



## Napa County EMS Ambulance RFP Question/Comment Form

Please list any questions and/or comments in the space below and submit to [JoAnn.Melgar@countyofnapa.org](mailto:JoAnn.Melgar@countyofnapa.org)

Agency	Question/Comment	EndPoint Response
AMR	On page 24, section 3.1 C, (1), should items "a", "b", "c", and "d" be numbered "2", "3", "4", and "5" (respectively), or is there text missing from the RFP document? These items currently appear to be a part of the "Legal History" requirement but do not relate.	Thank you for identifying this number correction. This will be corrected through an RFP addendum.
AMR	On page 32, section 6.1 3 F (1) and page 84, Exhibit 5, <u>Response Time Exemptions</u> , section B the County states that late responses that are exempted are excluded from response compliance calculation; however, on page 83, Exhibit 5, <u>Response Time Corrections and Exceptions</u> , section B the County states that late responses that are exempted are counted as compliant for response compliance calculations. What will the methodology be for calculating compliance following exemptions of late responses?	Late responses that are exempted are excluded from the compliance calculation. This will be corrected through an RFP addendum.
AMR	On page 78, Exhibit 5, <u>Emergency Response Zones and Priority Level</u> the County lists the four priorities but do not correlate them with MPDS EMD determinants. (Alpha, Bravo, Charlie, Delta, Echo) Which EMD determinants will match each Priority (Priority 1 through 4?)	Priority 1 = Echo and Delta calls Priority 2 = Charlie and some Bravo calls Priority 3 = some Bravo and Alpha calls Priority 4 = ALS inter-facility calls
AMR	On page 78, Exhibit 5, <u>Contract Oversight</u> , the County states that all outliers will subject the Contractor to a performance improvement plan. Is it the intent that the Contractor treat each outlier as a deficiency in performance requiring remedy or, does the County acknowledge that unusual call volume and/or other unforeseeable events may cause an occasional outlier at 200% of the response time standard and be absent any deficiency or need for improvement on the part of the Contractor?	The County is requiring the Contractor evaluate and report each outlier response to determine cause, understanding some will be caused by unusual call volume or other unforeseeable events.
AMR	On Page 79, <u>ALS Ambulance Response Time Chart with Extension for Priority 1 and Priority 2 Calls in Urban, Suburban and Rural ERZs Including QRV Response</u> , can the County please confirm that a Contractor's staffed ALS QRV will extend the response clock by the same manner as an ALS fire apparatus?	Yes, a QRV can extend the response time clock as long as it is identified as a part of the contractor's organized deployment plan.
Falck	Does the contract start on 1/1/22 or 1/2/22? Page one shows January 1, while all others have January 2.	January 2, 2022 at 0000AM
Falck	Would the County provide the UHU that the current provider operates at?	The existing provider's unit hour utilization is not available. However, see the Napa County EMS Assessment posted on Napa EMS Agency's website for additional information.
Falck	Would the County be able to provide the average loaded miles for priority 1 through 3, as well as priority 4?	CAD data will be provided following letter of intent (LOI)
Falck	Will the County advise how often QRV units are in service and what the shifts (in hours) are?	The current contractor currently staffs 2 QRVs 24/7.
Falck	Can the County provide response and transport totals by time-of-day and day-of-week for mutual aid responses provided for and by the current provider in 2019 and 2020?	CAD data will be provided following letter of intent (LOI)
Falck	Will the County supply the provider's current deployment plan, as well as on-time compliance reports for 2019 and 2020?	This information is not available. See the EMS Assessment
Falck	Will the County provide the number of EMTs and Paramedics serving the system with the current provider?	See the EMS System Assessment
Falck	Is the current workforce unionized? If so, will the County provide a copy of the current CBA?	Not at this time
Falck	Would the County advise if there is a living wage requirement?	Napa County does not have a living wage ordinance.



