



## Miller County Government

304 W. Pine Street

Colquitt, Georgia 39837

P: 229.758.4104 | F: 229.758.2229

Board of Commissioners



# REQUEST FOR PROPOSAL (RFP)

Emergency Medical Services (EMS)

Issue Date: March 12th, 2024

Submission Due Date:

Monday, April 8th, 2024, by 4:00p.m.

Miller County Government

304 W. Pine Street

Colquitt, Georgia 39837

Douglas Cofty, County Manager

229-758-4104

[countymanager@millercountytga.gov](mailto:countymanager@millercountytga.gov)

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## **Section 1 Introduction**

The purpose of this document is to establish an exclusive contract for the provision of Advanced Life Support - Emergency Medical Service response for 911 emergency calls within Miller County, Georgia.

### **1.1 Submittal Costs and Confidentiality**

All expenses for preparing and submitting responses are the sole cost of the party submitting the response. The County is not obligated to any party to reimburse such expenses. All submittals upon receipt become the property of the County. Labeling information provided in submittals "proprietary" or "confidential," or any other designation of restricted use will not protect the information from public view. Subject to the provisions of the Open Records Act, the details of the proposal documents will remain confidential until final award.

### **1.2 Award Conditions**

This request and any proposal submitted in response, regardless of whether the proposal is determined to be the best proposal, is not binding upon the County and does not obligate the County to procure or contract for any services. Neither the County nor any party submitting a response will be bound unless and until a written contract mutually accepted by both parties is negotiated as to its terms and conditions and is signed by the County and a party containing such terms and conditions as are negotiated between those parties. The County reserves the right to waive non-compliance with any requirements of this Request for Proposal and to reject any or all proposals submitted in response. Upon receipt and review of responses, the County will determine the parties and proposal, that in the sole judgment of the County, is in the best interest of the County (if any is so determined), with respect to the evaluation criteria stated herein. The County then intends to conduct negotiations with such parties to determine if a mutually acceptable contract may be reached and while doing so may use ideas expressed in any proposal.

### **1.3 Evaluation of Submittals and Qualifications**

Evaluation of submittals and firms' qualifications will be conducted by the Miller County Board of Commissioners and County Manager. The selection will be based solely on the staff's belief in what is best for the citizens of Miller County. Proposers understand and accept that by responding to this solicitation they are willingly participating in this process that consists to some degree of subjectivity on the part of the Administrative staff in determining the firm(s) capable of providing the best overall solution.

### **1.4 Communication**

All communication regarding this RFP process shall be directed to the County Manager for this project. Any firm attempting to interfere with the selection process such as communication with one or more member(s) of the Miller County Board of Commissioners or parties affiliated with Board of Commission members to influence their judgement will be permanently disqualified from consideration.

Douglas Cofty  
County Manager  
(229) 758-4104  
countymanager@millercountyga.gov

### **1.5 Timeline**

**Proposals must be received April 8<sup>th</sup>, 2024.**

**Bids will be announced at the Miller County Board of Commissioners regular monthly meeting on May 13<sup>th</sup>, 2024.**

## Section 2- Scope of Work and Practices

Provides a brief description of the project and list of services and products requested that, while not comprehensive or complete in nature, will provide the Miller County Board of Commissioners with proposals that can be easily compared.

It is the intent to ultimately enter into an agreement with the Emergency Medical Service provider that ensures the prescribed services be available on a 24-hour per day basis, seven (7) days per week, and 365 days per year.

### 2.1 Background and Service Area

Miller County is approximately 282 square miles with a population of 6001. Within the boundaries of Miller County is the city of Colquitt. The territory consists of both municipal and rural areas. All 911 calls placed in Miller County are currently answered by Miler-Baker 911 Dispatch Center. The Center then dispatches the appropriate agency. The 911 center does not have Emergency Medical Dispatch (EMD) capabilities.

