



REQUEST FOR PROPOSALS WHN-C-0010

AMBULANCE TRANSPORT SERVICES

QUESTIONS & ANSWERS

APRIL 26, 2017

1. Can we please be provided with historical and projected call volumes for services to be covered by this RFP? We would like information specifically but not limited to SCT, 911, emergency, non-emergency, and discharge trips; by hour, by campus. Can we also be provided with the payor mix for these trips as well?
 - a. WMC anticipates 7,900 transfers from all other hospitals to our Valhalla campus each year. 1,236 transfers are from network affiliated hospitals.
 - b. WMC does not track discharge trips per hour
 - c. See answer to question # 22 for discharge payor mix information
 - d. Payor Mix for incoming transports

Commercial	55.3%
Medicaid	27.6%
Medicare	13.4%
NA	0.3%
No Fault	1.7%
Uninsured	1.7%

2. Page 8 - Section 2.5 - Section E – Staffing Proposal. RFP states “...experience minimum for the specialty care transportation staff.....” Do all paramedics have to be CCEMT-P and PNCCT?
 - a. Paramedics must have the skills and knowledge covered by these two programs. Acquisition of the skills and knowledge may come from a variety of sources.
3. Page 11 – Section 4.1.1 – Technical Evaluation. RFP states “The technical evaluation assesses.....to the following criteria:” What is the look back period for the summary of employee injury history and company vehicle accident history?
 - a. Three years
4. Page 11 – Section 4.1.1 – Technical Evaluation. RFP states “Methodology for staff to obtain initial and annual training” Is a CCEMT-P certification a requirement or is in-house equivalent training acceptable?



REQUEST FOR PROPOSALS WHN-C-0010

AMBULANCE TRANSPORT SERVICES

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APRIL 26, 2017

- a. See answer to question #2.
5. Page 12 – Section 5.2.1 – Specialty Care Transportation Services. RFP states “TYPE III Advanced Life Support (“ALS”) ambulance, with manufacturing specifications approved by WMC.” Please provide what are the manufacturing specifications desired by WMC?
 - a. Ground Vehicle Standard for Ambulances, v.1.0 available at:
http://www.groundvehiclestandard.org/wp-content/uploads/2016/03/CAAS_GVS_v_1_0_FinalwDates.pdf
6. Page 13 - Section 5.2.1 - Specialty Care Transport Services. RFP states that “staff must meet WMC driving eligibility requirements”. What are the eligibility requirements?
 - a. Driver guidelines include:
 - i. Valid Driver’s License
 - ii. 8 point threshold
 - iii. No serious violations, i.e. 25 mph over speed limit, DWI, or involvement in a serious accident
 - iv. No prior suspensions
7. Page 13 – Section 5.2.1 – Specialty Care Transport Services. RFP states that staff “must be capable and provide for air medical transport when requested”. What are the requirements to be deemed capable?
 - a. Additional training would not be required for EMS crew that is requested for aeromedical transportation as they would be required to provide a similar level of care that is provided during ground transportation. An orientation to flight operations would be just in time training.
8. Page 13 - Section 5.2.1 – Specialty Care Transportation Services. RFP states “Additional education as specified by WMC including but not limited to:” What methodology will WMC utilize to specify said additional training in the areas listed in this section?
 - a. Areas that may require additional training include:
 - i. Advanced Burn Care



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AMBULANCE TRANSPORT SERVICES

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APRIL 26, 2017

- ii. Advanced cardiac care, i.e. Balloon pump
 - iii. Additional ventilator training
 - iv. Education/Training to ensure the safe and effective transfer of patients as new technology and treatments emerge
9. Page 13 - Section 5.2.2 – Campus Ambulance Services. RFP states “ Professional emergent, urgent and scheduled response..... What is the difference between Non-Emergent vs. Discharge transports?
- a. Non-Emergent transfers refers to the unscheduled movement of patients from one campus building to another. Also referred to as “intra-campus” moves. For example, from the Behavioral Health Center to the Main building.
10. Page 14 –Section 5.2.3 – Discharge Transportation. RFP states “Response time performance should be (a) 10 minutes or less for 90% scheduled calls...” How much advanced lead time defines a scheduled (discharge) call vs. unscheduled?
- a. One hour
11. Page 15 – Section 5.2.6 – Reporting, / Subsection 2. RFP states that “data must be in xls or csv format.” Other than the fact that the data must be in xls or csv format as found in subsection 1, are there any other specifics that we need to know in order to create such reports?
- a. Ability to provide customized reports
 - b. All data fields from CAD and PCR
12. Number of ambulance discharges from WMC Valhalla campus for years 2014,2015 and 2016
- a. Approximately 2,800/year
13. Number of emergency calls on campus of WMC Valhalla
- a. 40-50/month
14. Total call volume for STAT Team SCT unit for years 2014,2015 and 2016



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AMBULANCE TRANSPORT SERVICES