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Falck	Does the payor mix reflect 911 calls only or does it include IFT? If both, will the County provide a copy of both separated?	Payer mix is combined
Falck	Will the County advise what ePCR is currently used in the system?	See the EMS System Assessment
Falck	Will the County provide a copy of the contract between Napa Central Dispatch and the current provider?	Since Napa County EMS is not a party to this contract, the City of Napa would need to release the document.
Falck	Will the County provide the CAD system currently used by Napa Central Dispatch and Cal Fire's ECC?	Napa Central currently utilized <i>Intergraph</i> and the St. Helena ECC utilizes <i>Northrop Grumman</i> .
Falck	What is the current hardware configuration of the VHF radios in use today for the ambulances?	This RFP does not require a specific hardware configuration for the VHF radios utilized.
Falck	Can the county provide a recommended radio model that is preferred for interoperability into their radio system?	It is the Proposer decision on radio type as long as it complies with Dispatch Center requirements.
Falck	Will the County confirm the entire system utilizes VHF radio frequencies? If so, are there any plans to add other radio bands (i.e. high-band, 700Mhz, 800Mhz)?	VHF frequencies are currently being used
Falck	Will the County program radios or would this be done through a vendor by the ambulance provider?	This service is currently being provided through the agreement between the existing ambulance provider and Napa Central Dispatch.
Falck	Are there any monthly radio user fees through the county radio system?	This is currently included in dispatch charges
Falck	(Pg. 11, Section 1.7. F) The payor mix changes notably between 2018 and 2019, especially for Commercial. What might have contributed to such a change? (e.g., change in local economy, classification change)	This information is not available to the EMS Agency
Falck	(Pg. 11, Section 1.7 G) Will the County provide copies of the agreements for surge ambulances between the current provider, American Canyon Fire Protection District and Napa Fire Department?	Since Napa County EMS is not a party to this contract, the City of Napa or the American Canyon Fire Protection District would need to release the document.
Falck	(Pg. 12, Section 1.7. H) Will the County provide a copy of the provider's agreement with Napa Fire Department and American Canyon Fire District for ALS first response services?	Since Napa County EMS is not a party to this contract, the City of Napa or the American Canyon Fire Protection District would need to release the document.
Falck	(Pg. 16, Section 2.3. 5 (a)) Can the County confirm that one copy would suffice for audited financial statements, or eight?	Only 1 copy is needed
Falck	(Pg. 27, Table. Last Row) Would the County clarify what the \$1M insurance minimum is referencing?	Thank you for catching this it should be 5 million per occurrence. This will be corrected through an RFP addendum
Falck	(Pg. 30, Section 6.3. B) Are FirstWatch's OCU and FirstPass or equivalent the only two products required to be purchased by the contractor?	Proposers provide an ePCR platform in addition
Falck	(Pg. 33, Section 6.3. G) Can the County provide an estimate of coverage (in hours) based on history for the dedicated paramedic or additional resources at Lake Berryessa?	CAD data will be provided following letter of intent (LOI)
Falck	(Pg. 33, Section 6.3. I) "If local fire agencies provide Priority 1 and Priority 2 BLS first response in the Urban, Suburban and Rural ERZs, and meet the relevant Response Time Standards consistently (90 percent reliability), the Contractor may extend ambulance response by up to 2 minutes in each Priority and ERZ response time standard." Do any departments currently meet this requirement?	This is future opportunities, no BLS fire currently participates in a FRBLS
Falck	(Pg. 36, Section 6.5. B (4)) Will the County please clarify the NFPA and DOT requirements for Code 3 response?	This information available via a web search, however the California Highway Patrol provides final inspection of all emergency vehicles.
Falck	(Pg. 37, Section 6.7. (1)) 7. What is the current station alerting system in place today, and are they in each station?	The current dispatch center uses radio notification. In addition to radio communication, the current ambulance provider is notified via mobile data terminal (MDT) and the smart phone app, Active 911.
Falck	(Pg. 37, Section 6.7. (5)) What is the preferred radio for hospital communications?	The MedNet radio runs on VHF frequencies in an adjacent bank from the public safety channels. For details of our local frequencies, reference the <i>Statewide EMS Operations and Communications Resource Manual</i> .



