

From: Victoria Woodrow, Chief Executive Officer
Hamilton Memorial Hospital District

Brad Miller, Board Chairman
Hamilton County Board

Date: September 6, 2019

RE: Ambulance Transfer Request for Proposal
Emergency Medical Services for Hamilton County Request for Proposals

Section 1: Ambulance Transfers for Hamilton Memorial Hospital District Request for Proposals (RFP)

Hamilton Memorial Hospital District (HMHD) invites qualified firms to submit proposals to render patient medical transportation from Hamilton Memorial Hospital District in McLeansboro, Illinois. HMHD desires to designate a medical transportation provider as a preferred contractor so it can monitor the quality and effectiveness of the services rendered, receive services within the shortest possible response time, and utilize a provider with the ability to comply with facility's state and nationally defined quality metrics and regulatory requirements.

Questions regarding this section of the RFP may be directed to HMHD Administrative Service Coordinator at 618.643.2361 ext. 1000 or hhubele@hmhospital.org.

Section 2: Emergency Medical Services for Hamilton County Request for Proposals (RFP)

Furthermore, the Hamilton County Board seeks to secure a contract for Emergency Medical Services at the Paramedic Level for Hamilton County. The County invites proposals to also be submitted to the County for operation of Emergency Medical Service for Hamilton County.

Questions regarding this section of the RFP may be directed to Hamilton County Clerk at 618.643.2721 or coclerk@hamiltonco.us.

The successful bid for **both Section 1 & 2** of this RFP shall be considered as the lowest and most responsible bid.

Bids are due by **Friday, September 20th at 4 PM** to Hamilton Memorial Hospital District, 611 S. Marshall Ave., PO Box 429, McLeansboro, IL, 62859 or via email to hhubele@hmhospital.org. HMHD and Hamilton County bids should both be submitted to the same location above.

HMHD and Hamilton County Board reserves the right to reject any and all bids.

Section 1: Ambulance Transfers for Hamilton Memorial Hospital District Request for Proposals

Proposals should include the following minimums as part of the submission for Section 1:

Qualifications:

The Contractor must have been in continuous business as a licensed Paramedic Ambulance Service provider for the last one (1) year and own a minimum of two (2) Paramedic ambulances.

The Contractor must be eligible to participate in Medicare, Medicaid, or third party plans (not debarred from participation).

Insurance:

The Contractor must maintain commercial general insurance liability including auto liability insurance covering itself and its employees and agents providing services on an occurrence basis in the minimum amounts of One Million Dollars (\$1,000,000) per occurrence and Two Million Dollars (\$2,000,000) annual aggregate of all claims.

The Contractor must maintain worker's compensation coverage equal to the statutory limits for its employees performing services. The Contractor must provide a certificate of insurance evidencing that such coverage is in effect.

The Contractor must maintain professional liability insurance coverage on an occurrence basis for its employees and agents providing services with a minimum limits of One Million Dollars (\$1,000,000) per occurrence and Three Million Dollars (\$3,000,000) annual aggregate. The Contractor must provide a certificate of insurance evidencing that such coverage is in effect.

All firms submitting proposals for bid should be aware of the following requirements that will be part of the contract and ensure they are able to meet all building, equipment, and personnel obligations on the date of contract. The following are minimum requirements. Bidders are encouraged to state their intended level of service and expected staffing levels.

Contract Period:

December 1, 2019 at 12:00 AM through November 30, 2024 at 11:59 PM.

Service Area:

The Contractor shall provide and furnish non-exclusive medical patient transportation from Hamilton Memorial Hospital District to south central Illinois, metro and St. Louis area, Springfield, Evansville, and other locations as may be agreed upon by the Facility and Contractor.

Type of Service:

The Contractor shall provide Medical Transportation Services including:

Advances Life Support or ALS

Basic Life Support or BLS

Bariatric Services: Ambulance transportation of bariatric patients that requires additional personnel or equipment

Equipment:

The Contractor is required to maintain all equipment, supplies and medications to provide medical transportation in accordance with all governmental standards.

Vehicles:

The Contractor shall maintain all transport and non-transport vehicles in accordance with the manufacturers' recommendations. All vehicles shall be licensed by the Illinois Department of Public Health, and a copy of the licenses shall be provided. All vehicles shall comply with federal and state regulations.

Compensation and Billing:

Contractor shall be responsible for all Patient and third-party billing and will agree that the rates billed shall comply with applicable laws. Facility shall provide Contractor with Patient billing information, including all documentation necessary for third-party reimbursement and determination of medical necessity.

Facility will pay Contractor for "Facility Responsible Patients" including patient for which the facility is deemed financially responsible under applicable laws.

Performance Measures:

The Contractor shall be responsible for development of measurement tools and reporting of results to Facility on a quarterly basis; tool is subject to approval by HMHD CEO.

Performance Measure	Description of Measure	Performance Review	Goal
<i>Response Time</i>	Monthly tracking to identify any trends or patterns with delays and their cause	Quarterly report will be made available to the Facility by the Contractor	Less than or equal to 45 minutes
	Average response time from call time to arrival at Hospital will be less than 45 minutes		
<i>Complaints</i>	Concerns, complaints or grievances regarding Contractor or personnel	Quarterly report will be made available by the Facility to the Contractor	0
<i>Billing</i>	Complaints by Facility of inappropriate or inaccurate billing	Quarterly review and discussion of concerns	0
	Complaints by Contractor of failure of Facility to make timely payment for facility responsible patients		

MEDICAL TRANSPORTATION BID SUBMISSION FORM

Name of Bidder: _____

MONETARY

These are the rates for "Facility Responsible Patients":

Ambulance Transportation: \$ _____

Mileage: \$ _____

BIDDER COMMENTS:

CERTIFICATION

I certify that I have read and understand the Medical Patient Transportation requirements, and further certify that _____ (bidder) can meet the requirements of these bid specifications.

