing facilities will be provided. If Fire agencies are willing to provide housing, this will be negotiated in the final contract for services.

QUESTION 17:

On page 12 of the RFP, response time compliance is listed as "100%" compliance. The current industry standard is 90%. Can you clarify the expected percentage of response time compliance?

ANSWER TO QUESTION 17:

The subcontractor chosen shall meet the required County response time performance in the RFP 100% of the time in the upcoming County RFP.

QUESTION 18:

Can you provide historic response time compliance data for the last 5 years for the system?

ANSWER TO QUESTION 18:

No.

QUESTION 19:

On page 20 of the RFP, response time compliance to time standards is required at “100%” compliance. Are all component elements of an ambulance response time (turnout time, response time, patient offload to in service time, shift changes, as well as other negotiated compliance times) subject to 100% compliance?

ANSWER TO QUESTION 19:

The subcontractor chosen shall meet the required County response time performance in the RFP 100% of the time in the upcoming County RFP.

QUESTION 20:

Can you provide any historic response time compliance data for all the RFP standards? (The last 5 years if available).

ANSWER TO QUESTION 20:

No.

QUESTION 21:

Can you provide information regarding the monetary penalties for non-compliance with time standards?

ANSWER TO QUESTION 21:

Penalties for non-compliance will be negotiated between ALCO FD and the chosen subcontractor.

QUESTION 22:

On page 13, under Specific Requirements for Tier 1 Services (G,14), the heading refers to ALS services. Do these requirements also apply to BLS ambulances?

ANSWER TO QUESTION 22:

No, BLS requirements are listed, please refer to G.14.a.3.

QUESTION 23:

In several places, the RFP document refers to both BLS and ALS level of service. Will system design include Priority Dispatch call triage with BLS response on appropriate 911 calls?

ANSWER TO QUESTION 23:

This will be based on the County RFP.

QUESTION 24:

Under Insurance Section 5.0 Sample Minimum Insurance Requirements (pg 34):

A - Commercial General Liability Please confirm the Abuse Molestation, Sexual Actions and Assault and Battery ("SAM" Coverage) can be satisfied under D, the Professional, Medical and Hospital Liability requirements.

Also please confirm that a \$2M aggregate is acceptable for the above-mentioned "SAM" coverage?

ANSWER TO QUESTION 24:

Abuse, Molestation, Sexual Actions, and Assault and Battery, can be satisfied through a Professional, Medical and Hospital Liability policy. \$2 million aggregate is acceptable for Abuse, Molestation, Sexual Actions, and Assault and Battery, but other Professional, Medical and Hospital Liability coverages must meet the \$10 million aggregate requirement.

QUESTION 25:

D – Professional, Medical and Hospital Liability Please confirm that limits can be met through a combination of Primary and Excess/Umbrella policies?

ANSWER TO QUESTION 25:

Professional, Medical and Hospital Liability limits can be met through a combination of Primary and Excess/Umbrella policies.

QUESTION 26:

Please also confirm that there are no "Property Damage" coverage requirements under this type of coverage?

ANSWER TO QUESTION 26:

There should be property damage coverage for auto and general liability insurance.

QUESTION 27:

Section E.4 Please confirm acceptance of carriers authorized to do business in the State of California (not just admitted carriers)?

ANSWER TO QUESTION 27:

Carriers authorized to do business in the State of California are acceptable.

QUESTION 28:

In several areas of the RFP there are references to 99% uptime for computers and tablets and AVL systems:

- Will scheduled maintenance be deemed downtime? *No.*

- What measurement period will be used to calculate uptime (e.g. monthly, yearly, etc.)?
Monthly.

- Regarding AVL reliability, will downtime when in an area of poor/no cellular coverage be counted in this section? *Yes. It is expected to comply with the requested uptime.*

As reference: Cellular coverage map for Alameda County – non-red colored areas represent areas that do not have coverage Source: Federal Communication Commission Broadband Data Collection.

ANSWER TO QUESTION 28:

See above individual answers.