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Falck	(Pg. 45, Section 6.11. D, 3 (d)) Is this service currently being provided and, if so, what are the electronic health record platforms in use that interface with the current provider's ePCR?	See the EMS Assessment. Health Information Exchange (HIE) has not yet been implemented in Napa County. However, existing platforms are capable in achieving bi-directional communication with HL7 compliant EHR systems.
Falck	(Pg. 46, Section 6.12) Would the County be able to provide a list of communication centers that meet the criteria of the RFP should Napa Central Dispatch not get accredited?	Proposers are required to identify alternative dispatch centers
Falck	(Pg. 46, Section 6.13) Does the annual \$550,000 fee for the communication center take ACE accreditation in consideration?	\$550,000 is the current fee the EOA provider is paying. It is unknown if that fee will increase following ACE accreditation.
Falck	(Pg. 48, Section 6.14.A(3)) Knowing that only commercial insurance will pay a mileage fee greater than the established fee schedule, will the County confirm the \$1.50 per mile transport fee pass through to the technology fund is based on the collection of the actual fee?	This fee is based on the collection of the actual fee
Falck	(Pg. 49, Section 6.14. C (4)) With several different methods to itemize a bill, will the County provide more detail on what it means by "itemized" in this section?	With the exception of the \$1.50 per mile technology and system enhancement fund, Exhibit 11 contains the approved itemized charges for Napa County.
Falck	(Pg. 98) Will the City of Napa provide a cost sheet for the associated hardware, including mobile radios, portable radios, and pagers?	Since Napa County EMS is not a party to this contract, the City of Napa would need to release this information.
Falck	(Pg.99) Would the County provide context as to why the base rate in the City of Napa is reduced by \$100? Is this a requirement or an agreement with the current provider? If so, may we have a copy of the agreement?	Exhibit 11 provides the current EOA patient billing rates. Current practice has been \$100.00 decrease within the City limits of Napa by the EOA provider.
Falck	(Pg. 101) Will the County please advise if the mileage should be 20 or 22 miles? The narrative and chart seem to conflict.	This is an example, please use 20 miles. This will be corrected through an RFP addendum
Medic Ambulance	<p>3.1.B Financial Condition (2) Provide externally audited financial statements for the most recent five years. If the Proposer organization is a subsidiary of another corporation or is a dependent governmental entity, Proposer shall provide externally audited financial statements for the parent entity for the most recent five years. If financial statements of a parent entity are submitted, the Proposer organization's financial statements must either be separately shown as a part of those financial statements or submitted separately in the same format and for the same period. Such a parent entity shall be required to guarantee the performance of the Proposer. Failure to submit financial statements may cause disqualification from this RFP process. The stated goal of this section as stated in the RFP, "Proposer shall provide evidence that documents the financial history of the organization including financial interests in any other related business and demonstrates that it has adequate cash on hand to finance start up costs and the first six months of operations." There are many ways to provide financial strength without providing audited financial statements. Medic has provided ALS EOA services to Solano County since 1999, is a very fiscally sound company that does not receive financial statements. The language as written would prohibit smaller ambulance services from qualifying in this RFP on a technicality which doesn't even prove financial sustainability. We would request the county modify this language to 5 years of financial statements (either audited or reviewed).</p>	Comment noted, no change in RFP.



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Medic Ambulance	6.3.B. Contractor Support of County Compliance Contract Management, and Regulatory Activities. \$1.50 per mile transport fee. We have major ethical problems with this fee, as well as question the legality of it being a kickback. In order to add the \$1.50 we would have to charge approx. \$7.50 to the mileage charge to recoup that fee. We are curious to why the county would add this to the already high fees and costs associated with this RFP. These costs are passed on the payors and consumers of the service.	Comment noted, no change in RFP.
Medic Ambulance	As it pertains to the FirstWatch Fees. If a provider currently uses First Pass with its proposed ePCR platform, would the county gaining full access suffice in lieu of the proposed costs for acquisition, acceptable	Comment received. The RFP states the proposer must be financially responsible for the full suite of FirstWatch/First Pass. The intent is this requirement is to provide the County and all providers within the County full access to this data software program.
Medic Ambulance	Comment: For a system of this size, we would strongly caution the counties approach in adding so much expense to the system. With First Response, Costs, Mileage Fees, RFP fees, First Watch fees, Financial Audit Fees, etc, the expected fees in just the first year of service is close to 1.3 Million dollars. That's a significant expense to add to a system, even if amortized over the terms of the agreement.	Comment noted, no change in RFP.
Priority Ambulance	The RFP states that a pre-proposal conference will be held on April 8 at 10 a.m. at Napa County Health & Human Services , 2751 Napa Valley Corporate Drive, Bldg. B, Napa, CA 94558. I wanted to confirm that this conference is currently planned to be in-person. If so, do you need for us to RSVP for attendees and will there any be any limits to the number of individuals who can attend from each group to enable social distancing?	The proposers' Conference will be held in-person at 2751 Napa Valley Corporate Drive at 10:00 AM and we ask that attendance is limited to two representatives per entity to support social distancing needs. Please see the memo post on the Napa County Procurement page adjacent to the RFP and the question/response document