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Joseph Lauro, CPPO/CPPB
Director

April 26, 2004

TO: ALL PROPOSERS
REQUEST FOR PROPOSAL: AMBULANCE SERVICES
BID NUMBER: 034-283-P (AM)
SCHEDULED TO OPEN: APRIL 30, 2004 at 3:00 P.M.

ADDENDUM NO. 4

The Pinellas County EMS Authority and Purchasing Department wish to provide additional information and clarifications to RFP No. 034-283-P (AM) contained herein. The clarifications are hereby incorporated into the Request for Proposal.

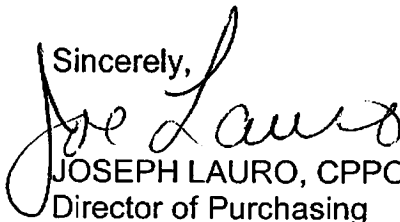
1. Article IX, Section 901 as it refers to Term, on Page 77 of the Draft Agreement is corrected to read:

SECTION 901. TERM

The term of this Agreement shall be for five (5) years, commencing October 1, 2004 and terminating at midnight, September 30, 2009. This Agreement may be renewed, by written agreement of the parties and upon no less than a nine (9)-month written notice from the Authority to Contractor, for up to two (2) consecutive three (3)-year periods after the initial term. This option shall be exercised only if all prices, terms, and conditions remain the same, and approval is granted by the Authority. The provisions of Article VII shall continue to be effective during any extension period and shall not be renegotiated.

All other specifications, terms and conditions remain unchanged.

Please remember to acknowledge receipt of this Addendum in Section J, Page 26 under addendum No. 4 and return with completed proposal package.

Sincerely,

JOSEPH LAURO, CPPO/CPPB
Director of Purchasing

PLEASE ADDRESS REPLY TO:
400 South Ft. Harrison, Sixth Floor
Clearwater, Florida 33756
Phone: (727) 464-3311
FAX: (727) 464-3925
Website: www.pinellascounty.org/purchase



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Joseph Lauro, CPPO/CPPB
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MARCH 24, 2004

TO: ALL PROPOSERS
REQUEST FOR PROPOSAL: AMBULANCE SERVICES
BID NUMBER: 034-283-P (AM)
SCHEDULED TO OPEN: APRIL 30, 2004 at 3:00 P.M.

ADDENDUM NO. 3

The Pinellas County EMS Authority and Purchasing Department wish to provide additional information and clarifications to RFP No. 034-283-P (AM) contained herein. The clarifications are hereby incorporated into the Request for Proposal.

1. **All Proposers are specifically reminded that all requests for information of any type must be submitted to Amelia McFarlane, Procurement Analyst, Purchasing Department, 400 South Fort Harrison Avenue – Sixth Floor, Clearwater, Florida 33756 or faxed to 727/464-3925. Failure to follow this directive may cause any RFP submittal, to be judged Non-Responsive and rejected from further consideration. See Page 8, Paragraph 29 of the RFP.**
2. This mailing/notification will be considered Addendum No. 3 to the RFP.
3. All other terms and conditions of the original RFP issued on February 27, 2004, Addendum No. 1 issued March 12, 2004, and Addendum No. 2 issued March 15, 2004, remain the same except where clarified in writing.
4. The **Proposal Opening Date has been changed to April 30, 2004.** Refer to the Revised Timeline of Critical Events below.

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5. Revised Timeline of Critical Events:

Friday, February 27, 2004

Advertisement and the Release of the Request for Proposals

Friday, March 19, 2004, Or Sooner

Final date and time for clarifications, questions, requests for approved equals. All such requests shall be submitted in writing and the person submitting the request will be responsible for its prompt delivery. Any interpretation of this proposal, if made, will be made only by addendum form. A copy of such addendum shall be forwarded to each person who requests it or expresses an interest in proposing. There will be no pre-proposal conference. After this date and time, no further questions, requests for approved equals and clarifications will be addressed. All requests shall be submitted to Amelia McFarlane, Procurement Analyst, Purchasing Department, 400 South Fort Harrison Avenue – Sixth Floor, Clearwater, Florida 33756. Responses to written questions and requests for clarifications will be forwarded to all proposers.

Friday, March 26, 2004 or Sooner

Addendum to Request for Proposal to be forwarded.

Friday, April 30, 2004

Sealed Proposals submitted by 3:00 P.M., local time.

Any proposals submitted after the specified time and date of opening will not be considered. No proposal may be withdrawn for a period of one hundred twenty (120) calendar days after the scheduled deadline for receipt of proposals.

Proposals shall be submitted in one original and twelve (12) copies. Include a CD-ROM containing the proposal with each paper copy.

Proposals shall be submitted in a sealed container. The container and each proposal shall be labeled to indicate the RFP number and name.

All proposals shall be signed in ink by the authorized principals of the proposer.

Proposals shall be submitted to:

**Amelia McFarlane, CPPB, Procurement Analyst
County Annex Building
Purchasing Department
400 South Fort Harrison Avenue - 6th Floor
Clearwater, Florida 33756**

April 30, 2004

Procurement Committee will begin reviewing all Proposals submitted.

An oral presentation, additional documentation or a site visit may be requested of any Proposer, at the Procurement Committee's discretion.

May 2004

The Procurement Committee shall make a recommendation to the EMS Authority.

Consideration for Award of Proposal by the Board of County Commissioners (BCC), acting as the EMS Authority (The actual date is contingent upon the schedule of BCC meetings).

Pinellas County reserves the right to change the timeline above, if necessary.

6. The EMS Authority provides four Vehicle Lifts for use by the Ambulance Contractor at EMS Headquarters. There are four rotary four-post lifts; three are rated at 18,000 lbs. and one at 30,000 lbs. The EMS Authority does not provide any other fleet equipment or tools (i.e. - Brake Machines, Tire Changers, Air Compressors, Part Washer, Waste Fluids Recovery, Reels/Hoses, Mechanics hand tools, etc.). This equipment is the responsibility of the Ambulance Contractor.
7. On Friday March 12, 2004 during a Site Visit to the EMS building by a prospective proposer, the Office of the Medical Director informed on the centralized control process for that office including the registries and data gathering process for the same.
8. The EMS Authority has been in discussions with Morton Plant Mease Hospitals and the current Ambulance Contractor regarding a new Outside Work Agreement. See Page 18, Section 5.3 of the RFP. The Hospital desires to have a dedicated Intermediate Care Transport or Critical Care Transport Unit stationed at Mease Countryside Hospital. Negotiations are currently in progress. The Hospital understands the successful Proposer will assume operational responsibility for this program.
9. The EMS Authority wishes to clarify a St. Petersburg Times newspaper article published on February 27, 2004, entitled, *Pinellas may seek new ambulance service*. There were several minor inaccuracies in the article. The EMS Authority advises potential bidders to base their Proposal solely upon information provided by the EMS Authority.

Questions Dated March 5, 2004
Paramedic Plus

I'm writing to you with an urgent issue related to Pinellas County Board of County Commissioners Request for Proposal number 034-283-P (AM) titled Ambulance Services. We are working on a list of questions and clarifications that we will submit to you before the March 11, 2004 deadline. However while analyzing the call data that was provided on the RFP CD that was sent we have discovered several serious problems.

The data uses multiple formats of latitude and longitude including degrees, minutes and seconds for about half of the entries, the other half appear to be in decimal degrees. It's virtually impossible to convert only half of the file correctly. This prevents us from plotting the calls on a map to create the initial System Status Plan required in the RFP.

The next problem that we have with latitude and longitude is that many of the coordinates put the calls in the middle of the Atlantic Ocean or the Gulf of Mexico. These data elements appear to be incorrect.

There are over 10,000 records that have no latitude or longitude at all. Since there is no address provided with the call there is no way to know where those calls occurred. Which again makes it impossible to plot them on a map and create a coverage plan.

There are a large number of records with blank or missing data, in a number of areas some calls have no priority, some have no problem description, some have no incident type, some have no times at all.

There are a lot of fields that are date/time fields with only date information in them. These are fields that should have a time in them as well. A proper coverage plan requires temporal analysis as well as geographic. Without accurate time along with the date it's impossible to create an accurate plan.

There are a significant number of calls labeled as "Sunstar Inquiries." There's no definition of what those are.

The field that is labeled Priority number has no data definition or description associated with it, just numbers in the fields. There is no way to tell which ones are emergencies, non-emergencies, CCT calls, etc. Since the performance of the Contractor is based on the categories associated with priorities it would be helpful to know what the numbers mean in the Sunstar system.

Once we have accurate and complete data, it will take a full week to do a complete analysis of the data, build an initial coverage plan, and determine the number of unit hours that we'll need to schedule to meet response time performance. Since the number of unit hours is the biggest contributor to our cost to provide the service we are unable to come up with a proposed price for the RFP until we have a complete and accurate understanding of the County's historical demand for ambulance services.

We are aware that the incumbent provider is the steward of the data and that they do not need to rely on the data provided by the county to perform their analysis, build their coverage plan, and create their budget. Every day that we go without accurate complete data gives them a bit more of an advantage over us in this bid process.

My request is that the County provide two years worth of complete and accurate call data with a format that is consistent throughout the entire data set for Pinellas County that includes the following elements:

- Latitude in decimal degrees
- Longitude in decimal degrees
- Address of call if latitude and longitude are not available. We need 100% of all locations to have latitude and longitude; presently almost 3% of the data do not have latitude and longitude associated with them. If this is not possible, then call location addresses are needed in order to fully develop an initial coverage plan
- If cancelled, cancellation description
- Destination name

- Destination address
- Destination city
- ProQA determinant
- Patient Condition Description
- Priority
- Priority Description
- Incident Type (ALS/CCT/Mental Health, etc)
- Time official clock started
- Time ambulance enroute
- Time ambulance on scene
- Time ambulance transported
- Time ambulance arrived destination
- Time ambulance cleared destination

The April 2, 2004 submission date for proposals creates quite a challenge for bidders who are striving to win the award of this contract. Please overnight the requested data to us as soon as possible. Any significant delay may prevent us from being able to submitting a proposal I response to the RFP. Please feel free to use my FedEx number XXXX-XXXX-X for overnight shipping. I'm aware that other bidders will need this data quickly as well and to prevent any concerns with unfair advantage, please use my FedEx number to ship the correct data to our competitors as well.

Thank you for your timely response to this urgent request.

Answer: You are correct in pointing out some of the technical challenges with plotting the location of calls from the CAD system. The EMS Authority clarified this issue through the issuance of Addendum No. 1 on March 12, 2004. The second CD-ROM issued by the EMS Authority contains the revised Run Data file and a technical document explaining the particular fields and their usage.

Questions Dated March 7, 2004 **Paramedic Plus**

Over the weekend we discovered an additional data element that we'll need to add to the list of information that I sent you in my March 5th letter regarding the data problems with the disk sent in relation to Pinellas County Board of County Commissioners Request for Proposal number 034-283-P (AM) titled Ambulance Services. Since the Pinellas County EMS Authority includes cancelled calls as part of their response time performance calculation we'll need to have all the information that we requested for all the cancelled calls over the last two years.

I apologize for not including this in my request last Friday, we didn't discover the requirement as it relates to cancelled calls in the Ambulance Service Agreement until Saturday. Our full list of questions will be submitted shortly.

Answer: The EMS Authority clarified this issue through the issuance of Addendum No. 1 on March 12, 2004. The second CD-ROM issued by the EMS Authority contains the revised Run Data file and a technical document explaining the particular fields and their usage.

Questions Dated March 9, 2004
City of St. Petersburg et al.

The undersigned Cities of St. Petersburg, Clearwater, Largo, Pinellas Park, Seminole, and Tarpon Springs and the Palm Harbor and East Lake Fire Districts respectfully request that the County extend the Ambulance Services proposal submission deadline of April 2, 2004, for a minimum of 30 days and preferably 60 days. Because of the critical nature of the service provided under the Ambulance Services contract and the direct service and cost impact on our respective citizens, we strongly believe that a competitive process, which attracts a number of viable service providers, is in the best interest of the County and our individual communities and citizens. It is our shared position that the proposed 30-day response time will not enable a full and open competitive process.

Answer #1: Pursuant to several requests the Timeline of Critical Events has been modified. See the revised Timeline of Critical Events at the beginning of this Addendum.

In addition, we are requesting clarification to paragraph 10 of the RFP regarding Compensation, which states: "If the successful bidder is an existing contractor under a Pinellas County ALS First Responder Agreement or a combination of ALS First Responders, the EMS Authority intends to cease ALS First Responder funding and compensate according to the Ambulance Agreement ONLY. It is not in the best interest of our citizens to compensate an existing first responder twice for using the same resources." A strict interpretation of this excerpt would preclude any current EMS service provider from responding or partnering in a response to the RFP, as they would no longer receive EMS funding under existing contracts.

Answer #2: No, this statement does not preclude any current ALS First Responder service provider from responding or partnering in a response to the RFP. As stated on Page 5, Section 10 of the RFP, the funding would be provided through a single Ambulance Service Agreement instead of two different Agreements because existing resources may be utilized.

Questions Dated March 9, 2004
Paramedic Plus

I'm aware that the urgent request for data that I sent you last Friday and Monday will take quite a bit of work to pull together. If it is possible, we'd like to have the data in our hands by Friday of this week. That should give us ample time to complete our analysis, build an initial coverage plan, complete our budget and produce a proposal price by the April 2 deadline. We have completed our full analysis of the Pinellas County Request for Proposal number 034-283-P (AM) entitled, Ambulance Services. We have found the RFP and the accompanying Ambulance Service Agreement to be clear, concise, and well written.

We have just a few questions and clarifications that we would like to have addressed. I'm aware that some of these questions are small with seemingly obvious answers. Our desire and intention is to produce the best possible bid in response to the county's RFP. So I've asked questions everywhere that our team had even the slightest disagreement as to what the county has asked of us. We hope to give you exactly what you've asked for.

1. On Page 4 of the RFP, number 6, Timeline of Critical Events shows, "3:00 P.M. Thursday, March 11, 2004, Or Sooner" as the "Final date and time for clarifications, questions, requests for approved equals." On page 6 of the RFP, number 21, Interpretations/Clarifications/Written Questions, shows, "Every request for such an interpretation must be in writing (mailed, e-mailed, or faxed) and shall be

received by Amelia McFarlane, Procurement Analyst, Purchasing Department, by 3:00 P.M. February 27, 2004.” We assume that this is a typographical error. Are the questions due at or before 3:00 P.M. on Thursday, March 11, 2004?