QUESTION 29:

IV. I.d. requires that the Automatic Vehicle Locater (AVL) System interface with the Dispatch Center. Can you provide specifications for interfacing with the Dispatch Center?

ANSWER TO QUESTION 29:

Yes. Hexagon CAD software compatibility.

QUESTION 30:

IV. I.o.1 requires that the contractor is solely responsible for obtaining, installing, and maintaining a system that directly links all contract ambulances and crews, and will be solely responsible for all installation, maintenance, repair, and other related costs necessary to ensure that the system remains operational at all times (pg 19).

Can you provide details about the ACFD Dispatch system and specifications for integrating with the ACFD dispatch system?

ANSWER TO QUESTION 30:

We currently use the Hexagon interface product Edge Frontier to interface between the Hexagon CAD and other systems.

QUESTION 31:

IV. I.p. requires that the contractor shall track all relevant data from all ambulance responses initiated by ACFD (pg 20). Contractor shall prepare and submit a report (electronic/e-mail preferred) to ACFD on a quarterly basis. Will ACFD provide data from the dispatch system needed to complete these reports?

ANSWER TO QUESTION 31:

Yes.

QUESTION 32:

If so, what method/mechanism may this data be shared through?

ANSWER TO QUESTION 32:

We will customize the Edge Frontier interface to provide the data needed for reporting purposes.

QUESTION 33:

Should we include data integration as part of this response?

ANSWER TO QUESTION 33:

Yes.

QUESTION 34:

IV. I.r. requires that the contractor report Quarterly Incident Totals Data (pg 24). Some of the data required may only exist within the ACFD Dispatch and/or other system.

Will ACFD provide data from the Dispatch system needed to complete these reports?

ANSWER TO QUESTION 34:

Yes.

QUESTION 35:

If so, what method/mechanism may this data be shared through?

ANSWER TO QUESTION 35:

We will customize the Edge Frontier interface to provide the data needed for reporting purposes.

QUESTION 36:

Should we include data integration as part of this response?

ANSWER TO QUESTION 36:

Yes

QUESTION 37:

IV. I.q. requires that the contractor report Individual Incident Data (pg 20). Some of the data required may only exist within the ACFD Dispatch and/or other system.

Will ACFD provide data from the Dispatch system needed to complete these reports?

ANSWER TO QUESTION 37:

Yes.

QUESTION 38:

If so, what method/mechanism will this data be shared through?

ANSWER TO QUESTION 38:

We will customize the Edge Frontier interface to provide the data needed for reporting purposes.

QUESTION 39:

The following information is requested as part of our initial due diligence prior to coming on site.

Service Area Information Map of service area:

- o Identify services provided in each geographical area
- o Identify service area(s) / boundaries if they do not align with county / municipality boundaries
- o List of each fixed station (include stations owned, leased or shared)
- o Street address
- o City
- o Zip code
- o Longitude and Latitude or X and Y coordinates
- o Number and type of vehicles deployed from the station
- o Area covered by the station
- o If applicable, list of each flexible deployment post location
- o Street address
- o City o Zip code
- o Longitude and Latitude or X and Y coordinates
- o Area covered by the post
- o On scene response volume, by level / type of service, in monthly increments for the past three years by service type (Emergency ALS, Emergency BLS, Non-emergency ALS, Non-emergency BLS, SCT, etc.)

Encounter / Incident Information on Three to five years' worth of data for each operating area

All patient charges and billing will be performed by ALCO FD or by 3rd party billing sub-contractor.

