

PATIENT TRANSPORTATION SERVICES RFP**REQUEST FOR PROPOSAL****ADDENDUM NUMBER: ONE (1)****MARCH 7, 2023**

THIS ADDENDUM IS ISSUED PRIOR TO THE ACCEPTANCE OF THE FORMAL RFP'S. THE FOLLOWING CLARIFICATIONS, AMENDMENTS, ADDITIONS, DELETIONS, REVISIONS, AND MODIFICATION FORM A PART OF THE CONTRACT DOCUMENTS ONLY IN THE MANNER AND TO THE EXTENT STATED.

Q&A

1. Is the Contractor expected to provide a separate ambulance for the sole use of Salah Foundation Children's Hospital PICU/NICU Team Transports? If so, how many transports per year are expected? What specifications are required for this vehicle?

The intention is for an ambulance to be wrapped in Salah Foundation/Broward Health logo/design art. The ambulance will not be solely used for NICU/PICU transports but will be expected to only perform transports for Broward Health and when not on a transport will be expected to be parked at BHMC. The ambulance will need to be equipped as a CCT/SCT truck with compressed oxygen and compressed air.

2. Is the contractor required to provide all 4 types of transportation in this RFP? **The contractor is required to provide all types of ambulance and non-medical transport. A specialty vehicle for behavioral health is preferred but not required.**

3. **Re: Section III Minimum Requirements, Ambulance Equipment and Training Requirements Behavioral Health patient transport.**

Contractor shall agree to provide Audio-Video Equipment in each vehicle. This equipment maybe utilized to evaluate patient interactions with BH crewmember(s) and documentation of patient condition / responses during the time of transport.

Is the intent for the contractor to video and audio record the patient compartment of the ambulance? **Yes, for quality and safety purposes.**

Is Broward Health requesting a full audio/video recording of the patient compartment during the course of a patient transport of those patients deemed psychiatric? **Yes. Only in the event of complaints and adverse events will Broward Health request a copy of the A/V recording of Behavioral Health patient transports.**

4. **Re: Contractor shall agree and acknowledge that due to the nature and high level of transportation, all Behavioral Health Unit transports will require a specialized vehicle required for patient safety.**

The Response Time Requirements by Level of Care states that Behavioral Health Transports may be performed in either a BLS Ambulance or a Behavioral Health Specialty Vehicle. The statement above from the RFP minimum requirements states a specialized vehicle is required. Would you please clarify the vehicle required? If a specific vehicle other than an ambulance is to be used, please state the specifications of such. **A specific vehicle is not required but preferred. A specialty vehicle is only preferred for ambulatory patients. Specific requirements for the specialty vehicles are found at [64J-1 : Emergency Medical Services - Florida Administrative Rules, Law, Code, Register - FAC, FAR, eRulemaking \(flrules.org\)](#)**

5. Can you please provide the number of transports expected in Behavioral Health Transportation? **Approximately 1,200 transports annually.**
6. **Re: PERFORMANCE STANDARDS / RESPONSE TIME REQUIREMENTS:**
Contractors shall agree to handle multiple psychiatric transports daily. When transporting Behavioral Health patient's vendor shall commit to having specialized units for Behavioral Health Transports that have minimum of one (1) EMT on board, First Aid Supplies, and pass a CID training approved by Broward Health Behavioral Health.

Can Broward Health please outline what "CID" training is comprised of and is this a certification? Please provide a syllabus or suggested program for CID training.

Crisis Intervention and De-escalation training courses can be found from many different vendors. Please visit this link as a reference <https://www.samhsa.gov/dtac/creating-safe-scenes-training-course>

7. Could you please provide additional information regarding the psychiatric transports referenced in the RFP. Are these transports ambulance or non-ambulance? Are there any other special criteria for these transports? **Transports can be both ambulance and specialty vehicle. Please see question #4 for specialty vehicle requirements.**
8. **Re: Section VII D, Pricing Proposal.**
We would like to confirm with Broward Health that Broward Health is aware that all ambulance providers are subject to charging the same rates as set forth by Broward County? **Yes, Broward Health is aware.**
9. Non-medical transportation rates are not regulated by Broward County but, ambulance pricing is. Further, is proposing ambulance rates promulgated by Broward County for ambulance transportation reason for disqualification from the bidding process? **No, it will not disqualify the vendor from the bidding process.**
10. **Re: Section V, page 25, Quality Assurance and Penalties**
"If less than 80% of transports are completed within the contracted times within a specific level of service, a 10% penalty will be assigned to the monthly billed charges for that level of service".