Answer #1: Pursuant to several requests, the Timeline of Critical Events has been modified. See the Revised Timeline of Critical Events at the beginning of this Addendum.

2. Section B, number 6, on pages 4 and 5 of the RFP shows a Timeline of Critical Events. On page 5: “Award of Proposal by the Board of County Commissioners, acting as the EMS Authority (the actual date is contingent upon the schedule of meetings).” In Section E, Evaluation Criteria, number 1.3, Schedule of Implementation, it states, “Assuming this proposal is selected, submit the general work plan and timetable for implementing services effective October 1, 2004.” Could you provide us with an anticipated date for the Proposal award? If you are not able to provide an anticipated date, could you please provide an “award will not be later than” date? It is very difficult to comply with number 1.3 without a solid start date. We will also need to assure that our ambulance builders and the people customizing our CAD will have enough time to fulfill their obligations to us in time for the October 1, 2004 start up.

Answer #2: The EMS Authority understands the complexity of the issues relative to “starting up” a service. Barring any unforeseen circumstances, the EMS Authority will follow the Revised Timeline of Critical Events at the beginning of this Addendum.

3. In the RFP Section C, Scope of Work, Section 1.5, Call Volume and Transports, a table on page 12, lists “Out of County” transports. Are these the same as “long distance transports?” Could you tell us what the Contractor was paid last year for long distance transports for both base rate and mileage?

Answer #3: “Out of County” transports and “Long Distance Transports” are the same. Below is a summary of Long Distance Transport activities:

Month	Long Distance Transports	Mileage (Over 25 Miles)	Payment
Jan 2003	147	1,741.2	\$32,277.90
Feb 2003	150	549.8	\$30,544.11
Mar 2003	131	652.3	\$27,010.87
Apr 2003	117	1,616.4	\$26,140.14
May 2003	96	838.7	\$20,497.55
Jun 2003	147	1,813.2	\$32,418.30
Jul 2003	145	1,610.1	\$31,629.30
Aug 2003	120	2,090.6	\$27,654.27
Sep 2003	114	961.9	\$24,274.43
Oct 2003	142	1,595.6	\$31,964.82
Nov 2003	118	1,530.4	\$26,961.88
Dec 2003	122	1,480.3	\$27,676.99
Total	1549	16,480.5	\$339,050.56

Please Note:

- **In the Model Agreement, transports to Tampa General Hospital and St. Joseph's Hospital will no longer be considered Long Distance Transports.**
- **Jan-Sep 2003 – Long Distance Transport Payment Amount was \$196.48 per transport, plus \$1.95 per mile over 25 miles.**
- **Oct-Dec 2003 – Long Distance Transport Payment Transport Amount was \$203.20 per transport, plus \$1.95 per mile over 25 miles.**

4. On page 13 of the RFP, Section D, subsection D1, Format of Proposals shows, "The entire proposal shall be contained within two (2) three ring 1" binders." It also states that, "Graphs, Charts, Pictures and other enclosures shall be securely inserted into the second of the three ring binders, which shall be used for exhibits." If, in order to meet the requirements of the RFP, which includes detailed descriptions of all the medical equipment proposed, financial statements, regulatory issues, and litigation, the materials exceed the capacity of the 1" binder allowed for exhibits, how would the county like us to proceed?

Answer #4: Proposers should adhere to the formatting requirements contained in the RFP Page 13, Section D1 by summarizing the necessary information, as the Proposer deems appropriate. Audited Financial Statements, however, must be complete and may not be summarized. Financial Statements may be submitted as a separate attachment along with each set of binders if necessary. The Procurement Committee may request any additional information or clarification if they wish in accordance with RFP Page 7, Paragraph 25(E).

5. On page 13 of the RFP, Section D, subsection D1, Format of Proposals, it states, "The narrative shall be numbered identically to the Evaluation Criteria requirements listed in Section E." Is it permissible for bidders to include information before or after the numbered criteria, such as an executive summary?

Answer #5: Yes, an Executive Summary is allowed. The numbering will be used as a job aid for the Procurement Committee to clearly identify the Proposer's response to the RFP, as compared to the Evaluation Criteria.

6. On page 15 of the RFP, Section E, number 1.2, Key Personnel Commitment, it states, "Proposer shall submit with this section of its proposal the job descriptions and resumes of key personnel whose duties in Contractor's Pinellas County operations shall relate directly to fulfillment of Contractor's obligations. Enclose as an exhibit. If the Proposer does not currently employ such key personnel, provide as much information regarding the job descriptions and qualifications as possible. RFP documents are not public record until after award, therefore, when possible provide the candidate's resume and letter of intent." Our interpretation of these statements is that they are designed to protect the key personnel who are employed with organizations other than that of the bidder. We are concerned that these key personnel could face significant employment consequences if it were known publicly that they had committed to work for us. In the event that we may not be selected to provide service for Pinellas County, is it permissible for us to include resumes, qualifications, and job descriptions without names? Is our interpretation of this correct? If we are not correct would it be possible for the county to keep the Key Personnel section of bids confidential and destroy the Key Personnel sections of the unsuccessful bidders?

Answer #6: Yes, the statement contained in RFP Page 15, Section 1.2 is designed to protect potential employees privacy. Each individual's employment circumstances are unique, so the EMS Authority's request is to "provide as much information as possible" without causing personal concern to the potential employee. All documents submitted to the EMS Authority must become public record after ten (10) days or the award, whichever comes first, and cannot be returned or discarded; therefore, it is acceptable to submit available information without a specific name.

7. On page 35 of the 2004 Ambulance Service Agreement, Article IV, Duties and Responsibilities of Contractor, Section 405, Miscellaneous Equipment Contractor shall be responsible for furnishing the following equipment, supplies, and facilities at it's own expense, subsection (a), shows, "Mobile radios and their maintenance in excess of sixty (60) units." Subsection (b) shows, "Portable radios and their maintenance in excess of one hundred twenty (120) units." Subsection (d) shows, "Pages and maintenance in excess of four hundred twenty-five (425) personnel." On page 54 of the 2004 Ambulance Service Agreement, Article V, Duties and Responsibilities of Authority, Section 501, Communications Infrastructure, it states, "Except as otherwise provided herein, the Authority shall furnish, own, and maintain, at no cost to Contractor, the EMS System's entire EMS Communications System infrastructure which shall include: emergency and non-emergency telephone access; dispatch communications capabilities including consoles for up to eleven (11) dispatch positions and mobile radios sufficient to equip up to sixty five (65) Vehicles; UHF medical communications system and mobile radios sufficient to equip up to sixty (60) Ambulances; twelve portable radios for use by the Tactical EMS team described in Section 412(f) hereof; one (1) additional portable radio for use by the Mental Health Transport Unit described in Section 412(g); one hundred thirty (130) portable radios for issuing, two portable radios to each ambulance, and with the additional portable radios to be used for supervisors and management; pagers for up to two hundred seventy-five (275) personnel." There seems to be some disagreement between the numbers in these two sections of the Agreement. Could you please tell us the total number of mobile radios, portable radios, and pagers that will be furnished, owned, and maintained by the Authority and provided to the Contractor?

Answer #7: The EMS Authority will provide 65 Mobile Radios, 65 UHF Mobile Radios, 130 Portable Radios, and 275 Alphanumeric Pagers. Sections 406(a), 406(b) and 406(d) and Section 501 of the Model Ambulance Agreement are incorrect and will be updated. The remainder of the provisions contained in Sections 406 and 501 will remain unchanged.

8. In the 2004 Ambulance Service Agreement, Article IV, Duties and Responsibilities of Contractor, Section 402, Communications and Control Center Operations, subsection (g) Medical Communications Patch Matrix, on page 30, it states, "As described in Appendix B, all radio communications between Personnel and medical Direction or Hospital Personnel shall be fully coordinated by way of the medical communications officer using equipment located within the EMS Communications Center." Is the Contractor responsible for providing the medical communications officer position? Who funds the position?

Answer #8: The Medical Direction Services Contractor (Office of the Medical Director) provides the Medical Communications Officer function through their professional services agreement with the EMS Authority.

9. In the 2004 Ambulance Service Agreement, Article V, Duties and Responsibilities of Authority, Section 502, Central Facilities, on page 55, it states, "The Authority may provide successor facilities for all, or portions of, the functional areas described in Appendix R (example: moving the EMS

Communications Center to the Centralized Emergency Communications Center currently being planned).” What is the scheduling of the anticipated move to the Centralized Emergency Communications Center? Who will be responsible for the costs associated with the move?

Answer #9: The Centralized Communications Center is planned as a Capital Improvement Project (CIP) in FY08-09, FY09-10 and FY10-11 with design and construction spread out over three years. Occupancy, under the current schedule, would occur in 2011. This schedule, however, is subject to change.

The EMS Authority will move and make operational all Communications Infrastructure (uninterruptible power, generators, telephone systems, radio systems, console furniture, etc.) components. The Ambulance Contractor will be responsible for relocating their Personal Computers, CAD Servers and related components. In addition, moving any Ambulance Contractor specific data services (i.e. T-1, ATM, CDPD, etc.) will be the Ambulance Contractor’s responsibility.

10. In the 2004 Ambulance Service Agreement, Article VII, Compensation and Other Financial Provisions, Section 702, Stop-Loss Payments, on page 61, it states, “Stop-Loss Payments due Contractor shall be made monthly in accordance with Section 218.70, F.S. ‘The Florida Prompt Payment Act’, after receipt of invoices. In the event that the Monthly Base Service Transport Volume is not reached in any given month contractor shall adjust the monthly Base Amount down by an amount equal to multiplying the difference between the monthly Base Service Transport Volume and actual Base Service Transports by the Stop-Loss rate.” In the 2004 Ambulance Service Agreement, Article II, Definitions, Section 201, Words and Terms, page 15, it states, “‘Production Standards’ means no less than twelve (12) Ambulance scheduled, fully staffed, and on the road at all times.” Does the Authority wish to require the Contractor to maintain the Production Standards with the associated costs while reducing its compensation due to reduced patient transports?

Answer #10: The EMS Authority purchases 96,000 Transports through the Base Amount (8,000 each month). The Base Amount covers all services provided by the Ambulance Contractor which are not otherwise specifically and separately compensated. Field Operations, Communications Center, Fleet, Materials Management and Administrative services are all compensated through the Base Amount. This includes maintaining a minimum of 12 Ambulances scheduled, fully staffed and on the road at all times to meet the Production Standards requirement.

“Stop-Loss” is a mechanism to compensate the Ambulance Contractor on a discounted per Transport basis for Transports over 96,000 per fiscal year. The Ambulance Contractor will be compensated for a minimum of 96,000 Transports through the Base Amount.

11. In the 2004 Ambulance Service Agreement, Article VII, Compensation and Other Financial Provisions, Section 704, Liquidated Damages for Failure to Comply with Response Time Requirements, subsection (e) Daily Non-compliance, it states, “The Authority shall deduct Liquidated Damages in the amount of Five Hundred (\$500.00) Dollars from the Additional Service Amount for each category of Request for which Contractor fails to meet the following daily performance compliance: Are Critical Care Transportation calls, Mental Health Transportation calls, and Tactical EMS Calls included in these calculations.” Are Critical Care Transports, Mental Health Transports, and/or Tactical EMS calls included in the daily measure?

Answer #11: No. CCT, MHT and Tactical EMS have individual Response Time Requirements and are not incorporated into other types of Requests for compliance purposes. Daily Non-Compliance is specifically for Emergency and Downgraded Emergency Requests, Non-Emergency Requests, and Scheduled Transports as noted in the subsections 704(e)(i), (ii), and (iii). The words “as follows” will be added to the first paragraph of Section 704(e) to clarify the section.

12. Customarily, Public Utility Model Systems allow a “grace period” for response time compliance for a new Contractor after the take-over of a system from an incumbent provider. This allows for some time to deal with staffing issues and new CAD system issues. Do you anticipate having a response time compliance or reporting “grace period” for new Contractors? If so what would it be?

Answer #12: No, there is no “grace period” allowed. This is a performance-based and not a “level of effort” contract.

Contractor understands a high level of commitment and performance results are required, as time is of the essence for critically ill or injured Patients requiring Ambulance Services and well-intentioned efforts do not replace consistent, high quality and timely services. See Model Agreement, Page 1, Recitals #3.

The EMS Authority will review the results attained during the start-up and determine if an “Event of Default” condition exists in accordance with Section 801, Page 74 of the Model Agreement.

An Event of default stipulates “the Authority’s Executive Director has given prior written notice to Contractor specifying that a default or defaults exists which will, unless corrected, constitute a material breach of this Agreement on the part of Contractor; and Contractor either has not corrected such default, or has not initiated reasonable steps, as determined by the Authority, to correct the same within thirty (30) days from the date of such notice and thereafter does not continue to take reasonable steps, as determined by the Authority’s Executive Director, to correct such default.”

13. On page 39 of the 2004 Ambulance Service Agreement, Article IV, Duties and Responsibilities of Contractor, Section 410, Personnel, Subsection (c) it states, “The Contractor understands that the Medical Control Board and the Authority can dictate reasonable rest periods.” Has the Medical Control Board or the Authority established any restrictions on length of shift or number of hours worked during a week? What shifts do field crews currently work? Do they work 48, 44, or 42 hours per week?

Answer #13: There are no current restrictions on length of shift or mandated rest periods. The current Ambulance Contractor employs a variety of shift lengths, which create several standard workweeks. Proposers should use their own expertise in determining the types of shift lengths to use.

Thank you for your time and consideration in addressing these questions. We look forward to providing you with a competitive bid for the provision of Ambulance Services in your community.

Questions Dated March 11, 2004
MedFleet

Question - Does the contractor have to pay the Authority rent for the facilities? If so, what is the monthly charge?

Answer #1: The EMS Authority provides the EMS Facility infrastructure as defined in Sections 406, 501, 502 and Appendix R of the Model Agreement. The only exception is situations in which the Ambulance Contractor's personnel are not solely dedicated to Pinellas County operations. In such case(s), the Ambulance Contractor would be required to pay rent for the portion of the office space used for Outside Work.

Question – Are there any restrictions upon potential bidders or upon incumbent AMR managers to discuss contingency employment agreements?

Answer #2: The EMS Authority has no restrictions contained in the RFP. It is unknown what American Medical Response's (AMR) stance is on this issue.