### 2.2 Call Data for period of December 1<sup>st</sup>, 2022, to November 30<sup>th</sup>, 2023

Total Calls:	1345
Treated, transported:	1039
No Transportation:	306

#### **Transport Destinations:**

Miller County Hospital -	264
Phoebe Putney Hospital -	111
Southeast Health-	104
Flowers Hospital-	99
Donalsonville Hospital-	40
Bainbridge Memorial Hospital-	27
John D. Archbold-	16
Tallahassee Memorial Health/Care-	15
Capital Regional-	7
Other-	14

*\*Data Sheets for State Office of EMS and Trauma included*

### **2.3 Emergency Medical Service provider responsibilities**

It is expected that any potential Emergency Medical Service (EMS) provider will be duly licensed and meet and/or exceed all professional and/or legal standards of licensing as an Emergency Medical Service provider in the State of Georgia. Emergency Medical Service provider shall be knowledgeable of and familiar with EMS rules, regulations and laws as promulgated by the State of Georgia, Department of Public Health, Office of Emergency Medical Services and Trauma prior to responding to this RFP.

This will be a performance-based contract. Evaluations will be performed monthly for the first six (6) months, then quarterly for the length of the contract. A performance bond must be obtained by the provider prior to the signing of the contract.

A contract will be entered into with the awarded Emergency Medical Service provider for an initial period of one (1) year and may be renewed at the sole discretion of the County for up to four (4) additional one (1) year terms upon written agreement of the parties.

Emergency Medical Service provider will transport, at no charge to Miller County, any and all County employees, personnel, and inmates, including, but not limited to elected and appointed officials, constitutional officers and staff, volunteer firefighters and public safety personnel who require emergency medical services. This provision shall also include, but not limited to, all elected or appointed officials, employees, personnel, prisoners, firefighters, and public safety personnel of any and all municipalities located partly or wholly in Miller County.

The Emergency Medical Service provider must provide and pay for all administration, insurance, professional expertise, labor, materials, vehicles, and equipment necessary to respond to all emergency calls referred to the Emergency Medical Service provider by the County. It is required that the EMS Provider have a physical base of operations located within the boundaries of Miller County on a 24-hour, 7 day a week, 365 days a year basis.

Each ambulance placed in service for coverage will have at least one (1) paramedic level provider and one (1) other provider, licensed to respond to 911 calls as allowed by the Rules of the Department of Public Health, Chapter 511-9-2.

The Emergency Medical Service provider will meet or exceed executing a twelve (12) minute response time for 85-90 percent of all 911 responses in Miller County. A chute time of 3 minutes or less enroute time for a unit from the time a 911 call is dispatched, and 30 minutes or less turnaround time from receiving facility to being back in the county.

This also includes sending an ambulance to all structure fires, requests during a disaster or when severe inclement weather conditions exist.

The Emergency Medical Service provider will participate in, and are subject to, any Mutual Aid agreements as directed by the Miller County Board of Commissioners.

The Emergency Medical Service provider will also provide communication devices for all EMS vehicles and personnel that are compatible with the Miller-Baker County E-911 radio system.

The Emergency Medical Service provider will provide one (1) team member to participate in the Colquitt -Miller County Tier One (1) Committee. The EMS Advisory Board of the Miller County will provide oversight of the Emergency Medical Service provider.

## **2.4 Insurance Provisions**

The Emergency Medical Service provider shall maintain, at its expense, professional liability and commercial general liability insurance in an amount equal to at least \$1,000,000 for each claim and at least \$2,000,000 in aggregate; workers' compensation insurance, with limits of not less than the statutory required limits for workers' compensation in the state of operation; auto liability insurance in an amount not less than one million (\$1,000,000) per accident for bodily injury and/or property damage, and professional liability insurance in an amount not less than one million dollars (1,000,000) for each claim, which may be provided through its customary self-insured retention fund. Such insurance shall name Miller County as an Additional Insured and shall not be cancelable except upon thirty (30) days prior written notice to the County.