Is the penalty based on 10% of charges billed to Broward Health for that month, or is it 10% of TOTAL charges billed by the provider to all payers for the month? **10% of charges billed to Broward Health.**

11. **Re: Section V, page 22, Scope of Work.**

“A dispatcher on duty and on premises at Broward Health during peak operating hours 11:00 AM -midnight”.

Does Broward Health mean that they want a “Dispatcher” who is capable of dispatching ambulances or a “Transportation Coordinator” who works directly with Broward Health staff in the PLC arranging transportation? **The Dispatcher will work with Broward Health staff to arrange transportation and ideally will also have the ability to dispatch ambulances.**

12. Are both the primary and secondary vendors required to provide either the “Dispatcher” or “Transportation Coordinator”? **Only the primary vendor is required to provide a Transportation Coordinator/Dispatcher.**

13. What is the payor mix for North Broward Hospital District? Could you please provide the following breakdown:

- Medicare or Medicare Advantage
- Medicaid or Medicaid HMO/Transportation Broker
- Commercial HMO
- Commercial PPO
- Self-Pay

Please refer to the payor mix for FY21 and FY22 provided with this addendum.

14. What is the historical payor mix for patient transportation services rendered for North Broward Hospital District? Could you please provide the following breakdown:

- Medicare or Medicare Advantage
- Medicaid or Medicaid HMO/Transportation Broker
- Commercial HMO
- Commercial PPO
- Self-Pay

Please refer to the payor mix for FY21 and FY22 provided with this addendum. (Note – this is not specific to transports but may reflect general payor mix).

15. What considerations will North Broward Hospital District put in place for the Contractor as it pertains to non-emergent transports which require prior insurance authorization (e.g. Medicaid Managed care products)? **Broward Health will obtain insurance authorization prior to transportation.**

16. What is the minimum requirement for monthly volume of transports to be performed by the Primary vs Secondary provider? **This has not been set as of the moment.**

17. Is the requirement to have a phone system that is “based in Broward County” a requisite for consideration for this RFP even if all other phone requirements are met but where the phone system is centralized and based in another county? **Exceptions can be considered.**

ADDENDUM ONE



COMBINED ANNUAL PAYOR STATISTICS

Jun-2022 Actual	Jun-2021 Actual
--------------------	--------------------

ADMISSIONS

PAYOR TYPE		
MEDICARE	8,350	8,326
MEDICAID	4,126	4,152
HMO/PPO/COMM	14,105	13,131
HMO/PPO-MCARE	10,588	9,335
HMO/PPO-MCAID	7,982	7,082
CHARITY	581	696
PRIVATE PAY	5,610	5,601
TOTAL ADMITS	51,342	48,323

PATIENT DAYS

PAYOR TYPE		
MEDICARE	49,702	48,802
MEDICAID	34,106	33,672
HMO/PPO/COMM	82,604	70,670
HMO/PPO-MCARE	74,681	60,684
HMO/PPO-MCAID	48,722	44,170
CHARITY	2,295	2,554
PRIVATE PAY	26,280	26,469
TOTAL PAT DAYS	318,390	287,021

E.R. VISITS

PAYOR TYPE		
MEDICAID	10,116	9,951
MEDICARE	17,489	17,022
MANAGED CARE	180,409	139,266
CHARITY/PRIV PAY/UNASS	50,965	45,033
TOTAL ER VISITS	258,979	211,272

O.P. VISITS	180,152	175,177
--------------------	----------------	----------------

ALOS

MEDICARE	5.95	5.86
MEDICAID	8.27	8.11
HMO/PPO/COMM	5.86	5.38
HMO/PPO-MCARE	7.05	6.50
HMO/PPO-MCAID	6.10	6.24
CHARITY	3.95	3.67
PRIVATE PAY	4.68	4.73
SUB TOTAL	6.20	5.94