Question – What quality management infrastructure is already in place with the Office of the Medical Director (OMD)?

Answer #3: Please review the Medical Direction Services Agreement provided on the Resource CD-ROM. The Office of the Medical Director is responsible for:

- Clinical and administrative Protocol development
- Online Medical Control
- Medical Communications Officer functions
- Reviewing and approving CME curriculum
- Reviewing and approving Medical Supplies and Equipment
- Performing Quality Assurance Reviews and Formal Investigations
- Developing and implementing Quality Assurance Registries
- Certification of Personnel
- System Monitoring
- EMS Publishing and Research

Question – Is the information gathered by OMD on EMS performance available for use by the ambulance service contractor to aid in the contractor's own process performance improvement efforts? It would seem to be counterproductive for the ambulance contractor or any of the ALS first response fire departments to have duplicate efforts to gather the same information for their own internal process improvement efforts if OMD already has it (e.g. cardiac arrest outcomes for cases that a particular agency was involved in; time intervals for 'at patient' to 'first shock'; intubation success rates; etc.)

Answer #4: Yes, OMD data is available to the Ambulance Contractor for its improvement efforts. There is no need to duplicate these efforts. See Page 18, Section 408(c) of the Medical Direction Service Agreement for specific "registry" database information.

The Ambulance Contractor's internal quality assurance and improvement efforts should be centered on meeting and exceeding the performance standards of the Ambulance Service

Agreement. Some examples are reviewing Patient Care Reports for accuracy and completeness, ensuring the proper number of Ambulances are deployed to maintain Response Time compliance, monitoring processes and key indicators to maintain accreditation requirements, minimize complaints and ensure the reliability of the fleet and medical equipment.

Question - What share of the telecommunications related expenditures is borne by the contractor?

Answer #5: The EMS Authority provides up to 140 administrative phone lines. The Ambulance Contractor is responsible for long distance charges, and any specialized data circuits (i.e. Internet, T-1, CDPD, etc.) See Sections 406 and 502 of the Model Agreement.

Question - Are vehicle radios and medical radios provided by authority or contractor?

Answer #6: Radios are provided by the Authority. See Section 501, Model Agreement.

Question - What communications equipment (AVL, MCTs' Radios, etc.) currently included in the current contractors fleet are owned by Pinellas County versus the contractor?

Answer #7: The current Ambulance Contractor owns all Mobile Communications Terminal (MCT) hardware, software, radio modems, centralized equipment and Computer Aided Dispatch (CAD) components located in the EMS Communications Center. The Proposer is required to provide all necessary equipment in accordance with Section 402 of the Model Agreement.

Question - Does the Authority have ownership of the CAD set up files or is that proprietary property of the current contractor?

Answer #8: The current Ambulance Contractor owns and operates all CAD hardware, software, and necessary interface programs. See Section 402 and Appendix B of the Model Agreement for further information.

Question - How many live CAD workstations are in the communications center that are used by the current contractor?

Answer #9: The EMS Authority provides 11 consoles with telephone and radio capability, See Section 501, Model Agreement. The Ambulance Contractor is required to provide all CAD hardware and software, See Section 402, Model Agreement.

Question - How many supervisor workstations?

Answer #10: It is up to the Ambulance Contractor how positions are designated and utilized. There are 9 positions on the main level and 2 raised positions, which could be assigned for supervisory functions.

Question - Does the contract require MCT or MST functionality?

Answer #11: The requirements are defined in Section 402(a) and 402(b) of the Model Agreement. The requirement in Section 402 stipulates in vehicle mapping through a GPS receiver and providing updated information to a Responding Ambulance as a call progresses.

Various manufacturers use different product names and interchange terminology related to Mobile Data Terminals (MDT), Mobile Status Terminals (MST) and Mobile Communications Terminals (MCT). Proposers must use their own judgment and expertise to determine if the proposed equipment meets the requirements.

Question - If MST is acceptable, can the laptops be used for other purposes?

Answer #12: The requirements defined in Section 402(a) and 402(b) are required to ensure in vehicle mapping and voiceless communications are available to the vehicle operator at all times.

Question - If MCT, what specific features are currently provided and / or mandatory of a new contractor?

Answer #13: The requirements are defined in Section 402(a) and 402(b) of the Model Agreement.

Question - What specific interfaces are mandatory with CAD?

Answer #14: Please refer to Section 402, Appendix B, Appendix M, and Appendix N of the Model Agreement.

Question - Is MPDS owned by the Authority or the incumbent contractor?

Answer #15: The Ambulance Contractor owns and operates the Medical Priority Dispatch System (MPDS) protocol cards and software. Section 402 of the Model Agreement requires the Contractor to “implement and comply with the Pre-Arrival Instructions” and to provide all CAD hardware, software and automated aids. The current Ambulance Contractor is using ProQA and Aqua.

Question: What is covered in the OMD orientation?

Answer #16: OMD Orientation is a three-day course in which specific skills are reviewed and tested (i.e. 12 Lead EKG, Intubation, Medication Administration, Needle Thoracostomy, Cricothyrotomy, etc.) and administrative and clinical protocols are reviewed and tested. Further, guest lecturers discuss EMS System design, professionalism and conflict resolution, and related topics.

Question: What is the Authorities (sic) stance on the successful bidders relationship with the union?

Answer #17: The EMS Authority has no opinion related to the relationship between the Ambulance Contractor and its workforce. This contract is predicated upon an independent contractor relationship. Please refer to Section 409(f) and Section 1009 of the Model Agreement. In addition, Page 16, Sections 3.1, 3.2 and 3.3 of the RFP require the Proposer to

define its programs and policies relative to the incumbent workforce, recruitment and retention of personnel.

Question: Can a copy of the current union contract be provided to the bidders?

Answer #18: The Ambulance Contractor is solely responsible for its workforce, as it is an independent contractor. See Section 1009 of the Model Agreement. To the EMS Authority's knowledge, AMR and the local IAEP are in negotiations and do not have a current labor agreement.

Question – Are distributed / distance education options available, or in the process of being implemented, from the CME contractor to accommodate study of didactic materials by ambulance personnel while they are posted between calls (or) for study from home?

Answer #19: The EMS Authority, through its Continuing Medical Education (CME) Contractor (St. Petersburg College), is currently evaluating and testing web-based distance learning (Web-CT) to replace some didactic portions of CME. It is anticipated that hands-on skill labs and testing will continue to be held in a traditional classroom. The Ambulance Contractor will be solely responsible to provide any necessary hardware and connectivity if there was a desire to allow distance learning in an Ambulance or remote site. The EMS Authority provides connectivity within EMS Headquarters for the Ambulance Contractor to install computers for distance learning purposes. The CME Contractor plans to allow access through the Internet, so students can study at home or at a public library.

Question – What are the charges for the paramedic-training program from the local college?

Answer #20: The EMS Authority is only involved in the continuing education aspect of EMS training and provides funding to the CME Contractor to develop and present the CME Program.

Question – Are there any required chassis (sic) / box / interior or exterior compartment specifications for the ALS ambulances, beyond just being in a Type III configuration?

Answer #21: Please refer to Section 401, Appendix I, Appendix J, Appendix K and Appendix L of the Model Agreement. Further, please refer to Page 17, Sections 4.1, 4.2 and 4.3 of the RFP.

Question - The outside work agreements are between AMR and various entities, so should it be assumed that their transports are not included in the 8000 monthly base volume?

Answer #22: Yes, Outside Work is separate and distinct from the Base Services.

Question - a. Three of the contracts on the CD-ROM – All Children's (LifeFleet), Morton Plant-Mease (LifeFleet) and Operation PAR (AMR) – appear to be directly with the provider. How will these contracts be transferred to a new provider? b. Would there be an opportunity to negotiate the terms, etc. since these agreements are with the provider and not the County?

Answer #23: Page 18, Section 5.3 of the RFP states, "the Proposer must be willing to accept responsibility for existing outside work agreements, under the current terms and conditions, which are managed by the current Contractor..."

Question - How many out of town transports are done monthly?

Answer #24: Please refer to Paramedics Plus, Question #3 for a detailed breakdown of Long Distance Transports.

Question - What is the volume of CCT transports?

Answer #25: See Page 11, Section 1.5 of the RFP and the table titled, “Ambulance Service Statistics.”

Question - Are the CCT transports different from the Intermediate Care Transport (agreement w/Morton Plant/Mease) and The High Risk Perinatal Transport (agreement w/Bayfront Hosp)?

Answer #26: Critical Care Transport and High Risk Perinatal Transport require a Critical Care Nurse, Paramedic and EMT and use of the Primary Critical Care Transport Unit or an appropriately equipped and staffed reserve unit, in accordance with the Model Agreement. The EMS Authority bills as a Specialty Care Transport (SCT).

Intermediate Care Transport requires two personnel; a Nurse/Paramedic and an EMT. A standard ALS Ambulance is utilized and the EMS Authority bills as an ALS Transport. The Ambulance Contractor separately bills the Hospital for the nursing services provided.

The EMS Authority recommends all Proposers thoroughly read all resource information provided.

Question - The current template for pricing in the RFP assumes 8,000 transports / month or 96,000 / year. The Documentation for the RFP states there are roughly 107,000 transports / year. Can you explain the discrepancy and how it relates to pricing and stop loss methodology?

Answer #27: Outside Work, Critical Care Transport, Mental Health Transport and Long Distance are compensated separately. See Appendix A, Model Agreement and Page 20 of the RFP.

Stop Loss is reconciled on a fiscal year basis. For comparative purposes, there were 100,732 ALS Ambulance Transports in 2003 (9-1-1 Transports plus Unscheduled Non-Emergency and Scheduled Non-Emergency).

The difference between the Base Services Transport Volume (96,000) and the actual transport volume is compensated on per Transport basis using the discounted “Stop Loss Payment Amount”.

Question - Is it required that the bidders submit audited financial statements? If previously audited financial statements are not available, would it be sufficient to propose to provide them going forward if awarded the contract?

Answer #28: Page 18, Section 6.2 requires audited financial statements must be included in the RFP submission.

The EMS Authority is obligated to ensure the Proposer has adequate resources to fulfill its obligations prior to the award of the bid. The highest ranked proposer may be required to furnish additional information as needed to ensure due diligence on behalf of Pinellas County prior to contract award.

Question - Other than the proposal deposit and the performance security, are there any other financial requirements placed on the bidder/contractor, such as bonds, loc's (sic), ect...(sic)

Answer #29: The Proposal Deposit of \$100,000.00 is required. Please refer to Page 6, Paragraph 22 of the RFP. A \$1,000,000.00 Irrevocable Letter of Credit is required. See Section 715 of the Model Agreement. Further, in the event of default, Liquidated Damages totaling \$4,000,000.00 is required. See Section 805 of the Model Agreement.

Question - Section 6.3 of the RFP specifies a "reserve for contingencies". Does the Authority have a base line amount that it considers to be adequate?

Answer #30: No, the Proposer must independently determine its Working Capital requirements. See Page 3, Paragraph 3 of the RFP requiring the Proposer's "use of own expertise and judgment." In addition, please refer to Page 21 of the RFP to review the current compensation.

Question - What are the exact insurance requirements?

Answer #31: See Sections 601, 602 and 603 of the Model Agreement. Further, see Page 24 of the RFP.

Question - May the current contractors Insurance Loss/Run records be obtained for the previous three (3) years up (to) the current time?

Answer #32: The current Ambulance Contractor is an independent contractor and does not disclose its risk management issues or claim/loss history with the EMS Authority.

Please note: The Ambulance Contractor is required to maintain specific insurance coverage and indemnify the EMS Authority. See Sections 601, 602 and 603 of the Model Agreement.

Questions Dated March 11, 2004

AMR

1. As there are substantial and material financial implications, does the Authority intend to provide additional information or clarification regarding the significant number of operating changes from the current to the proposed contract?

Answer #1: No, the current Ambulance Service Agreement is immaterial to the competitive proposal process. The EMS Authority's bid specifications and Model Agreement clearly state the contractual requirements for the new agreement and the proposal submission requirements. Page 3, Paragraph 3 requires Proposers to "use their own best judgment and expertise" in rendering a bid.

It is unclear what “substantial and material financial implications” and “the significant number of operating changes” in the question above mean. The EMS Authority asserts there should be minimal financial impact from operational changes contained in the Model Agreement as compared to the current Ambulance Service Agreement. Furthermore, the EMS Authority has relaxed the Response Time compliance requirements for Non-Emergency Requests and Scheduled Transports, which should reduce costs.

2. Please clarify the intent of requiring the Authority, through the Executive Director, to approve certain key business functions that are already federally mandated. The contractor intends to fully comply with all federally mandated programs, such as HIPAA Compliance as referenced in Section 420, Ethics & Compliance, and understands the necessity for oversight by the Authority. The point of clarification is the extent to which the Authority would desire to amend or modify these programs thus potentially impacting internal business practices and strict compliance protocols adhered to by the Contractor.

Answer #2: The language in Section 420 of the Model Agreement allows the Ambulance Contractor to update its compliance program manuals over the term of the agreement. Without such language, the compliance program manuals would be static Appendices attached to the Agreement. They may quickly become out of date.

The Executive Director must approve updates to these Appendices to ensure our business needs are met, especially where Contractor and Authority functions interface or impact one another.

Ultimately, the EMS Authority is responsible for Medicare and HIPAA compliance as the billing and collection functions are operated by the EMS Authority. For example, the EMS Authority is the Covered Entity for HIPAA purposes and the Ambulance Contractor is a Business Associate. Further, the EMS Authority must defend Medicare and other audits based upon Patient Care Reports and other documentation provided by the Ambulance Contractor.

The EMS Authority does not intend to interfere with internal business practices employed by the Proposer as an Independent Contractor, so long as they are compliant with various laws, rules, regulations, ordinances, and contractual agreements.

3. Would you please confirm the number of pagers and radios that will be provided by the Authority?

Answer #3: See Paramedics Plus Questions, Answer #7.

4. In section 402B, is it the Authority's intent to have all data, including all notes of the call, available to the ambulance's MCT unit?

Answer #4: Yes, however, using a manual refresh and limiting the “refresh rate” may be utilized by the Ambulance Contractor to make bandwidth requirements reasonable. Further, the Ambulance Contractor may limit volume of data transmitted (i.e. stripping off unnecessary text, only providing the last several lines of text unless the full text is requested, etc.) to optimize the system for Automated Vehicle Location (AVL), status functions and allow call information to be disseminated.