No vehicle will be operated by the Emergency Medical Service provider or any of its employees, agents, or representatives unless there is insurance coverage in effect as provided herein.

Emergency Medical Service provider will provide evidence of all coverage to Baker County in the form of Certificates of Insurance, including in excess coverage.

## **2.5 Required Meetings**

The Emergency Medical Service provider shall provide representatives to meet with Miller County Board of Commissioner's officials, as may be requested, for the purpose of reviewing system issues and Emergency Medical Service performance. The Miller County Board of Commissioners agrees to give reasonable notice of such meetings. Furthermore, the Emergency Medical Service provider shall attend all required meetings held by EMS organizations or regulatory agencies.

## **2.6 Required Reports**

The following reports shall be provided to the Miller County Board of Commissioners on a monthly, quarterly, or annual basis, as will be determined:

### **Bio spatial Data:**

- Response time compliance.
- Total responses.
- Total patient refusals.
- Distribution of responses by time of day and day of week.
- Summary of patient complaints (situation found).
- Breakdown of all calls by category to include ALS, emergency transfers and air ambulance services.
- Copies of any motor vehicle investigations involving an EMS vehicle owned by the Emergency Medical Service provider while on a 911 call originating in Miller County.
- Mutual aid into or out of Miller County.

### **Operational Data:**

- Financial statements regarding operations in Miller County.
- Training of personnel in the use of an E-PCR system, as well as any other training related to EMS licensure.



## **2.7 Staffing Requirements and Employment Practices**

Sufficient staffing levels of qualified Ambulance Services shall be maintained to ensure response times and required paramedic levels are met. The Emergency Medical Service provider shall provide adequate supervision of all personnel and operations at all times.

At least two (2) ambulance crews will always be available for use in Miller County. Each ambulance will be staffed to the Advanced Life Support level with a minimum of one (1) person with a Paramedic license and one other provider, licensed to respond to 911 calls as allowed by the Rules of the Department of Public Health, Chapter 511-9-2.

At least one (1) additional ambulance that operates based on operational needs for non-emergency transports that originate at Miller County Hospital or any of its facilities. Non-emergency transports will be arranged and scheduled by Miller County Hospital staff.

The Emergency Medical Service provider shall participate with the Miller County Board of Commissioners in a Public Service Announcement campaign to inform residents of the new service in the lead up to the deployment of service.

## **2.8 Ambulance Fees and Guidance for Rate increases**

The Emergency Medical Service provider shall be entitled to charge patients for the services rendered according to the patient fee schedules included and proposed by the Emergency Medical Service provider as part of this procurement process. The proposed rate schedule shall be in effect for the initial 12 months of operations and shall not be increased during this timeframe. The Emergency Medical Service provider may not deviate from or alter the established fee schedule without prior written authorization by the Miller County Board of Commissioners. All emergency transport rates shall be based on the patient condition, or the services rendered.

The Emergency Medical Service provider shall provide as part of their proposal a comprehensive rate schedule for all services, materials, medications, and other actions or items that may be billed to a patient during their treatment and transport. The contents and description of the 'Proposed Rate Schedule' shall include, but not be limited to the following:

- Whether a “bundled or unbundled” rate structure is being proposed.
- Single base-rate charge and what items are included and excluded from the base charge.
- If “unbundled”, a complete schedule of charges for medical supplies, equipment, procedures, or other services that may be charged to the patient.
- Mileage rates.

The Emergency Medical Service provider shall conduct all billing and collection functions for the EMS system. The Emergency Medical Service provider may engage, at its sole expense, a third-party agent to provide EMS billing and collection services. The third-party service is required to comply with all rules imposed by the Miller County Board of Commissioners on the Ambulance Service.

## **Section -3 Proposal Format**

### **Introduction**

The Emergency Medical Service provider shall provide a brief understanding of the County’s needs and the Emergency Medical Service provider’s capability to perform the services described in this RFP. The Emergency Medical Service provider shall also provide a summary of their proposal, focusing on the highlights of their plan.