Dated: _____

Bidder: _____

Bidder: _____

Section 2: Emergency Medical Services for Hamilton County Request for Proposals

Proposals should include the following minimums as part of the submission for Section 2:

Qualifications:

The Contractor must have been in continuous business as a licensed Paramedic Ambulance Service provider for the last one (1) year and own a minimum of two (2) Paramedic ambulances with the ability to acquire vehicles required by contract by June 1, 2019.

Financial Stability:

The County requests an approved line of credit of no less than two hundred thousand dollars (\$200,000) to insure financial stability and creditworthiness from an accredited financial institution to fulfill the contract.

Insurance:

The Contractor is to furnish Professional Liability Insurance coverage for a minimum of \$2 Million Dollars. HAMILTON COUNTY shall be listed as additional insured at the time of contract going into effect.

At the date of contract, the Contractor shall provide workman's compensation insurance as well as any and all other insurance required by law.

All firms submitting proposals for bid should be aware of the following requirements that will be part of the contract and ensure they are able to meet all building, equipment, and personnel obligations on the date of contract. The following are minimum requirements. Bidders are encouraged to state their intended level of service and expected staffing levels.

Vehicles:

The Contractor must own a minimum of three (3) Paramedic ambulances and one (1) Paramedic assist vehicle that shall be based in the County of Hamilton.

The Contractor shall minimally staff two (2) Paramedic ambulances 24 hours a day / 7 days a week. However, during the overnight period it will be permissible to have one staffed ambulance at the station and one crew within a 10 minute transit called into the station immediately upon dispatch of the first ambulance.

Contract Period:

December 1, 2019 at 12:00 AM through November 30, 2024 at 11:59 PM.

Service Area:

The Contractor shall provide and furnish Emergency Medical Services at the Paramedic Level to the County of Hamilton in the incorporated and unincorporated areas of all townships, villages, and municipalities within Hamilton County.

Type of Service:

The Contractor shall provide Emergency Medical Services for all residents of Hamilton County, regardless of the patient's ability to pay.

The Contractor shall provide Paramedics licensed by the Illinois Department of Public Health and/or Basic EMT's licensed by the Illinois Department of Public Health.

Each ambulance crew will consist of a minimum of two such individuals, only one of which may be a Basic EMT.

All services provided under this Contract shall be provided with Paramedic ambulances.

Equipment:

The Contractor is required to maintain all equipment, supplies and medications to provide Emergency Medical Services in accordance with all governmental standards.

Vehicles:

The Contractor shall maintain all transport and non-transport vehicles in accordance with the manufacturers' recommendations. All vehicles shall be licensed by the Illinois Department of Public Health, and a copy of the licenses shall be provided. All vehicles shall comply with federal and state regulations.

Dispatch:

The County will provide 24 hour per day / 7 days a week dispatching services through its E-911 Center to The Contractor. All back-up units operated by The Contractor must have direct radio communications capability with Hamilton County E-911 Center for dispatch purposes.

Headquarters for the Ambulance Service:

The Contractor shall maintain and own (or lease) its headquarters/ambulance bay within 2.5 miles of the Hamilton County Courthouse in Hamilton County, Illinois.

Mutual Aid:

The Contractor shall have in place mutual aid agreements with other Ambulance services providing emergency response in Hamilton County as well as services in the surrounding Illinois counties that are adjacent to the service area.

Written mutual aid agreements must be signed and on filed with the Hamilton County Clerk with the County's E-911 Center with contact information. To be included in this filing, a detailed plan for named back-up should be provided.

Additional Requirements:

The Contractor shall provide an Ambulance to respond to all structure fires, brush fires, vehicle fires and HAZMAT incidents

The Contractor shall provide an Ambulance for community events like festivals, football/basketball games when requested.

The Contractor should partner with county first responder agencies in training exercises and provide an ambulance crew to attend joint training with county agencies when requested.

A representative of the Contractor should attend all County Board Meetings.

The service that enters into this contract shall give the county a notice in writing at least one hundred twenty days (120) in advance of a cessation of service or change in ownership.

AMBULANCE BID SUBMISSION FORM

Name of Bidder: _____

Considerations

It is the desire of Hamilton County that the bidder maintain a fully private business without public assistance. The approved bidder shall appropriately bill patients / insurers for services and shall ensure adequate subrogation to maximize payments for services.

Should the bidder seek public funds to subsidize the emergent response portion of the contract; bidder shall outline the annual amount requested with an explanation of why such subsidy is required. A payment schedule will be negotiated as part of the final agreement.

Should the bidder's request for public funds be approved; additional considerations will apply.

1. Bidder will submit an annual projection of all costs for emergent services including detailed salary information. Subsequent years' submissions should include prior year estimate-to-actual reports.
2. Bidder will provide summarized quarterly Accounts Receivable report to the Hamilton County Board demonstrating:
 - a. Total revenue received year-to-date.
 - b. Total outstanding payments reflecting the age of the past due payments
 - c. A subrogation report demonstrating the effectiveness of debt collection
 - d. A monthly write-off report

Any agreed county subsidy shall cease at the term of this agreement and will be part of future negotiations.

CERTIFICATION

I certify that I have read and understand the Ambulance bid specifications for Hamilton County, IL, and further certify that _____ (bidder) can meet the requirements of these bid specifications.

Dated: _____

Bidder: _____

Bidder: _____

(End)