5. We would appreciate it if the Authority would provide all proposers with names of persons who will serve on the Procurement Committee.

Answer #5: The Procurement Committee membership has not been finalized. The EMS Authority, County Administration, EMS Advisory Council, Medical Control Board will be represented at a minimum.

Questions Dated March 19, 2004
MedFleet

Additional Questions on the Pinellas County EMS Authority's Ambulance Service RFP:

- The RFP states that LifePac 12's (sic) are to be utilized. Does the Authority or the Medical Control Board have a rule, specification, or preference on whether the defibrillator component is in a biphasic or monophasic configuration?

Answer #33: Biphasic defibrillation is acceptable, but not required by the EMS Authority. The Medical Control Board allows both Monophasic and Biphasic equipment to be used at this time. In the future, the new technology may become a requirement.

- Are there any restrictions imposed on bidders to conduct meetings with field employees to solicit their viewpoints and suggestions for improvements to ambulance service operations or administration?

Answer #34: No. However, Proposers must be respectful of the current Ambulance Contractor's relationship with its workforce and ensure any meetings are not held at EMS Headquarters.

Proposers must ensure there is no lobbying or negative campaigning in the mass media as a result of any such meetings in accordance with Page 1, Section A, Paragraph 3 of the RFP.

- It appears that there are more workstations in the communications center than what are really being used by the existing contractor. With respect to a new contractor providing a CAD, how many workstations have to be provided?

Answer #35: There are a total of 20 operator positions within the EMS Communications Center. 11 are designated for the Ambulance Contractor's use. The EMS Authority expects all 11 positions will have CAD, as they are currently configured with Ambulance CAD capability. See MedFleet Questions, Answer #9 and #10.

Further, the EMS Authority requires 6 fully functional CAD Workstations. These are to be located at the 9-1-1 Center, the Medical Communications Officer position within the EMS Communications Center, EMS Authority offices, the Emergency Operations Center and any other locations requested by the EMS Authority. See Section 402(a) of the Model Agreement.

The remaining eight dispatch positions in the EMS Communications Center are dedicated for 9-1-1 Center backup. See Appendix B of the Model Agreement.

- Will a new contractor have to purchase additional software to integrate with CAD such as radio and telephone controlling software and / or workstations?

Answer #36: Motorola Gold Elite Radio Consoles are provided. They are completely stand-alone with no interface to the Ambulance Contractor's CAD System. See Appendix B of the Model Agreement.

Plant Vesta Telephone System Consoles are provided for 9-1-1, Non-Emergency and Administrative telephone lines. There is an industry standard ANI/ANI Spill Interface to allow the caller's phone number and location to populate fields in the Ambulance Contractor CAD. See Appendix B of the Model Agreement.

- Please provide specific components of software and hardware that would be required of a new contractor to support the minimum communications and dispatching responsibilities, both within the center and in the vehicles.

Answer #37: Proposers must use their own judgment and expertise (See Page 3, Paragraph 3 of the RFP) in determining the comprehensive list of hardware, software and connectivity needed to meet its own internal requirements. The minimum requirements are contained in Section 402 and Appendix B, Appendix M and Appendix N of the Model Agreement. See MedFleet Questions, Answers #7, #8, #9, #10, #11, #12, #13, #14, and #15.

- Is the furniture used in the communications center owned by the EMS Authority or the current contractor?

Answer #38: The EMS Authority provides the Console Furniture and standard chairs. The Ambulance Contractor is required to provide any ADA accommodations as needed.

The Ambulance Contractor is responsible for providing all other office furnishings. See Section 406(h) of the Model Agreement.

- Is there currently a working interface between the current CAD and the billing system? If not, does the Authority desire to have one?

Answer #39: Yes, the billing interface is in place and required. See Sections 402(a), 402(e), 402(f), Appendix M and Appendix N of the Model Agreement. See MedFleet Questions, Answer #14. The Ambulance Contractor is fully responsible for the successful, accurate and complete transmission of all required data fields for use in the EMS Authority's Ambulance Billing System. The EMS Authority is currently using the latest version of Zoll RescueNet Billing Software formerly known as Pinpoint Sanitas.

- Are there any charges to the contractor for continuing education provided by the St. Petersburg College? If so, how much?

Answer #40: The EMS Authority provides the Continuing Medical Education (CME) Program for all County Certified EMTs, Paramedics and Nurses at no cost. Additional CME is also provided for Nationally Registered EMTs and Paramedics.

The Ambulance Contractor is responsible for additional training needed by Nurses and Emergency Medical Dispatchers to meet certification requirements. The Proposer is responsible for determining if Personnel will be compensated for attending the training classes.

- Are reviewed versus audited financial statements acceptable?

Answer #41: Reviewed financial statements are not acceptable. See MedFleet Questions, Answer #28.

- Would a new contractor have to purchase for start up all of the disposable supplies currently needed within the system or is this owned by the EMS Authority? If not owned by the Authority, please provide the minimum required to be stocked for extra reserve (i.e., above and beyond what is required for each unit).

Answer #42: The Ambulance Contractor is required to provide all items contained in Appendix T of the Model Agreement and determine the quantity needed. The EMS Authority provides all other disposable medical supplies and medications at no cost to the Ambulance Contractor.

- Is there any standard equipment (non-disposable) on the ambulances that are owned by the Authority versus the current contractor (i.e., back boards, etc.) that a new contractor would not be required to purchase at startup?

Answer #43: The EMS Authority owns all On Scene Equipment Exchange Items contained in Appendix O of the Model Agreement (i.e. KEDs, Adult and Pediatric Backboards, and Traction Splints.) These items are subject to periodic revision by the Medical Control Board.

The Ambulance Contractor must provide all other equipment contained in Appendix T of the Model Agreement.

- Are all personnel working in the communications center required to be paramedics, even those that may be assigned to only answering 7 digit phone lines for non-emergency request or long distance transfers?

Answer #44: A Paramedic who is County-Certified as an Emergency Medical Dispatcher must answer 9-1-1 and Non-Emergency Lines. The Ambulance Contractor is allowed to utilize EMTs as Radio Operators or Supervisors. EMTs are not permitted to answer 9-1-1 or Non-Emergency Lines. See Section 402(i) of the Model Agreement.

- The RFP includes a list of equipment and supplies for the ambulances. Nitrous oxide is mentioned. Could you confirm if these are currently being carried on all Sunstar ambulances? If they are not, could you clarify if it will or will not be necessary to purchase them for all of the ambulances if a new contractor is chosen?

Answer #45: Nitrous Oxide has been removed from the Medical Operations Manual Formulary. The Ambulance Contractor is not required to purchase Nitrous Oxide units.

- Is it permissible to use a standard ALS ambulance be used for CCT back-up if it can be staffed and equipped appropriately?

Answer #46: Yes, the current Ambulance Contractor utilizes standard ALS Ambulances as Backup Critical Care Transport Units.

- The RFP mentions that fuel can be purchased via the County. How much of a price difference is there between the typical retail price per gallon and the price per gallon through the County?

Answer #47: According to County Fleet Management, the County's current price range for Diesel Fuel is between \$1.53 and \$1.60 per gallon, as of March 22, 2004. The Proposer must compare the price difference to retail.

- What are the specifications for compatibility with the Authority's billing and clinical data requirements in section 2.3 of the RFP?

Answer #48: See MedFleet Questions, Answer #39. There are no other clinical data requirements at this time.

- How many dedicated standby events per year are currently provided and how many ambulance units are used for each?

Answer #49: See MedFleet Questions, Answer #53. Dedicated standbys are usually covered by a single Ambulance such as High School Football games, Speedway races, charitable events, etc. Occasionally a large-scale event such as a Marathon, Triathlon, Grand Prix races, Concerts, etc. may require a number of Ambulances.

- What is included in the base monthly CCT payment amount included on page 21 of the RFP?

Answer #50: The Critical Care Transport Base Monthly Payment Amount must cover all costs of the program to meet all the of the requirements of the Model Agreement. See Sections 401(a), 401(b), 401(c)(ii), 401(d), 401(e), 412(a), Appendix I, Appendix J, Appendix K, Appendix L, Appendix Q and other applicable sections of the Model Agreement.

- What is included in the Tactical EMS line item (volume, type of incident, etc.) on page 21 of the RFP?

Answer #51: The Tactical EMS Base Monthly Payment Amount must cover all costs of the program to meet all the of the requirements of the Model Agreement. See Section 412(f) and other applicable sections of the Model Agreement. The Run Data CD-ROM contains all of Tactical EMS responses with Incident-Type = "Star Team Response" or "SWAT".

- Please describe the current infrastructure in the communications center for controlling radio frequencies and telephone lines and their respective relationship to the current CAD system.

Answer #52: Radios and Telephones are controlled by their individual Motorola and Vesta computer workstations. Radio Channels are selected via touch screen and transmit is

accomplished via foot pedal or transmit bar on the console. Vesta telephone functions are accomplished via keyboard and mouse.

- Please provide all relevant trip volume and revenue information for each of the external agreements, (ACH, MHT, CCT, stand by).

Answer #53:

Please note: For clarification, Items #1-3 are contained within the Model Agreement. Items #4-7 are Outside Work Agreements. Tables below indicate the EMS Authority's payment amount made to the Ambulance Contractor.

1. Backup Critical Care Transports
2. Dedicated Standby
3. Mental Health Transport (MHT)
4. All Children's Hospital Transport Team (ACH)
5. Intermediate Care Transport (ICT)
6. Pinellas Juvenile Assessment Center (PJAC)
7. Regional Perinatal Intensive Care Center (RPICC) Transports

Backup Critical Care Transports

Month	Backup CCT Calls	Call Out Hours	Payment
Jan 2003	9	34	\$3,958.28
Feb 2003	13	47	\$5,471.74
Mar 2003	14	47	\$5,471.74
Apr 2003	6	18	\$2,095.56
May 2003	7	21	\$2,444.82
Jun 2003	8	32	\$3,725.44
Jul 2003	7	32	\$3,725.44
Aug 2003	2	6	\$698.52
Sep 2003	8	36	\$4,191.12
Oct 2003	7	21	\$2,444.82
Nov 2003	7	21	\$2,444.82
Dec 2003	12	36	\$4,191.12
Total	100	351	\$40,863.42

Dedicated Standby

Month	Standby Events	Billable Standby Hours	Payment
Jan 2003	6	11	\$762.41
Feb 2003	23	124	\$8,594.44
Mar 2003	61	236	\$16,357.16
Apr 2003	43	143	\$9,911.33
May 2003	59	193	\$13,376.83
Jun 2003	52	147	\$10,188.57
Jul 2003	47	153	\$10,604.43
Aug 2003	52	215	\$14,901.65
Sep 2003	118	354	\$24,535.74
Oct 2003	151	462	\$33,116.16
Nov 2003	68	211	\$15,124.48
Dec 2003	52	156	\$11,182.08
Total	732	2,405	\$168,655.28

Please Note: 20 Hours of Dedicated Standby coverage are provided free of charge to the EMS Authority each month. Section 703(b) of the Model Agreement has revised this figure to 30 hours per month.

All Children's Hospital Transport Team

Month	All Children's Hospital	Payment
Jan 2003	89	\$14,820.28
Feb 2003	95	\$15,819.40
Mar 2003	105	\$17,484.60
Apr 2003	82	\$13,654.64
May 2003	84	\$13,987.68
Jun 2003	82	\$13,654.64
Jul 2003	63	\$10,490.76
Aug 2003	95	\$15,819.40
Sep 2003	95	\$15,819.40
Oct 2003	85	\$14,154.20
Nov 2003	81	\$13,488.12
Dec 2003	109	\$18,150.68
Total	1,065	\$177,343.80

Mental Health Transport

Month	Mental Health Transport
Jan 2003	226
Feb 2003	209
Mar 2003	254
Apr 2003	254
May 2003	239
Jun 2003	235
Jul 2003	245
Aug 2003	256
Sep 2003	220
Oct 2003	233
Nov 2003	213
Dec 2003	222
Total	2,806

Please Note: See Page 21 of the RFP for the current Mental Health Transport Base Monthly Payment Amount.

Intermediate Care Transports

Month	ICT Calls
Jan 2003	8
Feb 2003	9
Mar 2003	8
Apr 2003	4
May 2003	2
Jun 2003	4
Jul 2003	3
Aug 2003	5
Sep 2003	4
Oct 2003	7
Nov 2003	5
Dec 2003	4
Total	63

Please Note: Intermediate Care Transports are compensated as a standard ALS Transport and is part of the Base Monthly Transport Volume.

Pinellas Juvenile Assessment Center (PJAC)

Month	PJAC Assessments	Reimburse Authority for Infrastructure
Jan 2003	2	\$7.52
Feb 2003	4	\$15.04
Mar 2003	1	\$3.76
Apr 2003	1	\$3.76
May 2003	2	\$7.52
Jun 2003	2	\$7.52
Jul 2003	0	\$0.00
Aug 2003	1	\$3.76
Sep 2003	2	\$7.52
Oct 2003	4	\$15.04
Nov 2003	2	\$7.52
Dec 2003	5	\$18.80
Total	26	\$97.76

Regional Perinatal Intensive Care Center Transports

Month	RPICC Transports
Jan 2003	3
Feb 2003	0
Mar 2003	2
Apr 2003	5
May 2003	2
Jun 2003	6
Jul 2003	1
Aug 2003	5
Sep 2003	1
Oct 2003	4
Nov 2003	3
Dec 2003	2
Total	34

Please Note: RPICC Transports originate outside Pinellas County. Critical Care Transport transfers High Risk Obstetrical patients to Bayfront Medical Center. The Ambulance Contractor reimburses the EMS Authority for use of Infrastructure. The amount varies on a call-by-call basis. The 5% infrastructure reimbursement historically has ranged from \$55.00 to \$60.00 per transport.

All other specifications, terms and conditions remain unchanged.

Please remember to acknowledge receipt of this Addendum in Section J, Page 26 under Addendum No. 3 and return with completed proposal package.

Sincerely,

JOSEPH LAURO, CPPO/CPPB
Director of Purchasing

Regional Perinatal Intensive Care Center Transports


Month	RPICC Transports
Jan 2003	3
Feb 2003	0
Mar 2003	2
Apr 2003	5
May 2003	2
Jun 2003	6
Jul 2003	1
Aug 2003	5
Sep 2003	1
Oct 2003	4
Nov 2003	3
Dec 2003	2
Total	34

Please Note: RPICC Transports originate outside Pinellas County. Critical Care Transport transfers High Risk Obstetrical patients to Bayfront Medical Center. The Ambulance Contractor reimburses the EMS Authority for use of Infrastructure. The amount varies on a call-by-call basis. The 5% infrastructure reimbursement historically has ranged from \$55.00 to \$60.00 per transport.