Respondents shall organize their submissions in such a way as to follow the general evaluation criteria as listed below:

### **3.1 Company Information**

Provide all vital and accurate information relating to corporate information as registered with the State of Georgia and the federal government. Such information shall include at a minimum, but not limited to:

- Company history- Years in business, nature of business, locations of business, location of headquarters, number of employees, nature of business plan (in relation to continued growth).
- Name of company as it appears on the Ambulance License
- Authorization to conduct business in Georgia (Ambulance License)

- Corporate Address/Mailing address
- FEIN and Corporate Identification
- Contact person for the company
- Name and Title of person authorized to sign legal documents on behalf of the company.

### **3.2 Operational Documents**

Provide copies of the following documents:

- A signed statement authorizing submission of the proposal.
- A signed statement from the Chief Executive Officer (CEO) of the Emergency Medical Service provider stating the beginning date Emergency Medical Service provider can begin operations.
- Insurance coverage.
- Ambulance Service's proposed Policies and Procedures, ambulance equipment/inventory list, and proposed organizational structure and staffing levels.
- Ambulance Service's operating medical protocols.
- Ambulance Service's Medical Director.
- Ambulance Service's Infection Control Policy.
- Letter(s) of reference where the Emergency Medical provider provides E-911 service.

### **3.3 Rate Structure**

Provide a comprehensive rate schedule for all services, materials, medications and other actions or items that may be billed to a patient during their treatment and transport. (See Section 2, 2.8 for details)

## **Additional Considerations:**

1. Miller County shall provide suitable quarters for the Emergency Medical Services provider to house its personnel and equipment during the term of the contract at no cost. The Emergency Medical Service provider shall be responsible for its own utilities expense and other expenses incurred, including cleaning and routine interior maintenance. The Emergency Medical Services provider shall be permitted to erect a sign which meets all local regulations regarding size and placement at the station signifying that location as an EMS Station. Any changes to the stations or location of the station must be agreed upon and approved, in writing, by both parties.
2. Miller County owns six (6) ambulances, four (4) X series Zoll Cardiac monitors, Stryker Power Stretchers, Stryker Power Loaders, Stair Chairs, and radio's that can be utilized. However, all ambulances and equipment will remain titled to Miller County and will be available for lease by the Ambulance Service provider. The ambulances and equipment will be maintained by the Emergency Medical Services provider and replaced by Miller County as needed. Equipment replacement schedule will be determined during negotiations. See appendix II for details.
3. Miller County shall provide all search, rescue, and extrication at no cost to Service provider.
4. Emergency Medical Service provider will provide First Responder training to the emergency responders in Miller County at no cost.
5. Any chargeable item used by the Colquitt Miller County Fire Rescue on a call, while assisting the Emergency Medical Services provider, will be replaced by the EMS Service.
6. Miller County employees who are injured on the job and transported by the Emergency Medical Services provider, shall provide complete billing information for Workers Compensation Insurance and the EMS provider shall bill the WC Insurance Provider.

7. A reduction of 1% of monthly bill will be withheld if performance metric is not met after a review between the EMS provider and the County Manager.

