

By order of the Douglass Township Board of Supervisors
Andrew A. Duncan, Township Manager

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Request for Proposals – Emergency Medical Services

The Township of Douglass (the “Township”) is requesting proposals from a qualified Emergency Medical Services Provider (“Provider”) to supply emergency (9-1-1) response, and ambulance response/coverage for a period of three (3) years from the effective date of approval by the Douglass Township Board of Supervisors. The Provider must be able to provide both Advanced Life Support (ALS) and Basic Life Support (BLS) within the Township on a twenty-four (24) hour per day, seven (7) day per week (“24/7”) basis.

The practice of single individuals operating one vehicle at each level of service and the assembly at the scene of an incident is not acceptable. The Provider may opt to provide/respond with an ALS unit/crew, as a minimum level of service; however, any charges/fees assessed the patient shall be within the Office of Inspector General and Medicare guidelines or other applicable regulations.

The Primary Dispatch Area (PDA) to which the Provider will be assigned as the primary Provider will consist of the entire geographic area within Douglass Township, covering approximately 17 square miles with a population of approximately 11,000.

The estimated total annual call volume of the Township was 831 in 2023 (737 dispatched to Gilbertsville and 94 dispatched to Bally).

The typical payor mix of the Township is the following:

Medicare and Medicare Advantage: 46%

Medicaid and Medicaid MCO: 11%

Commercial Insurance: 15%

Self-Pay 28%

The successful bidder will be required to submit a performance bond in the amount of \$100,000.00 in the form of a bank check, certified check, or bond issued by a surety company properly authorized to do business in the Commonwealth of Pennsylvania. This will be considered as surety in the event the Provider does not meet the performance criteria as established during the life of the Agreement.

Any Provider that submits an RFP shall not solicit Township residents for any fee-based insurance card (subscription) until such time as the Township selects and awards the contract to the successful bidder.

The following conditions and information must be met and supplied in order to merit further Township consideration:

Required Pre-qualification Information:

The following information is the minimum required information that must be included in the proposal. Additional information may be provided in the proposal to assist the Township in determining the capability of the Provider; however, this additional information will not serve as a substitute for the required minimum information.

1. The Provider will furnish official financial statements and annual reports for the past five (5) years and any additional information, as necessary, to assist the Township in determining financial solvency. The financial statements shall include certifications of review or audit by an independent, certified public accountant. A letter from the auditing firm should be attached. This requirement includes IRS tax filings for the past five (5) years.
2. The Provider proposal must include a detailed budget that identifies revenues and their respective sources as well as expenses. The purpose of providing this data will show the financial feasibility of the proposal.
3. The Provider will furnish a current copy of licensing by the Pennsylvania Department of Health (PADOH), or other appropriate regulatory agency, to provide Advance Life Support and Basic Life Support.
4. The Provider must supply both a Medicare and Pennsylvania Department of Welfare, Medical Assistance Provider number.
5. The Provider will be required to submit a bid/proposal bond in the amount of \$20,000.00 and in the name of Douglass Township, in the form of a bank check, certified check or a proposal bond issued by a surety company properly authorized to do business in the Commonwealth of Pennsylvania.
6. The Provider will furnish a list of all municipal or organizational clients, including but not limited to any affiliations with health systems, for the past five (5) years, with the name of a contact person, current address, and phone number. Letters of recommendation are encouraged.
7. Identify any legal or administrative actions currently ongoing and to which the Provider is a party within the past five (5) years, and the disposition of same.
8. The Provider shall include a three (3) year contract pricing schedule with its proposal, including proposed fees or payments to the Township, if any, in accordance with such schedule.
9. The Provider shall provide an abstract of how the organization currently processes patient billing issues or questions, and the proposal as to billing for services inside the Township.

The following items and issues shall be required of the successful Provider:

1. All personnel must be licensed by the PADOH at the level of care they are providing.
2. Staffing – A BLS crew shall be staffed by a least two persons, one of whom shall be an EMT, EMT-Paramedic, or a Health Professional, and one of whom shall qualify, at minimum, as an ambulance attendant pursuant to governing law or regulation. An ALS crew shall be staffed by a least two persons, one of whom shall be an EMT-Paramedic or Health Professional and one of whom shall be an EMT.
3. There shall be no less than one (1) ALS crew on-duty in the Township on a 24/7 basis for primary emergency 9-1-1 response; however, additional crews may need to be added based on actual call volume and at the request of the Township after meeting with the service Provider.
4. Emergency calls shall take precedence over routine, non-emergency transport.
5. Provider must follow and adhere to all regional treatment protocols and specifically, with respect to: BLS, ALS communications and medical command as well as utilization of the radio network.
6. Provider must follow and adhere to all radio operating guidelines established by the Montgomery County Department of Public Safety (9-1-1 communications center), which includes the purchase/acquisition of the required radio and paging equipment as stipulated by the agency.
7. Provider must follow and adhere to all applicable federal, state and local legislation, including but not limited to Office of Inspector General and Medicare guidelines with respect to HIPPA and billing patients for service as well as the restocking requirements as defined by the Eastern PA EMS Council regional program.
8. Provider must guarantee, in writing, that there will always be a minimum of one (1) emergency crew physically located in the PDA, as described in paragraph #3 above, to receive and respond to emergency 9-1-1 dispatches. The crew/vehicle does not have to stay at a fixed location; however, they must remain within the borders of the PDA, unless the primary crew is alerted to respond to mutual calls in other areas outside the coverage area. The successful service Provider must provide a written plan with respect to how they propose to meet the intent of this condition to cover inside and outside the primary dispatch area.
9. If the crew cannot be physically located within the PDA as stated in paragraph #8 above, list the address where the unit will be located for response to the Township. Explain how the unit will respond without delay to an emergency in Douglass Township. State the reason why the emergency crew cannot be physically located in the PDA.

10. The Township will provide a fixed location, at a location to be determined by the Township, and will be the physical location located within the designated PDA.
11. The Provider must be in-route to any/all primary emergency dispatches within two (2) minutes of dispatch. This means the entire crew must be in the ambulance moving towards the scene with the ambulance.
12. The Provider must submit a monthly report to the Township with respect to the number of calls dispatched and responded to within the PDA as well as any/all calls where service is provided outside the respective municipal contract area.
13. The Provider must indemnify and hold harmless the Township of Douglass, by written documentation, as to Provider service and operations.
14. The Provider must provide to the Township a list of responsible individuals, with phone numbers, email and other contact information to whom questions or concerns are to be presented on a 24-hour per day, seven (7) day per week basis. A responsible individual is defined as an individual capable of and authorized by the Provider to make immediate decisions on behalf of the Provider.
15. The Provider must provide the Township with written confirmations to ensure criminal background checks, PA Child Abuse History Clearances, and compliance and drug testing protocols in conformance with applicable laws and regulations for all personnel.
16. A Certificate of Insurance must be provided, naming the Township of Douglass as an additional insured, in terms and amounts equal to or greater than the Township's policies. The Provider shall hold, throughout the course of the contract, appropriate insurance such as liability, errors and omissions coverage, etc., as may be reviewed from time to time by the Township.
17. The Provider shall confirm in writing if any action has been taken impairing the Provider's ability to bill Medicare or other third-party insurers, within five business days of such action.
18. The Provider shall confirm in writing if any action has been taken impairing or revoking its ambulance license issued by the Pennsylvania Department of Health or other regulatory agency, within five business days of such action.
19. The Provider shall confirm in writing if any legal action is taken against the Provider and provide updates as to the disposition of same, within five business days of such action.
20. The Provider shall confirm in writing, a quality assurance plan, which describes in detail the method or procedure used to review calls and provide training and improvement guidance for personnel.

21. The Provider shall provide detailed records of equipment maintenance and service on all equipment used through the course of providing emergency medical services to the public.

22. The Provider must be fully operational within the Township as of the effective date on an executed contract with the Township.

23. Any and all subcontractors must be identified and are subject to the prior review and approval of the Township.

24. The Provider will provide EMS service to all Township sanctioned and dedicated events at no additional charge to the Township or the event organizer.

25. The Provider must satisfactorily address the following items:

- a. Provide a detailed explanation of your billing rates (BLS, ALS1, ALS2, ALS assessment, BLS assessment).
- b. Provide a detailed explanation of your collection practices.
- c. Provide a detailed explanation of your overall service delivery model (i.e. MICU, Medic Chase Car, Floating EMS units, etc.).
- d. Advise if your business model requires a fund drive and/or subscription campaign.
- e. Advise of the total cost of (1) BLS Ambulance 24x7x365.
- f. Advise of the total cost of (1) ALS Ambulance 24x7x365.

26. This is a 9-1-1 service. If your agency performs routine transports, interfacility emergency transports, wheel-chair van service or other medical services that involve the comingling of 9-1-1 staff, do not submit a proposal.

END OF RFP