All other specifications, terms and conditions remain unchanged.

Please remember to acknowledge receipt of this Addendum in Section J, Page 26 under Addendum No. 3 and return with completed proposal package.

Sincerely,


 JOSEPH LAURO, CPPO/CPPB
 Director of Purchasing

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KENNETH T. WELCH



Joseph Lauro, CPPB/CPPO
Director

MARCH 15, 2004

TO: ALL PROPOSERS

REQUEST FOR PROPOSAL: AMBULANCE SERVICES

BID NUMBER: 034-283-P (AM) *amc*

SCHEDULED TO OPEN: APRIL 20, 2004 at 3:00 P.M.

ADDENDUM NO. 2

The Pinellas County EMS Authority and Purchasing Department wish to give notice that the following revision has been made to RFP No. 034-283-P (AM) contained herein.


The above listed Request For Proposal is **AMENDED** as follows: **BID OPENING DATE IS APRIL 30, 2004 AT 3:00 P.M.**

The secure website mentioned in Addendum No. 1 is not yet fully operational. You will be notified within the next 2-3 days of the availability of user identifications and passwords.

Deadline for questions remains to be **Friday, March 19, 2004.**

All other specifications, terms and conditions remain unchanged.

Please remember to acknowledge receipt of this Addendum in Section J, Page 26 under Addendum No. 2 and return with completed proposal package.

Sincerely,

JOSEPH LAURO, CPPO/CPPB
Director of Purchasing

PLEASE ADDRESS REPLY TO:
400 S. FORT HARRISON AVENUE
ANNEX BUILDING-6TH FLOOR
CLEARWATER, FL 33756
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Website: www.pinellascounty.org/purchase



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KAREN WILLIAMS SEEL
ROBERT B. STEWART
BARBARA SHEEN TODD
KENNETH T. WELCH



Joseph Lauro, CPPB/CPPO
Director

MARCH 12, 2004

TO: ALL PROPOSERS
REQUEST FOR PROPOSAL: AMBULANCE SERVICES
BID NUMBER: 034-283-P (AM) *ame*
SCHEDULED TO OPEN: APRIL 2, 2004 at 3:00 P.M.

ADDENDUM NO. 1

The Pinellas County EMS Authority and Purchasing Department wish to provide additional information and clarification to RFP No. 034-282-P (AM) contained herein.

This fax/mailling will be considered Addendum No. 1 to the RFP.

1. The above listed Request For Proposal is **RESCHEDULED** to open on **APRIL 20, 2004 at 3:00 P.M.** Deadline for questions is **RESCHEDULED** to **Friday March 19, 2004.**

2 Run Data

Due to HIPAA Privacy concerns historical Ambulance Services Run Data was provided without specific addresses. This allowed us to distribute the data without a signed Confidentiality Agreement, but proved difficult to analyze due to technical issues with the latitude and longitude data provided.

The EMS Authority has retained Stout Solutions, LLC to convert the Ambulance Contractor's data from Tritech GIS format to a standard decimal latitude and longitude format.

Please review and execute the attached Confidentiality Agreement in order to allow the EMS Authority to grant access to Run Data containing addresses.

PLEASE ADDRESS REPLY TO:
400 S. FORT HARRISON AVENUE
ANNEX BUILDING-6TH FLOOR
CLEARWATER, FL 33756
phone: (727) 464-3311
fax: (727) 464-3925
Website: [www..pinellascounty.org/purchase](http://www.pinellascounty.org/purchase)



Please fax a copy and mail the original to:

Amelia McFarlane, CPPB Procurement Analyst
County Annex Building
Purchasing Department
400 South Fort Harrison Avenue - 6th Floor
Clearwater, Florida 33756
Phone: 727-464-3311
Fax: 727-464-3925

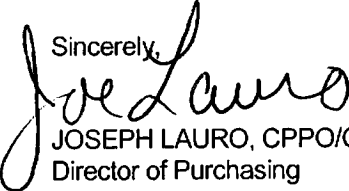
Once the Confidentiality Agreement is signed and faxed to the Purchasing Department, please contact Ms. Amelia McFarlane via telephone to obtain a user identification and password to access a secure website containing the revised Ambulance Services Run Data and technical information regarding the data set.

3. Visit EMS Headquarters

A Proposer has requested a site visit of EMS Headquarters. A short tour of the facility by the Purchasing Department will be allowed. Please contact Ms. Amelia McFarlane if you wish to schedule an appointment. Visitors will not be allowed to ask questions of County or Ambulance Contractor staff during the site visit.

All other specifications, terms and conditions remain unchanged.

Please remember to acknowledge receipt of this Addendum in Section J, Page 26 under Addendum No. 1 and return with completed proposal package.

Sincerely,

JOSEPH LAURO, CPPO/CPPB
Director of Purchasing

CONFIDENTIALITY AGREEMENT FOR
PINELLAS COUNTY AMBULANCE AGREEMENT
DISCLOSURE OF PROTECTED HEALTH INFORMATION

The undersigned duly authorized representative of _____ (BIDDER) an entity intending to bid on the Ambulance Services Agreement for Pinellas County requests geographic response information regarding historical ambulance calls in order to evaluate its bid proposal. The BIDDER understands that the information being requested contains Protected Health Information (PHI) as defined in the federal privacy law known as HIPAA governed by regulations found at 45 CFR Parts 160 and 164. The Pinellas County Emergency Medical Services Authority as a Covered Entity under this law is required to keep this information confidential and follow the requirements of that law. While Pinellas County may use this information for purposes of planning and make appropriate disclosures necessary for this purpose, it is Pinellas County's obligation to take reasonable precautions to ensure that this information is used only for this purpose and not for any other purpose.

Therefore, the undersigned as an authorized representative and on behalf of BIDDER, agrees that in consideration of the disclosure of this PHI to aid and assist BIDDER in its preparation of a proposal to provide ambulance services, that BIDDER will keep the information confidential, not disclose any PHI to any individual or entity other than as necessary to the preparation of BIDDER'S proposal or as otherwise required by any law not superceded by HIPAA. BIDDER also agrees not use the PHI for any other purpose than the development of its proposal. BIDDER agrees to destroy or otherwise obliterate all information meeting the definition of Protected Health Information which it has obtained from Pinellas County under this agreement no later than June 1, 2004. BIDDER agrees to keep a record of all individuals to whom this information has been given and provide it to Pinellas County at their request.

The undersigned, on behalf of BIDDER understands that this information is being provided to it in reliance upon this agreement and any breach of this agreement resulting in a breach of the provisions of HIPAA could impose liability upon BIDDER.

Dated this _____ day of _____, 2004.

Name

Title

Name of Company or Entity

Address

City, State, Zip

Telephone

**SUBMIT
PROPOSAL
TO:**

Pinellas County Board of County
Commissioners
Purchasing Department
400 South Ft. Harrison, Sixth Floor
Clearwater, Florida 33756

REQUEST FOR PROPOSAL

PINELLAS COUNTY
BOARD OF COUNTY COMMISSIONERS

PROPOSAL TITLE: AMBULANCE SERVICES

PRE-PROPOSAL CONFERENCE: MANDATORY _____ NON-MANDATORY _____ NA ☒
DATE/TIME:

PROPOSAL NO:

034-283-P (AM)
www.pinellascounty.org

**PAGE 1 OF
PAGES 27**

**PROPOSAL SUBMITTAL IS DUE: APRIL 2, 2004 3:00 P.M. AND MAY
NOT BE WITHDRAWN FOR: 120 DAYS AFTER SUCH DATE AND TIME.
DEADLINE FOR WRITTEN QUESTIONS: MARCH 11, 2004
CONTACT PERSON: AMELIA MCFARLANE, CPPB PHONE: 727 464-3311**

ISSUE DATE:

FEBRUARY 27, 2004

COMMISSIONERS

SUSAN LATVALA –CHAIRMAN
JOHN MORRONI- VICE CHAIRMAN
CALVIN D. HARRIS
KAREN WILLIAMS SEEL
ROBERT B. STEWART
BARBARA SHEEN TODD
KENNETH T. WELCH



THE MISSION OF PINELLAS COUNTY

Pinellas County Government is committed to progressive public policy, superior public service, courteous public contact, judicious exercise of authority and sound management of public resources to meet the needs and concerns of our citizens today and tomorrow.

Joe Lauro
**JOSEPH LAURO,
CPPO/CPPB
Director of Purchasing**

SECTION A

GENERAL CONDITIONS OF REQUEST FOR PROPOSAL

The Board of County Commissioners, acting as the EMS Authority, reserves the right to reject any or all proposals received if it is felt to be in the best interest of the County to do so.

Proposals will be opened immediately after the proposal submittal date and time (3:00 PM) by the Pinellas County Purchasing Department, 400 South Fort Harrison Avenue, Annex Building, 6th Floor, Clearwater, FL 33756. The public may attend the proposal opening, but may not immediately review any proposals submitted. The names of respondents only will be read aloud at the time of opening. Pursuant to Section 119.07(3)(m), all proposals submitted shall be subject to review as public records 10 days from opening, or earlier if an intended decision is reached before the 10-day period expires. Late proposals will not be accepted.

Lobbying of Procurement Committee members, Pinellas County Government employees, and elected officials regarding the ambulance service RFP or contract by any member of a Proposer's staff, or those people who are members of, or employed by, any legal entity affiliated with an organization that is responding to the RFP is strictly prohibited. Negative campaigning through the mass media about the current service delivery is strictly prohibited. Such actions may cause your proposal, or the proposal you are supporting to be rejected.

Proposer may enclose, within the exhibits, any specific letters of endorsement if it is signed and dated by the author, describes the extent to which the author is familiar with your organization, and fully discloses any direct or indirect business or financial relationships between the Proposer and the author.

General Information and Instructions to Proposers are contained in the Terms and Conditions herein.

FOR FURTHER INFORMATION OR QUESTIONS, CONTACT THE PURCHASING DEPARTMENT, telephone 727/464-3311, fax phone 727/464-3925.

SECTION B

SPECIAL CONDITIONS

AMBULANCE SERVICES

034-283-P (AM)

1. INTENT:

It is the intent of this Request for Proposal to receive proposals to provide all Emergency and Non-Emergency Advanced Life Support (ALS) Paramedic Ambulance Services for the Pinellas County EMS Authority using the Authority's trade name and registered service mark, Sunstar Emergency Medical Services.

The EMS Authority is seeking the highest quality, most reliable paramedic Ambulance Services at the most reasonable price. The successful proposer will offer services equal or better than the quality currently enjoyed by the Authority. Proposals not meeting this intent will be considered unresponsive.

The successful Proposer shall be exclusively responsible for providing all ambulance services, emergency and non-emergency, throughout Pinellas County in addition to intercounty and interstate long distance transports as necessary. Contractor will also be responsible for additional associated support services including Mental Health Transport (MHT), Critical Care Transport (CCT), Intermediate Care Transport (ICT), All Children's Hospital (ACH), etc. Proposals based upon other service assumptions shall be automatically disqualified.

In this procurement, both the Authority and the Contractor desire clinical excellence, superb response time performance, cost containment, professional and courteous image, respectful behavior, ethical management, and the success of the Contractor. Under this Contract, the relationship between the EMS Authority and the Contractor should always be one of cooperation and not conflict.

The services shall include, but not be limited to, the management and operation of all Ambulances, including Critical Care Units; management and operation of the EMS Communications Center to provide non-emergency call-taking, dispatch, and control of ambulances; and the provision of pre-arrival instructions to 9-1-1 callers. Additionally, the service shall include medical supply purchasing and distribution, management and operation of the medical supply warehouse, all fleet maintenance, and public education.

The successful Ambulance Contractor shall be responsible for supplying vehicles, certain equipment and supplies, and Computer-Aided Dispatch (CAD) software and hardware unless otherwise determined by the EMS Authority.

The EMS Authority mandates that there will be no changes to the current high quality of any aspect of the services currently required to be performed under the existing agreement or a reduction in any current performance standards unless noted in the model agreement, attached hereto.

Successful proposals will include maintaining, at minimum, the current standards in compliance with:

- Federal Specifications for Type III Ambulances (KKK-A-1822E)
- Chapter 80-585, Laws of Florida.
- Chapter 401, Florida Statutes (F.S.) and other associated laws and statutes.
- Chapter 64-E, Florida Administrative Code (F.A.C.) and other associated administrative codes.
- Pinellas County Codes, Chapters 34, 54, and 62.
- Pinellas County Ordinance 88-12.
- Pinellas County EMS Rules and Regulations.
- Pinellas County EMS Protocols contained in the Medical Operations Manual (MOM).
- Performance Standards contained in the Ambulance Services Agreement attached hereto.
- Commission for the Accreditation of Ambulance Services (CAAS) standards.
- National Academy of Emergency Medical Dispatch, Accredited Center of Excellence (ACE) standards.

Successful proposals will include maintaining, at minimum, the standards for personnel, vehicles, equipment, and

supplies currently enjoyed by the EMS Authority including:

- Personnel certification standards.
- A standardized fleet of Type III Ambulances meeting federal specifications.
- ALS and BLS Equipment approved by the Medical Director and the Medical Control Board.
- Equipment repair and replacement schedules contained in the Ambulance Services Agreement attached hereto.

The Authority seeks a Contractor who can offer services at or above the minimum levels described in the contract documents, at the best price. A proposal that does not meet this requirement shall be considered unresponsive.

Proposer may offer products and services exceeding the minimum requirements.

The EMS Authority has enclosed a CD-ROM of available reference materials with this RFP.

2. PERFORMANCE CONTRACT

The most important aspect of this procurement is the fact that this procurement will result in the award of a **performance contract**. This procurement requires the highest levels of performance and reliability, and the mere demonstration of effort, even diligent and well-intentioned effort, shall not substitute for performance results. A contractor who fails to perform must and shall be promptly replaced.