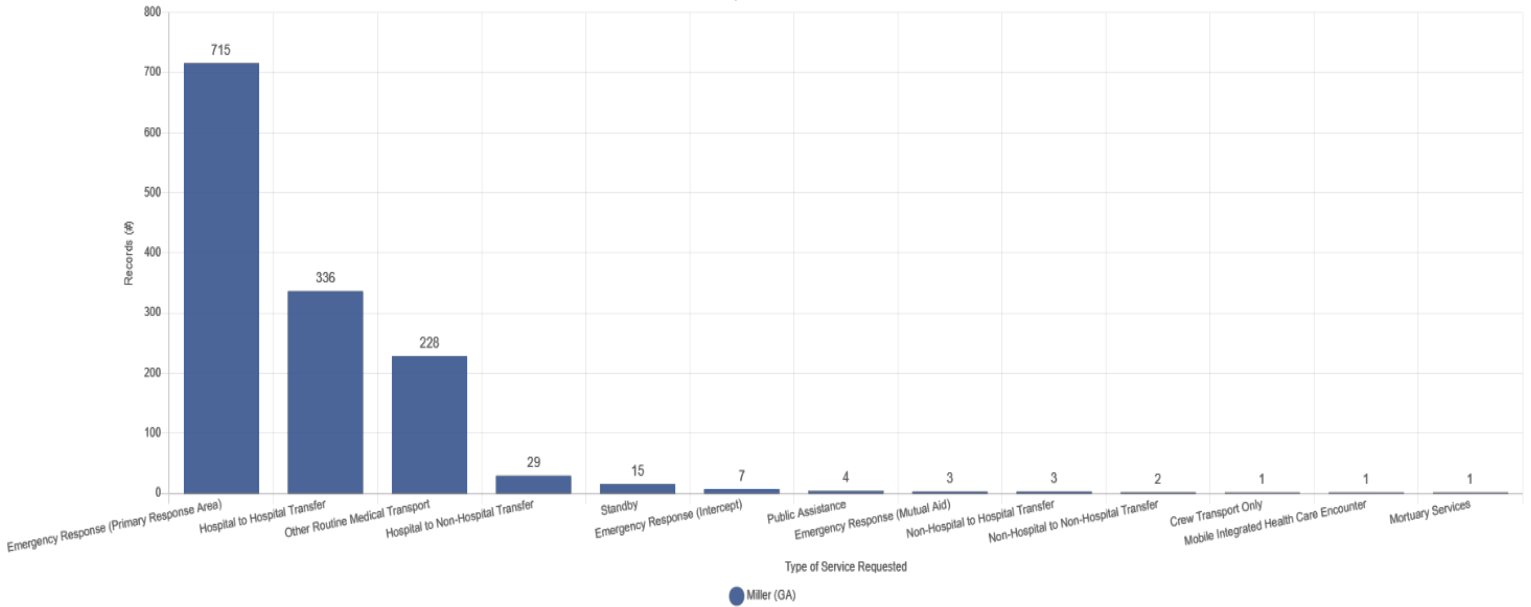
Proposal for Ambulance Services for the Miller County Board of Commissioners will be received at the County Government Complex at **304 W. Pine St, Colquitt, Georgia until April 8<sup>th</sup>, 2024.**

Any EMS provider bidding on this proposal will be allowed to present to the Miller County Board of Commissioners on May 13th, 2024. if the request is made to the Board of Commissioners in writing at the time their proposal is submitted.