- Unique identifier – encounter / incident number
- Date of the encounter / incident
- Longitude and Latitude or X and Y coordinates of encounter / incident
- Street address of encounter / incident
- City of encounter / incident
- State of encounter / incident
- Zip code of encounter / incident
- Dispatch Zone (or contract area or first due station)
- Unit ID
- Type of call (Emergency Non-Emergency)
- Resource Needed (ALS or BLS or CCT or Neonatal CCT)
- Resource Sent (ALS or BLS or CCT or Neonatal CCT)
- MPDS triage / dispatch code / chief complaint
- Call priority
- Encounter / Incident disposition (e.g. Cancel reason, transported, etc.)
- Date/Time call received by PSAP
- Date/Time call received by dispatch center
- Date/Time transport service requested (request for non-emergency transportation services)
- Date/Time of dispatch
- Date/Time en route
- Date/Time arrived on scene
- Date/Time departed scene
- Date/Time arrived at destination
- Date/Time cleared destination
- Date/Time cancelled

- Transport destination (facility name or address)

Revenue Cycle / Billing information

3 – 5 Years Granular Billing Data • Unique encounter / incident identifier

- Date of the encounter / incident
- Type of transport indicator (level of service)
- Point of origin
- Point of pick-up address
- Point of pick-up city
- Point of pick-up State
- Point of pick-up zip code
- Emergency indicator
- Insurance Payor / Payor class
- Date claim submitted
- HCPCS codes / ICD9 Code
- Gross charges
- Deductions / contractual allowances
- Amount paid
- Date of denial if applicable
- Date denial contested / additional information provided
- Date claim paid • Amount paid by primary insurer
- Amount of patient responsibility / secondary insurer
- Date billed to patient / secondary insurer
- Date patient / secondary insure paid
- Amount paid by patient / secondary insurer
- Date sent to collections - if applicable
- Amount of any balance write-offs
- Date of balance write-off

- Listing of rates by level of service
- Provide any payor contracts / agreements
- Please provide random samples of 50 recent transports with billing sheets associated with the call plus all supporting documentation (e.g. PCS). Please include PCR and provide good distribution between Emergency, Non-emergency, and LOS

Staffing

An organizational chart

- Include each job title / function and delineate the reporting structure
- Include the number of FTE(s) for each position
- Include the number headcount of the number full-time and part-time persons working in each position • Copies of all unit work schedules
- Days of the week the crew / shift works
- Hours the crew / shift works each day
- Staffing configuration for the crew / shift
- Number of paid time off hours by level of certification for the past year
- Number of hours worked by Part Time / PRN staff for the past year
- Provide data on FT employees including number of staff by title, pay rates, benefits & tenure • Confirm compliance and provide copies of inquiries or investigations with all EEOC, FSLA, ADA, Affirmative Action, and any other regulatory requirements.
- Provide copies of any outstanding or anticipated litigation related to employment matters.
- Provide copies of any Collective Bargaining Agreements. Contract Matrix List of each contract to include the following information:
 - Covered services or type of services provided
 - Geographical area to which the contract pertains
 - Reimbursement rates / discounts provided
 - Contract expiration dates
 - Exclusivity

- Provide copies of all EMS agency service provision contracts Financial Three to five years of financial statements

Financial

Three-5 years of financial statements

- Organizational roll-up
- Service or contract level profit and loss statements as granular as possible
- Detailed expense line and revenue data as granular as possible (by category)

Operational

Policies & Procedures

- Please provide a copy of all operational policies and procedures, guidelines, etc.

Clinical Protocols

- Please provide a copy of all clinical protocols used by the organization Fleet

Fleet

- Provide a list of all vehicles, VIN's, Year, Mileage, Owned/Leased, and any outstanding amounts due.

Risk Management

- Provide copies of all Safety/Risk policies
- Provide copies of Loss Runs for all lines of Insurance for the past five years
- Provide information about any current or anticipated liability or workers compensation litigation valued at \$10,000 or more.
- Provide copies of any regulatory inquiry or investigation
- Provide copies of all insurance policies

Procurement

- Provide a list of all current suppliers and spend by category
- Provide copies of any agreements with vendors or Group Purchasing Organizations.

Legal

- Provide a summary of the Organization Structure

- Provide descriptions of a current or anticipated litigation valued at \$10,000 or more

ANSWER TO QUESTION 39:

This RFP is based on 1150 hours of unit hours, with staffing only, in service, and this information above is not pertinent to a bid response. ALCO FD is responsible for all legal, procurement, fleet, risk management or other above requests in response to the County RFP.