- X Ambulance response times must meet or exceed the response time requirements set forth in the Ambulance Services Agreement attached hereto.
- X Every ambulance unit must at all times be equipped and staffed to operate at the paramedic level, on all emergency and non-emergency calls.
- X Clinical performance must be consistent with approved medical standards and protocols.
- X The conduct of personnel must be professional and courteous at all times.
- X There must be an unrelenting effort to detect and correct performance deficiencies and to continuously upgrade the performance and reliability of the entire EMS system.
- X Clinical and response time performance must be extremely reliable, with equipment failure and human error held to an absolute minimum through constant attention to performance, protocol, procedure, performance auditing, and prompt and definitive corrective action.

This is not a level-of-effort contract. In accepting a proposer's offer, the Authority neither accepts nor rejects the proposer's level-of-effort estimates; rather, the Authority accepts the proposer's promise to employ whatever level of effort is necessary to achieve the clinical, response time, and other performance results required by the terms of the Ambulance Services Agreement.

3. USE OWN EXPERTISE AND JUDGEMENT

Each proposer is specifically advised to use its own best expertise and professional judgment in deciding upon the methods to be employed to achieve and maintain the high performance required under this Contract. By "methods", the Authority means compensation programs, shift schedules, personnel policies, supervisory structures, fluid vehicle deployment techniques, and other internal matters which, taken together, comprise each proposer's own strategies and tactics for getting the job done. The Authority recognizes that different proposers may employ different production methods, perhaps with equal success. By allowing each proposer to select, employ, and change its production methods, the Authority hopes to promote innovation, efficiency, and superior levels of high performance.

4. AWARD

Award will be made to the most responsive proposal, based upon the evaluation of a Procurement Committee of qualified personnel representing Pinellas County Government.

The proposal must meet all specified requirements and will be evaluated using the criteria detailed herein.

The EMS Authority shall contract with a single entity for the provision of the specified paramedic ambulance and associated support services.

The EMS Authority reserves the right to reject any and all proposals if it is deemed in the best interest of the Authority.

5. PERIOD OF CONTRACT:

The contract shall commence at 12:00:01 AM, October 1, 2004 through 12:00:01 AM, September 30, 2009.

6. TIME LINE OF CRITICAL EVENTS

Friday, February 27, 2004

Advertisement and the Release of the Request for Proposals

3:00 P.M. Thursday, March 11, 2004, Or Sooner

Final date and time for clarifications, questions, requests for approved equals. All such requests shall be submitted in writing and the person submitting the request will be responsible for its prompt delivery. Any interpretation of this proposal, if made, will be made only by addendum form. A copy of such addendum shall be forwarded to each person who requests it or expresses an interest in bidding. There will be no pre-bid conference. After this date and time, no further questions, requests for approved equals and clarifications will be addressed. All requests shall be submitted to Amelia McFarlane, Procurement Analyst, Purchasing Department, 400 South Fort Harrison Avenue - Sixth Floor, Clearwater, Florida 33756. Responses to written questions and requests for clarifications will be forwarded to all bidders.

Thursday, March 18, 2004

Addendum to Request for Proposal to be forwarded.

Friday, April 2, 2004

Sealed Proposals submitted by **3:00 P.M.**, local time.

Any proposals submitted after the specified time and date of opening will not be considered. No proposal may be withdrawn for a period of one hundred twenty (120) calendar days after the scheduled deadline for receipt of proposals.

Proposals shall be submitted in one original and twelve (12) copies. Include a CD-ROM containing the proposal with each paper copy.

Proposals shall be submitted in a sealed container. The container and each proposal shall be labeled to indicate the RFP number, name

All proposals shall be signed in ink by the authorized principals of the proposer.

Proposals shall be submitted to:

Amelia McFarlane, CPPB Procurement Analyst
County Annex Building
Purchasing Department
400 South Fort Harrison Avenue - 6th Floor
Clearwater, Florida 33756

April 2, 2004

Procurement Committee will begin reviewing all Proposals submitted.

An oral presentation, additional documentation or a site visit may be requested of any proposer, at the Procurement Committee's discretion.

April 2004

The Procurement Committee shall make a recommendation to the EMS Authority.

Award of Proposal by the Board of County Commissioners, acting as the EMS Authority (the actual date is contingent upon the schedule of meetings).

Pinellas County reserves the right to change the time line above, if necessary.

7. PERFORMANCE REVIEW

Within the last year of the initial term of the agreement, the EMS Authority staff shall conduct a review of the performance of the Contractor utilizing criteria the EMS Authority determines to be relevant.

8. OPTION OF RENEWAL

The contract may be renewed for up to two (2) additional three (3)-year terms upon written agreement of the parties. This option shall be exercised only if the Contractor is successful in completing the Performance Review outlined above; all terms and conditions in the agreement remain the same and approval is granted by the EMS Authority. Price will be adjusted as provided within the Agreement. Price negotiations are not acceptable as a term of renewal.

9. ORAL PRESENTATION:

An oral presentation of proposal may be requested of any firm, at the Evaluation Committee's discretion.

10. COMPENSATION

The EMS Authority agrees to compensate the Ambulance Contractor for professional services and supplies as provided within the terms and conditions of the Agreement. The Ambulance Contractor shall be paid monthly in arrears for the period commencing October 1, 2004 and ending September 30, 2009. Beginning on October 1, 2005 and annually thereafter the monthly service fees will be adjusted automatically by the greater of (1) three percent (3%) or (2) the average of sixty percent (60%) of the medical CPI and forty percent (40%) of the transportation CPI of the Consumer Price Index during the most recent twelve (12) month period for which published figures are then available from the U.S. Department of Labor, but not to exceed five and one-half percent (5.5%) during any one year, to account for economic inflation according to the terms and conditions of the Agreement. If the successful bidder is an existing contractor under a Pinellas County ALS First Responder Agreement or a combination of ALS First Responders, the EMS Authority intends to cease ALS First Responder funding and compensate according to the Ambulance Agreement ONLY. It is not in the best interest of our citizens to compensate an existing first responder twice for using the same resources.

11. PAYMENT/INVOICES:

The bidder must specify on the Proposal Submittal form exactly the company name and address, which must be the same as invoices submitted for payment as a result of award of this RFP. Further, the successful bidder is responsible for immediately notifying the Purchasing Department of any company name change which would cause invoicing to change from the name used at the time of the original proposal. PAYMENT WILL BE MADE IN ARREARS, IN ACCORDANCE WITH FLA. STAT. §218.70, et. seq., THE FLORIDA PROMPT PAYMENT ACT.

12. CANCELLATION AGREEMENT:

SEE TERMS OF AGREEMENT ATTACHED

13. NON-ASSIGNABILITY:

AS PROVIDED IN THE AGREEMENT

14. FISCAL NON-FUNDING CLAUSE:

In the event sufficient budgeted funds are not available for a new fiscal period, the County shall notify the provider of such occurrence and contract shall terminate on the last day of current fiscal period without penalty or expense to the County.

15. SERVICES CONTRACT

The successful contractor/proposer shall be required to execute a service agreement and an equipment agreement in substantially the form attached hereto prior to commencement of any work hereunder or issuance of a Purchase Order.

16. STATEMENT RELATIVE TO "PUBLIC ENTITY CRIMES":

The contractor is directed to the Florida Public Entity Crime Act, §287.133, Florida Statutes, , particularly Subsection 287.133 (2)(a), and the County's requirement that the successful bidder comply with it in all respects prior to and during the term of this contract.

17. RIGHT TO AUDIT

The EMS Authority reserves the privilege of auditing a contractor's records as such records relate to purchases between Pinellas County and said contractor. Such audit privilege is provided for within the text of the Pinellas County Code Sections 2-156 through 2-186. Additionally, the Ambulance Services Agreement contains audit and inspection language that must also be adhered to. Records relating to this contract should be retained for seven years from final payment in any one year, unless required for a longer period by Law.

18. DEFINITIONS:

The terms "provider", "contractor", and "proposer" shall all refer to service provider.

19. CERTIFICATE OF INSURANCE

The proposer will be required to provide a certificate of insurance, in accordance with the insurance requirements contained in the Ambulance Services Agreement, prior to issuance of a Purchase Order or commencement of any work under this contract.

20. ASSIGNMENT/SUBCONTRACTING/CORPORATE ACQUISITIONS AND/OR MERGERS:

AS PROVIDED IN THE AGREEMENT

21. INTERPRETATIONS/CLARIFICATIONS/WRITTEN QUESTIONS:

No oral interpretations will be made to any proposer as to the meaning of specifications or any other contract documents. Every request for such an interpretation must be in writing (mailed, e-mailed or faxed) and shall be received by Amelia McFarlane, Procurement Analyst, Purchasing Department, by 3:00 P.M. February 27, 2004. Significant interpretations or clarifications will be made by an addendum to the contract documents, which will be sent as promptly as is practicable to all persons to whom the specifications have been issued by the county. All such addenda shall become part of the contract documents.

22. PROPOSAL DEPOSIT

All proposals shall be accompanied by a proposal deposit (not a bid bond) in the amount of \$100,000.00 in the form of a certified or cashiers check made payable to Pinellas County EMS Authority. This proposal deposit will be returned to any unsuccessful proposer by Pinellas County within ten (10) business days after the award of the contract unless, upon investigation of credentials and proposals it is determined that the proposer has misrepresented itself or provided false or inaccurate information in the qualification or request for proposal response. The successful proposer's deposit will be returned upon the signing of the contract. No interest shall be paid on these proposal deposits.

23. PERFORMANCE SECURITY:

The successful proposer must supply performance security in the form of an irrevocable letter of credit, in the amount of \$1,000,000.00 prior to execution of the contract or issuance of a Purchase Order. Upon receipt of the Performance Security, the proposal deposit will be returned. The proposal deposit is subject to be forfeited if the successful proposer fails to execute the written contract and furnish the required Performance Security or to satisfy any other conditions precedent, within a reasonable time as determined by the County.

24. ADDITIONAL SERVICES:

The County reserves the right to request additional services relating to this Agreement from the Contractor. When approved by the Board of County Commissioners as an amendment to this Agreement and authorized in writing, the Contractor shall provide such additional services as may become necessary.

25. RIGHTS OF PINELLAS COUNTY IN REQUEST FOR PROPOSAL PROCESS:

In addition to all other rights of the County under Florida law, the County specifically reserves the following:

- A. Pinellas County reserves the right to rank firms and negotiate with the highest-ranking firm. Negotiation with an individual proposer does not require negotiation with others.
- B. Pinellas County reserves the right to select the proposal that it believes will serve the best interest of Pinellas County.
- C. Pinellas County reserves the right to reject any or all Requests for Proposals.
- D. Pinellas County reserves the right to cancel the entire Request for Proposal.
- E. Pinellas County reserves the right to remedy or waive technical or immaterial errors in the Request for Proposal or in proposals submitted.
- F. Pinellas County reserves the right to request any necessary clarifications or proposal data without changing the terms of the proposal.
- G. Pinellas County reserves the right to make selection of the proposer to perform the services required on the basis of the original proposals without negotiation.

26. EXCEPTIONS:

Proposer is advised that if it wishes to take exception to any of the terms contained in this RFP or the attached service agreement it must identify the term and the exception in its response to the RFP. Failure to do so may lead the County to declare any such term non-negotiable. Proposer's desire to take exception to a non-negotiable term will not disqualify it from consideration.

27. COSTS INCURRED BY PROPOSERS:

All expenses involved with the preparation and submission of proposals to the County, or any work performed in connection therewith, shall be borne solely by the Proposer(s). No payment will be made for any responses received, nor for any other effort required of, or made by, the Proposer(s) prior to contract commencement.

28. CONFLICT OF INTEREST:

The Contractor represents that it presently has no interest and shall acquire no interest, either direct or indirect, which would conflict in any manner with the performance or services required hereunder, as provided for in Fla. Stat., §112.311, et. seq. The Contractor further represents that no person having any interest shall be employed for said performance.

The Contractor shall promptly notify the County's representative, in writing, by certified mail, of all potential conflicts of interest for any prospective business association, interest or other circumstance which may influence or appear to influence the Contractor's judgment or quality of services being provided hereunder. Such written notification shall identify the prospective business association, interest or circumstance, the nature of work that the Contractor may undertake and request an opinion of the County as to whether the association, interest or circumstance would, in the opinion of the County, constitute a conflict of interest if entered into by the Contractor. The County agrees to notify the Contractor of its opinion by certified mail within thirty (30) days of receipt of notification by the Contractor.

29. LOBBYING:

Lobbying of Evaluation Committee members, Pinellas County Government employees, or elected officials regarding Request for Proposals (RFP's), Bids or Contracts, by the proposer/bidder or any member of the proposer's/bidder's staff, an agent of the proposer/bidder, or any people employed by any legal entity affiliated with an organization that is responding to the RFP, Bid or Contract is strictly prohibited upon advertisement and shall be prohibited until a written recommendation of award is made. For purposes of this provision lobbying activities shall include but not be limited to, influencing or attempting to influence action or non-action in connection with any RFP, Bid or Contract through direct or indirect oral or written communication or an attempt to obtain goodwill of persons and/or entities specified in this provision. Such actions may cause any RFP, Bids or Contract to be rejected.

30. EVALUATION CRITERIA:

This section specifies the criteria that will be used by the County to evaluate and score responsive and qualified proposals. Proposers shall include sufficient information to allow the County to thoroughly evaluate and score their proposals.

Each proposal submitted shall be evaluated and ranked by an evaluation committee. The contract will be awarded to the most qualified proposer, per the evaluation criteria listed.

31. PROPOSALS FROM RELATED PARTIES OR MULTIPLE PROPOSALS RECEIVED FROM ONE VENDOR:

Where two (2) or more related parties each submit a proposal or multiple proposals are received from one (1) vendor, for any contract, such proposals shall be judged non-responsive. Related parties mean proposers or the principles thereof, which have a direct or indirect ownership interest in another proposer for the same contract or in which a parent company or the principles thereof of one (1) proposer have a direct or indirect ownership interest in another proposer for the same contract.

Revised 10/2002

SECTION C

SCOPE OF WORK

AMBULANCE SERVICES

034-283-P (AM)

1.0 INTRODUCTION

The Pinellas County EMS Authority is seeking the services of a Proposer to provide Paramedic Ambulance Services for the Pinellas County EMS System in accordance with the provisions of Chapter 80-585, Laws of Florida; Chapter 401, Florida Statutes; Chapter 64E-2, Florida Administrative Code for Emergency Medical Services; Pinellas County Ordinance No. 88-12 as amended; other local rules and regulations.

1.1 DESCRIPTION OF SERVICE AREA

Pinellas County is an urban and suburban community located in West Central Florida. The County is a peninsula bordered to the West by the Gulf of Mexico and to the South and East by Tampa Bay.