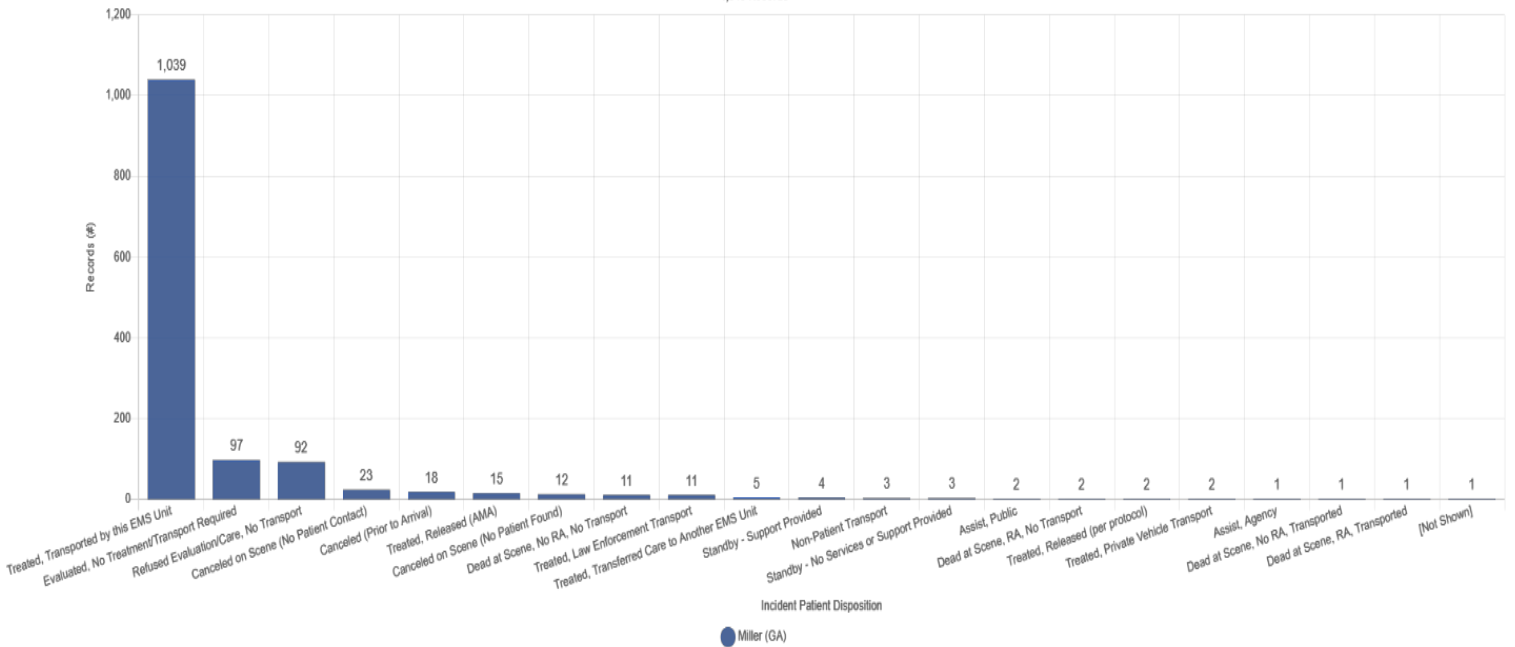
***The Miller County Board of Commissioners reserves the right to reject any and all proposals, waive any informalities, or award the contract in the best interest of Miller County, Georgia.***

# Appendix I

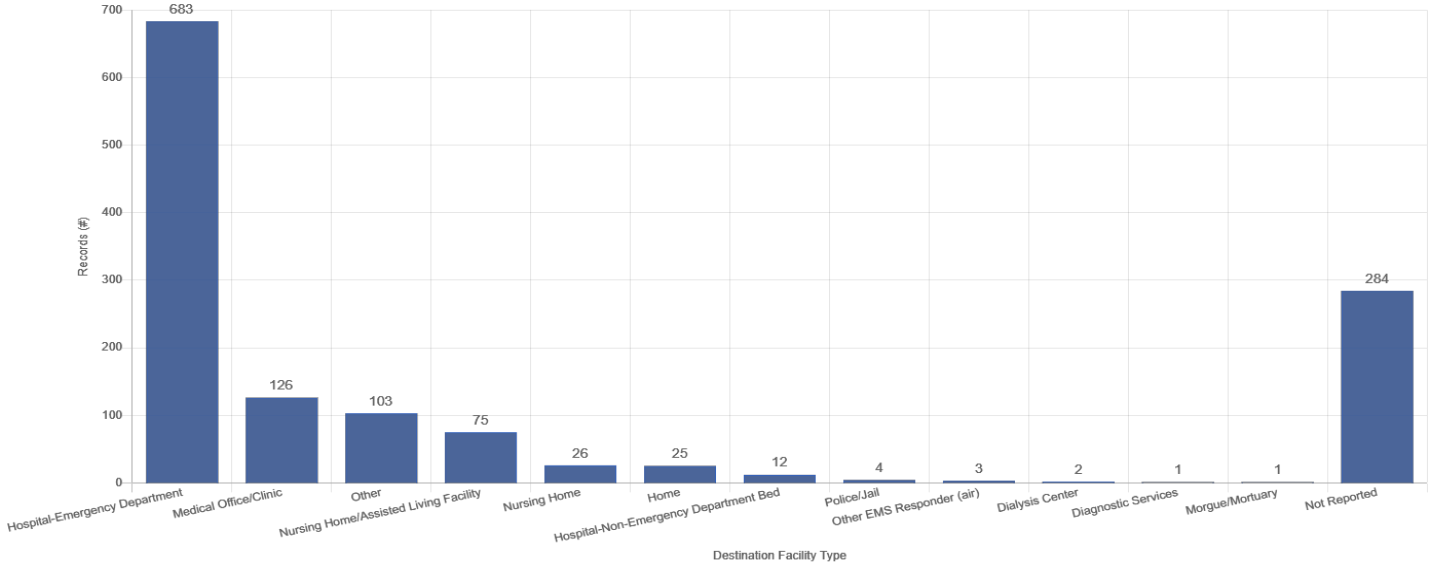
Records by Type of Service Requested  
 Grouped by Incident County  
 2022-Dec-01 to 2023-Nov-30  
 1,345 Records