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APRIL 26, 2017

- a. 178/month based on medical assessment, not necessarily on CMS billing rules
15. For management of discharge requests at “all WMC Health.” The total volume of ambulance discharge volume of all WMC Health facilities.
- a. Not available
16. Please clarify Mobile integrated health projects.
- a. WMC is very interested in exploring an integrated mobile health project. The exact nature of the program is to be developed and will depend, in part, in legislative changes that make the program fiscally prudent.
17. Please clarify on Page 11 Section 4.1.1 Company accident history report. Is there a particular length of time being requested.
- a. See #3 above
18. Please clarify payment/reimbursement method for SCT segment of calls. (Third party insurance, sending facility, WMC, patient)
- a. The SCT transports will be billed according to appropriate billing regulations. WMC expects the vendor to have appropriate processes in place to assure compliance and fiscal viability. WMC will not offset the expense of medically appropriate transfers.
19. Please clarify method of payment for any ambulance transports that the vendor performs and is not able to bill insurance, whether due to regulatory restrictions or inability of the patient to pay.
- a. WMC does not expect to pay for inter-facility ambulance transports as a matter of routine. We recognize that there may be exceptions, and pre-approval will be required before payment is authorized.
20. How many inter-facility trips are there between campuses? Please identify by location.
- a. See answer to question #1



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21. Are there any trips that WMCHealth chooses to take responsibility for? If so, what are the circumstances of these trips? Can you provide an estimate for how many of these trips occur annually?
- SCT patient billing
 - Discharges patient billing
 - Rare cases
 - Intra-campus
22. Do you have payor mix for trips by location? Not available
- For Valhalla, the discharge payor mix is the following:
 - Facility : 5%
 - Patient : 13%
 - Medicaid : 24%
 - Insurance: 28% (includes No Fault)
 - Medicare : 30%
23. What is the volume breakdown by campus, facility, and level of service (ALS emergent, BLS emergent, etc.)?
- See answer to question #1. The level of service for each call is not available.
24. What is the average mileage per trip broken down by the facility (billed or total)?
- WMC does not collect that data
25. Regarding the "Model 2" for the Staffing Proposal (p. 8 of the RFP), do we take over your SCT paramedics or will they be shared employees?
- Model 1 – your employee
 - Model 2 – our employee
26. The two dedicated SCT units, how many trips do they do on average? What is the business part of the day for these two units? What is the volume like on weekends?



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AMBULANCE TRANSPORT SERVICES

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APRIL 26, 2017

- a. See answer #1 above
 - b. Time of day and day of week data is not collected by WMC
27. Under Cost Evaluation (p. 12), “Favored nation contract language” and “Tiered pricing” talk about possible network growth. What are other locations or facilities that might be considered to be services in the future?
- a. Network locations
28. Section 5.2.1 lists SCT unit performing neonatal, perinatal, and several other services. How frequently do these occur?
- a. The following is breakdown by medical assessment:
 - i. “Rescue” – 15/month
 - ii. Adult Critical Care – 60/month
 - iii. Peds Critical Care – 86/month
 - iv. NICU – 16/month
29. Are there any wheelchair trips? How many in a given period?
- a. Wheelchair transports are not covered by this contract
30. Is WMCHealth looking to pursue Mobile Integrated Health programs? If so what kind?
- a. See answer to # 16
31. What is the volume of ambulance transportation originating from sites that are not on the WMC-Valhalla campus? Of those transports, approximately what percentage are transported to Valhalla and/or to Westchester County? What percentage of ambulance transports start and end outside of Westchester County?
- a. The 7,910 transports end in Valhalla, and approximately 2,800 ambulance discharges occur from the Valhalla campus. WMC does not currently track the number of transports that do not start or end in Valhalla.



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32. Statement of Methodology requests a written description of the two vehicles provided for specialty care. Section 5.2.1 – Specialty Care Transportation Services states that Type III ALS ambulances “with manufacturing specifications approved by WMC.” Does WMC have a list of required for preferred specifications?
- See question #5 above
33. What is the EMR system in place and are there plans to migrate to a new system in the future?
- Ambulance transfers will be documented on regionally approved electronic Pre-Hospital Care Reports. All pre-hospital care will be documented on that form. There are no immediate plans to integrate into the hospital electronic medical record.
34. Does WMCHealth have a centralized transfer or access center that transportation is ordered from?
- WMC utilizes both a transfer center and transport coordinators. The transfer center coordinates all aspects of inter-facility transfers. The transportation coordinators are currently located within WMC and coordinate discharge transportation arrangements
35. What is the average task time?
- WMC does not track task time
36. Who is the contractor currently performing the transport services for WMCHealth? Is there any available data that would assist with our response?
- WMC does not share partner data
37. Is there a time of the day in which the staffing peaks?
- EMS staffing will be at the discretion of the successful vendor.

Please Note: All answers represent the most current information available as of the date first set forth above. Any previously distributed information should be disregarded.