Pinellas is the most densely populated county in the State of Florida with nearly 3,292 permanent residents per square mile. The County has a year-round population of 921,495. By the year 2005 it is estimated that the population, permanent and seasonal residents, will be approximately 966,930. There are approximately 4.7 million visitors to Pinellas County each year. Pinellas County occupies an area of 608 square miles including waterways. There are 280 square miles of land.

The median age is 43 years and the population is comprised of over 207,000 people aged 65 and older.

Major cities include Clearwater, Dunedin, Largo, Pinellas Park, St. Petersburg and Tarpon Springs. Pinellas County is comprised of 24 municipalities of which several are small barrier island communities. There are also four independent Fire Districts.

There are 111 Skilled Nursing Facilities and 14 Hospitals that receive emergency patients. Further, there are 327 Adult Living Facilities.

1.2 HISTORY OF THE PINELLAS COUNTY EMS SYSTEM

In 1980, a Special Act of the Florida Legislature (Chapter 80-585) created the Pinellas County Emergency Medical Services Authority, a Dependent Special District, because of the varied levels of EMS service and quality existing at that time. The Board of County Commissioners acts as the Pinellas County EMS Authority pursuant to the Special Act and associated regulations.

The Special Act prescribed a countywide referendum to propose the creation of a countywide tax and Emergency Medical Services System. The referendum passed with the citizens overwhelmingly supportive of creating a countywide EMS system.

In 1981, the EMS Authority began providing funding for Advanced Life Support (ALS) First Responder Services. This investment built a strong network of first responder services. Other components of a well-designed EMS System such as communications center operations, medical and quality control, emergency and non-emergency transportation, and public education were not encompassed in the EMS System and the quality of these components remained low.

In order to correct the deficiencies in the EMS System, on January 13, 1987, the EMS Authority adopted an Interim Emergency Medical Services Ordinance to provide a safe and orderly transition process to the current system design. After a competitive proposal process, the EMS Authority awarded an exclusive ambulance service contract to a single entity for Paramedic Ambulance Services.

1.3 CURRENT SYSTEM

On July 1, 1988, the Board of County Commissioners promulgated Ordinance 88-12, which further defined the current EMS System with only one, exclusive Ambulance Service in Pinellas County. The current EMS System, termed a "Public Utility Model", is a sophisticated design that strives for clinical excellence with effective cost containment. It is a "performance based" model that employs stringent performance requirements and response time accountability for all contracted service providers, including ALS First Responders and the Ambulance Contractor.

The Pinellas County EMS System is a highly coordinated, single tier, dual response, all ALS Emergency Medical Services System consisting of ALS First Responder Services and high performance, Paramedic Ambulance Services.

The system is designed to provide exceptional rapid response and on scene patient care by Paramedics staffing ALS First Responder Units from municipal Fire Departments and Fire Districts with transport and continued patient care by Paramedics staffing ALS Transport Units from the Ambulance Contractor. In some instances, Ambulance Paramedics arrive first in which case the ALS First Responders assist, if necessary.

The ALS First Responder component is funded by ad valorem tax dollars. The Ambulance Service component is supported solely by user fees, which are collected by the EMS Authority. By design, there is no tax subsidy allocated for ambulance services in Pinellas County.

Since the establishment of the Public Utility Model, the Pinellas County EMS System has evolved into a nationally recognized, highly efficient, world-class EMS system.

On October 1, 1999, the EMS Authority began a five (5) year transport contract, which also allowed for the possibility of two (2) three (3)-year extensions. Extension to the agreement was not offered and the EMS Authority has decided to conduct this competitive bid.

1.4 SYSTEM COMPONENTS

The **EMS Authority** is authorized by Florida law to oversee and regulate the Pinellas County EMS system and to ensure that reliable, high quality Emergency Medical Services are provided on an uninterrupted basis, fully consistent with established clinical standards, Florida Law, and County Ordinances. The Authority is responsible for the financial management of the EMS System including the assessment of ad valorem tax rates, contracting with service providers, and the billing and collection of ambulance service fees. The Authority issues certificates of public convenience and necessity (COPCN).

Pinellas County EMS and Fire Administration is responsible for managing the daily operations on behalf of the Authority. Duties include providing contract administration for first responders, continuing medical education, medical direction, and ambulance services. EMS and Fire Administration also provides financial management for the EMS system, which includes billing and collecting fees for the transport service. The Director of EMS and Fire Administration is also the Executive Director of the EMS Authority.

The **Medical Control Board** is an eleven (11) -member board, appointed by the Authority, consisting of Board Certified emergency physicians, hospital administrators, and representatives of the local medical and osteopathic societies. The board represents the interests of the patients and medical community and provides clinical consultation and oversight to the EMS system. The Medical Control Board also reviews and makes recommendations to the Authority relative to system protocols.

The **EMS Advisory Council** is comprised of citizens, elected officials, and system providers. The Advisory Council meets at least once a year to review the systems performance and provide input on system direction.

The **Medical Director** is contracted by the EMS Authority to provide clinical oversight and leadership to the entire EMS system and all service providers. The Medical Director is responsible for centralized on-line medical control, protocol development, quality assurance, and certification and re-certification of all EMS personnel.

The **Ambulance Contractor** operates under the trade name Sunstar and is responsible for providing all emergency, non-emergency and inter-facility ambulance transportation utilizing Critical Care Ambulances, ALS Ambulances, and specialized units described herein. Additionally, the contractor provides regional perinatal, neonatal and pediatric Critical Care Transport services in conjunction with area hospitals. The existing Ambulance Contractor workforce is organized under the International Association of EMTs and Paramedics (IAEP).

ALS First Responder Services are provided by 18 Fire Departments under performance-based contracts with the EMS Authority. The EMS Authority funds 59 ALS First Responder Units. ALS Engines, Transport Capable and Non Transport Capable Rescue Units deliver these services.

Continuing Medical Education is provided under a contractual arrangement with the local college. The college provides education services needed for the continuing education and re-certification of all county certified EMTs and paramedics and the college develops curriculum in cooperation with the Medical Director.

1.5 CALL VOLUME AND TRANSPORTS

The Ambulance Contractor responds to approximately 120,000 Emergency Requests (9-1-1) per year. Typically, 62% of the Emergency Requests result in an ambulance transport.

There are approximately 32,000 Non-emergency, Scheduled, Out of County, All Children's and Critical Care ambulance transports are conducted per year. This includes Mental Health Transport van service.

Ambulance Service Statistics

	1999	2000	2001	2002	2003
9-1-1 Responses					
Medical Emergency	99,022	101,752	101,128	100,052	102,901
Vehicle Accident	15,539	15,568	15,090	14,696	14,722
Structure Fires (a)	3,872	4,177	3,978	4,042	3,202
Special Rescue (b)	618	669	645	605	540
Total	119,051	122,166	120,841	119,395	121,365
9-1-1 Transports					
Emergency	53,143	47,669	47,194	46,080	47,120
Downgraded	23,871	28,766	28,646	28,421	28,517
Total	77,014	76,435	75,840	74,501	75,637
Non-Emergent Responses					
Unscheduled	28,931	27,843	27,679	26,536	26,498
Scheduled	1,627	1,301	1,289	1,339	1,230
Out of County	1,191	1,219	1,527	1,723	1,580
Mental Health Transport	0	0	1,505	2,951	2,864
All Children's Hospital	1,186	1,325	1,354	1,302	1,086
Critical Care Transport	1,438	1,629	1,420	1,384	1,151
Total	34,374	33,317	34,773	35,234	34,409

Non-Emergent Transports					
Unscheduled	26,524	25,761	25,015	24,465	24,503
Scheduled	788	744	665	754	592
Out of County	1,168	1,195	1,497	1,689	1,549
Mental Health Transport	0	0	1,475	2,893	2,808
All Children's Hospital	1,163	1,299	1,327	1,276	1,065
Critical Care Transport (c)	1,410	1,597	1,392	1,357	1,128
Total	31,053	30,596	31,371	32,434	31,645
Grand Total Transports	108,067	107,031	107,211	106,935	107,282

Source: Pinellas County EMS & Fire Administration

- (a) Reported Structure Fires. Only "working fires" or reported patients require an Ambulance Response.
- (b) All Special Rescue calls including Air Transport Upgrade (not at a Vehicle Accident), Water Rescue, Extrication Upgrades, and Hazardous Materials Incidents.
- (c) Critical Care includes Critical Care 1 and Critical Care 2.

The EMS Authority has provided two years of run data on the Resource CD-ROM provided.

SECTION D

D1. FORMAT OF PROPOSALS

To facilitate the Procurement Committee's review process, the following guidelines shall be strictly adhered to:

- X The entire proposal shall be contained within two (2) three ring 1" binders.
- X The narrative component of the proposal shall be constructed using the following specifications:
 - X Sans Serif Font, 12 Point
 - X Double Spaced
 - X Single Sided Pages
 - X Standard 8" x 11" White Paper, 20 # Weight.
 - X Maximum 75 Pages of narrative
 - X Pages must be numbered in the lower right hand corner
 - X Include a CD-ROM of the proposal narrative in Microsoft Word or Adobe Acrobat format, if possible.
- X Graphs, Charts, Pictures and other enclosures shall be securely inserted into the second of the three ring binders, which shall be used for exhibits. Number the exhibits.
- X The narrative shall be numbered identically to the Evaluation Criteria requirements listed in Section E.

In each section of the Proposal, your organization shall address the requested information and precisely describe how it will be utilized to provide high performance all ALS Ambulance Services in Pinellas County.

D2. PROPOSAL REVIEW PROCESS

Proposals failing to meet the Authority's minimum requirements or intentions shall be considered unresponsive and disqualified.

The Executive Director of the EMS Authority shall serve as Chairman of the Procurement Committee.

- X After initial review and discussion of all proposals, each member of the Procurement Committee shall complete an individual ranking sheet using the scoring guidelines outlined in Section D3 for each proposal submitted.
- X The Procurement Committee will seek to achieve consensus on the appropriate score for each section of each proposal. A Procurement Committee member may revise their initial score after discussion and debate of the committee, at their individual discretion.
- X The points awarded by each committee member shall be summed for each proposal by section.
- X The overall score shall be totaled for each proposal.
- X The Procurement Committee shall then forward the top ranked proposals to the EMS Authority for ranking and authorization to contract. After the contract is finalized, the recommendation for award is then forwarded to the EMS Authority.

D3. SCORING GUIDELINES

In assigning a score to a section, the Procurement Committee member shall assign a score to the nearest whole percent that best fits the overall response to the section. For example, if a section is worth 100 points and the proposal scores a 50% for that section, the point total awarded will be 50.

The qualitative point total is worth 70% or 700 points of the total score. Pricing or the quantitative point total is worth 30% or 300 points of the total score.

SCORE	DESCRIPTION
0%	Unresponsive to the requirements of the section.
10% - 30%	Does not meet current service level or requirements of the section.
40% - 60%	Partially meets the requirements of the section.
70% - 90%	Fully responsive to the requirements of the section.
100%	Exceeded <u>all</u> requirements of the section.

SECTION E

EVALUATION CRITERIA

1.0 MANAGEMENT AND PLANNING

TOTAL POINTS (100)

1.1 "Bait and Switch" Prohibited. Contractor understands that the Authority shall, in part, award this proposal based upon the qualifications of the proposer's organization, and upon the qualifications of key personnel presented in the proposal. If awarded this Contract, the proposer shall furnish those personnel identified in the proposal, and throughout the term of the Agreement the proposer shall continue to furnish those same personnel or replacement personnel with equal or superior qualifications for the Authority's Executive Director's approval. It is the specific intent of this provision to prohibit the practice of "bait-and-switch", intentional or not. Provide a statement of compliance to this requirement.

1.2 Key Personnel Commitment. Proposer shall submit with this section of its proposal the job descriptions and resumes of key personnel whose duties in Contractor's Pinellas County operations shall relate directly to fulfillment of Contractor's obligations. Enclose as an exhibit. If the Proposer does not currently employ such key personnel, provide as much information regarding the job descriptions and qualifications as possible. RFP documents are not public record until after award, therefore, when possible provide the candidate's resume and letter of intent. If Proposer anticipates initial use of an implementation management team, which is different in makeup from the permanent management team, proposer shall describe the anticipated schedule of personnel assignments associated with such implementation plan.

1.3 Schedule of Implementation. Assuming this proposal is selected, submit the general work plan and timetable for implementing services effective October 1, 2004.

1.4 Rapid Startup Capability. Proposer shall submit a description of its capability to, if requested on short notice, rapidly institute temporary emergency services should the current Ambulance Contractor default for any reason after this contract is awarded and prior to the scheduled startup.

Please note: In the event of default, the Authority would take possession of Contractor's existing capital assets.

1.5 Initial Coverage Plan. Proposer shall submit a summary of its initial system status and coverage plans to be employed for the first month of operations. Such plans should specify post locations and minimum unit hours of coverage to be furnished for each hour of day, each day of week. Specific work schedules should not be submitted.

1.6 Fine Tuning Practices. Proposer shall describe the methods to be employed by the Proposer in systematically refining the Contractor's system status planning and management practices over the term of the Agreement. Provide examples of daily compliance and unit hour forecasting tools that would be used.

1.7 Quality Management and Planning. Describe how the organization sets strategic directions to maintain and strengthen its provision of services, maintenance of contractual obligations, and performance requirements. Discuss briefly Quality Management methods currently employed by the Proposer.

1.8 Performance Monitoring. Summarize how the proposer tracks performance. List key performance measures that would be utilized by the Proposer both internally and externally. Where possible provide examples of real data.

2.0 INFORMATION SYSTEMS

TOTAL POINTS (100)

2.1 Patient Care Reporting System. Contractor shall have the responsibility to determine and implement the data collection method approved by the Authority, which could be, but is not limited to, any of the following:

- Data entry personnel keying paper reports
- Paramedics calling in by telephone to data entry personnel
- Personal Digital Assistants, Pen Computers, Mobile Data Terminals
- Any other solution determined by the Proposer

Describe how the Proposer will assist the Authority in implementing a fully integrated, electronic patient care reporting system. Include proposed hardware, software, and timeline. Refer to Section 402(f) of the attached Ambulance Service Agreement to ensure compatibility with the Authority's requirements.

Proposer shall describe its pre-billing processes to ensure timeliness, completeness and accuracy of Patient Care Reports (whether electronic or paper based forms) and backup systems if an electronic system is proposed.

2.2 Commitment to Advanced Technology. Describe the Proposer's commitment to utilizing advanced technologies. Highlight the industry specific hardware and software systems to be employed by the Proposer (i.e. driver monitoring systems, Opticom, mobile computing, wireless data, scheduling or system status planning software).

Please note: Section 402(a) of the attached Ambulance Service Agreement requires GPS enabled Mobile Communications Terminals providing Automated Vehicle Location (AVL) functions at a minimum.

2.3 Commitment to EMS Communications Center Operations. Proposer shall describe the Computer-Aided Dispatch (CAD) hardware and software system proposed for installation by Contractor in the EMS Communications Center. Discuss the timeline for testing and implementing the system. Refer to Section 402 of the attached Ambulance Service Agreement. Contractor is responsible to ensure compatibility with the Authority's billing and clinical data requirements.

3.0 PERSONNEL

TOTAL POINTS (150)

3.1 Incumbent Workforce. Proposer shall describe the program and policies that would govern employment opportunity for the incumbent workforce. Describe Compensation & Benefits that will be offered to EMTs and Paramedics. Include minimum and maximum ranges of compensation for all personnel types and the benefits offered.

3.2 Recruitment. Proposer shall describe the initial and ongoing personnel recruitment, screening, and orientation (in addition to the OMD orientation) program to be utilized by Contractor throughout the term of this Contract.

3.3 Retention. Proposer shall describe how it will develop and maintain a work environment and climate that supports the wellbeing, satisfaction, and motivation of its employees. Describe specific leadership

styles, communications techniques, and reward and recognition programs. Proposer shall describe the proposed shift assignments, the use of mandatory overtime, worker's rights, promotion policies, and other job factors, which directly affect job satisfaction, performance, attitude on the job, and rates of employee retention.

3.4 Continuing Medical Education. Proposer shall describe how it will interface with the existing Continuing Medical Education program offered by the Authority and describe any additional company sponsored education and training that would be provided or offered to the Proposer's personnel (i.e. tuition reimbursement, Safety, Exposure, Risk, Paramedic Training, etc.) over the term and extension of the agreement.

4.0 EQUIPMENT AND SUPPLIES

TOTAL POINTS (100)

4.1 Vehicles. State the minimum number of vehicles to be initially furnished under this Contract, the type, specifications, and manufacturer, and such other information as may assist the Procurement Committee in assessing the quality of vehicles proposed.

Please note: The fleet of vehicles owned and operated by the current contractor includes the following: 54 ALS ambulances, 2 ACH units (owned by All Children's Hospital), 1 Primary CCT, 2 EMS Supervisor units, 1 Medical Supply unit, 1 Mental Health Transport unit, and 1 Tactical EMS unit. Although not required, the current contractor has a pick-up truck for fleet support.

4.2 Fleet Size. Describe the policies regarding fleet size and standardization (with reference to the attached agreement) to which the Proposer would be committed if awarded this Contract.

4.3 Fleet Maintenance Program. Describe the fleet maintenance program to be employed. Specifically address how any instance, which would render an Ambulance unable to respond to or transport a patient, would be tracked, improved, and minimized.

4.4 Medical Equipment. Proposer must propose initial equipment, replacement equipment, and a program of maintenance. Proposer shall describe, in detail and with brand names, the major equipment items to be furnished, items to be leased or purchased, and the scheduled replacement policies related to each class of equipment.

Please note: Appendix T of the attached Ambulance Service Agreement requires Proposer to provide Medtronic Physio Control Lifepak 12 EKG Monitor/Defibrillators with pulse oximetry, pacing, capnography, and 12 lead at a minimum. Alternative or additional equipment would require Medical Control Board and Authority approval.

4.5 Medical Supplies. Describe the overall program for medical supply procurement, warehousing, supply distribution, and inventory control for the Proposer and First Responders to be employed by the Proposer. Describe relevant support processes such as equipment decontamination, equipment exchange, etc. Describe any savings in the procurement of medical supplies that would be passed along to the Authority (i.e. volume discounts, etc.) Please give examples of commodities and prices if possible, (not mandatory).

5.0 COMMITMENT TO CUSTOMERS AND COMMUNITY

TOTAL POINTS (150)

5.1 Customer Satisfaction. Describe whom the Proposer considers an internal and external customer. Describe the processes, measurements, and data used to determine customer satisfaction and dissatisfaction. Describe how the Proposer will ensure and improve customer satisfaction. Discuss complaint management. Describe how proposer will ensure that all patients are transported safely regardless of size (i.e., pediatric, bariatric, etc.)

5.2 Public Education. Describe how the organization addresses its responsibilities to the public and how the organization practices good citizenship. Describe the fully comprehensive public education program proposed and how progress and participant contacts will be tracked and reported. Describe the commitment to share recognition with all components of the EMS system in public relations and education efforts.

5.3 Existing Outside Work Agreements. Proposer must be willing to accept responsibility for existing outside work agreements, under the current terms and conditions, which are managed by the current Contractor to include, but are not limited to:

- All Children's Hospital (ACH) Transport Service Agreement
- Operation PAR Agreement - Pinellas Juvenile Assessment Center (PJAC)
- Intermediate Care Transport Agreements (ICT)
- Regional Peri-natal Transport Agreement (RIPCC)

5.4 Commitment to Existing Customers and Communities. List the three largest ALS contracts (ambulance service or EMS) and service areas, currently being served by the Proposer. Include the name, address and phone number of the contract manager or local regulator. Describe any instance when Proposer was out of compliance with any term in any ambulance or EMS contract worth \$3,000,000 in annual revenue and how the situation was corrected.

5.5 Accreditation. Document any programs, divisions, or operations that are accredited within your organization. Describe any efforts that your organization will make to apply for such accreditation in managing the Ambulance Services Agreement if awarded the contract.

5.6 Quality Management Awards. Document any programs, divisions, or operations that have applied for or have been awarded a Quality Management Award within your organization. Describe any efforts that your organization will make to apply for and be awarded state or national Quality Management Awards in managing the Ambulance Services Agreement if awarded the contract.

6.0 FINANCIAL CAPABILITY AND BUSINESS ETHICS

TOTAL POINTS (100)

6.1 Owners and Officers. Submit along with the Proposal an organizational list of owners, officers, and key personnel of the proposer and all interested parties for the purpose of investigation by the Authority. Discuss the relationship with parent corporations, subsidiaries, and affiliates, listing the principals of each.

6.2 Financial Statements. Document your organization's current estimated net worth and the form of the net worth (liquid and non-liquid assets). Provide the most recent audited annual financial statements for the proposer and affiliated organizations.

6.3 Working Capital. Document the estimated amount of working capital that will be committed to the startup of the contract if awarded. Document the method of financing, attach any endorsement documents necessary, of all startup and operational costs including, but not limited to, the initial ambulance fleet and equipment required to begin operations if the contract is awarded. Document the amount of funding that will be dedicated to "Reserve for Contingencies", for the startup of this contract if awarded.

6.4 In-Kind Support. Proposer shall disclose any and all financial and in-kind support or funding from existing sources that will support the provision of Ambulance Services within Pinellas County. This includes, but is not limited to disclosing the full cost allocation for services including, but not limited to Risk Management, Insurance, Purchasing, Maintenance, Legal and Human Resource or other functions if those functions are not solely dedicated to Ambulance Services in Pinellas County and fully funded within the price proposed.

6.5 Regulatory Issues. Summarize any and all federal, state, or local government regulatory investigations, findings, actions or complaints and their respective resolutions for the Proposer's organization and affiliated organizations within the last five (5) years. Proposer will submit the Table of Contents pages for their Medicare/Medicaid Compliance and HIPAA Compliance programs. Complete program documents will become an Appendix of the Ambulance Service Agreement, if awarded.

6.6 Litigation. Detail any litigation in which the Proposer is involved or which is pending.

7.0 ADDITIONAL PROPOSED SERVICES

TOTAL POINTS (0)

Please describe any additional services or enhancement, which may or may not be considered by the Authority for inclusion in the Ambulance Service Agreement or future agreements and price quotes if possible. Examples include but are not limited to:

- All-inclusive and combined ALS First Responder and ALS Ambulance Transport
- ALS First Responder Services - per ALS unit costs (65 ALS First Responder units are currently in service in Pinellas County)
- ALS First Responder Services - Related Transport or Medical Services (i.e., wheelchair transport, primary healthcare, treat and release program, customer satisfaction program)
- Additional MHT transport hours or vehicles
- Accounts Receivables Functions
- Any other proposed services for the Authority's consideration

The Authority reserves the right to accept or reject any additional proposed services.

8.0 PROPOSED PRICE

TOTAL POINTS (300)

This section examines the Proposer's price for the required services. Fill in the proposed amount for every line item required on the attached form. Attach additional sheets to list pricing for any Related Proposed Services offered for Pinellas County's consideration.

Final Note: In all RFP sections, please respond after considering the terms of the attached contract and the level of services currently enjoyed by the Authority.

Proposed Compensation Sheet

October 1, 2004 through September 30, 2005

Proposer: _____

Based Monthly Transport Volume	8,000
Base Monthly Payment Amount	\$ _____
Stop-Loss Payment (Per transport)	\$ _____
Dedicated Standby Rate - Ambulance (Per hour with a three-hour minimum)	\$ _____
Long Distance Transport Base Rate (Per transport)	\$ _____
Long Distance Transport Mileage Charge (Per mile over 25 miles)	\$ _____
CCT Base Monthly Payment Amount	\$ _____
CCT Call Out Charges (Per hour with a three-hour minimum)	\$ _____
Tactical EMS Base Monthly Payment	\$ _____

Authorized Signature

Date

Contractor Compensation Sheet

Current Compensation as of February 1, 2004

Base Monthly Transport Volume	8,000
Base Monthly Payment Amount	\$1,369,238.93
Stop-Loss Payment (per transport) for Transports Over Base Amount	\$ 145.99
Dedicated Standby Rate (per hour) per Ambulance*	\$ 71.68
Long Distance Transport Base Rate (per transport)	\$ 203.20
Long Distance Transport Mileage Charge (per mile over 25)	\$ 1.95
CCT Base Monthly Payment Amount	\$ 55,659.95
CCT Call-Out Charges (Per hour with a three-hour minimum)	\$ 116.42
Tactical EMS	\$ 4,431.32
Mental Health Transport Base Monthly Payment Amount	\$ 16,667.67

*Three (3) Hour Minimum

SECTION F

AMBULANCE SERVICES

034-283-P (AM)

The Ambulance Service Agreement attached lists and describes the current level of service provided to the EMS Authority with some improvements. The EMS Authority seeks a contractor who can offer services equal or better than those listed in the Agreement that is part of the Request For Proposal (RFP). A proposal that does not at least provide services equal or better than those listed in the Ambulance Service Agreement that is part of the RFP shall be considered non-responsive.

SECTION G

SCORING MATRIX

AMBULANCE SERVICES

034-283-P (AM)

Proposer's Name: _____

Section	Section Title	Points	Rater's Score 0% to 100%	Weighted Score
1.0	Management and Planning	100		
2.0	Information Systems	100		
3.0	Personnel	150		
4.0	Equipment and Supplies	100		
5.0	Commitment to Customers and Community	150		
6.0	Financial Capability and Business Ethics	100		
7.0	Additional Proposed Services	0		
8.0	Proposed Price	300		
Total Points Available:		1,000	Total Score:	

SECTION H

INSURANCE AND INDEMNIFICATION REQUIREMENTS

**SEE SECTION 601 THROUGH 603 PAGES 57 THROUGH 60 OF
THE AMBULANCE SERVICE AGREEMENT**

SECTION I

INSTRUCTIONS FOR SUBMITTING PROPOSALS

AMBULANCE SERVICES

034-283-P (AM)

All proposals shall be signed in ink by authorized principals of the firm.

Proposals are to be submitted in a sealed envelope. The face of the envelope shall indicate the R.F.P. number, name and address of the firm and title of the proposal.

Proposals are to be submitted to Pinellas County Purchasing Department, 400 S. Ft. Harrison Avenue, 6th Floor, Clearwater, FL 33756 by the date and time indicated on the cover sheet.

Proposals shall be submitted in one (1) original and twelve (12) copies.

VENDOR NAME: _____

VENDOR ADDRESS: _____

TELEPHONE: _____

FAX: _____

I hereby agree to abide by all conditions of this Request for Proposal and certify that I am authorized to sign this proposal for the proposer.

AUTHORIZED SIGNATURE: _____

PRINTED NAME/TITLE: _____

SECTION J

ADDENDUM ACKNOWLEDGMENT FORM

AMBULANCE SERVICES

034-283-P (AM)

PLEASE ACKNOWLEDGE RECEIPT OF ADDENDA FOR THIS RFP BY SIGNING AND DATING BELOW:

ADDENDUM NO.

SIGNATURE/PRINTED NAME

DATE RECEIVED

Note: Prior to submitting the response to this solicitation, it is the responsibility of the firm submitting a response to confirm if any addenda have been issued. If such document(s) has been issued, acknowledge receipt by signature and date in section above. Failure to do so may result in being considered non-responsive or result in lowering the rating of a firm's proposal.

Information regarding Addenda issued is available on the Purchasing Department section of the County's website at, www.pinellascounty.org/purchase, listed under category 'Bid Schedule'.

SECTION K

STATEMENT OF NO OFFER

NOTE: If you do not intend to submit a proposal on this requirement, please return this form immediately. ***Thank you.***

[Pinellas County Purchasing Department
400 South Fort Harrison Avenue, 6th Floor
Clearwater, Florida 33756]

We, the undersigned have declined to bid your Proposal No. 034-283-P for AMBULANCE SERVICES.

- ☐ Specifications too "tight", i.e., geared toward one brand or manufacturer only (explain below).
- ☐ Insufficient time to respond to the Request For Proposal.
- ☐ We do not offer this product or service.
- ☐ Our schedule would not permit us to perform.
- ☐ Unable to meet specifications.
- ☐ Unable to meet Bond requirement.
- ☐ Specifications unclear (explain below).
- ☐ Unable to Meet Insurance Requirements
- ☐ Remove Us from Your "Bidders List" Altogether
- ☐ Other (specify below).

REMARKS:

We understand that if the "No Proposal" letter is not executed and returned our name may be deleted from the Bidders List of Pinellas County.

COMPANY NAME: _____

BIDDER NUMBER: _____

SIGNATURE: _____

TELEPHONE: _____

DATE: _____