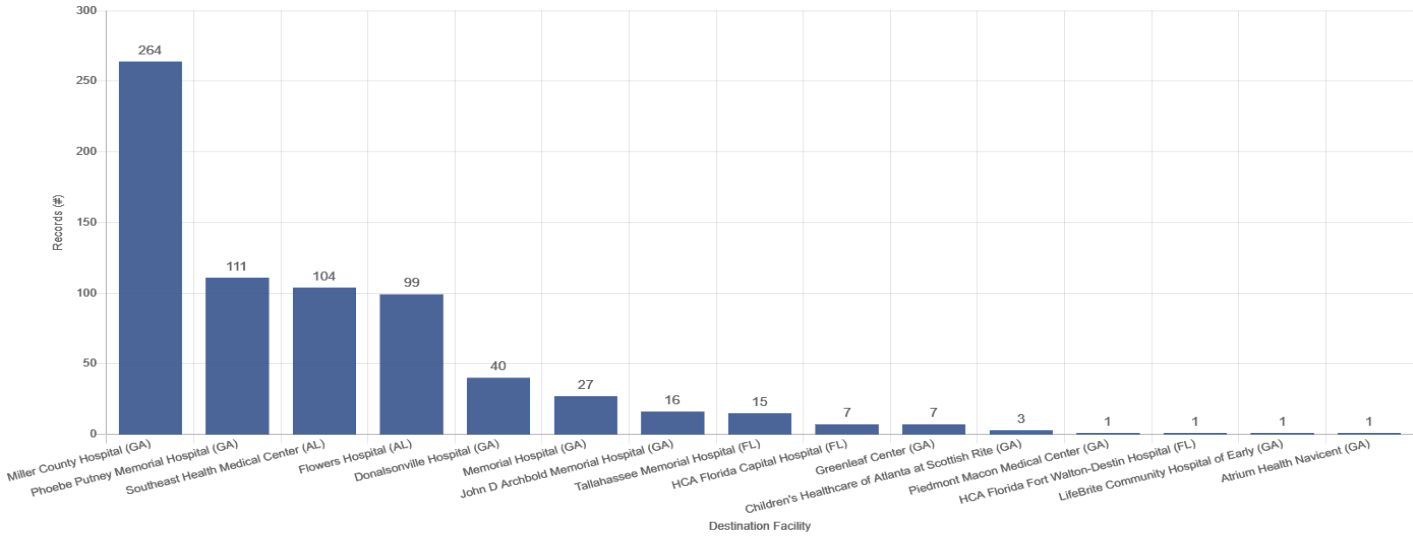
Records by Incident Patient Disposition  
 Grouped by Incident County  
 2022-Dec-01 to 2023-Nov-30  
 1,345 Records



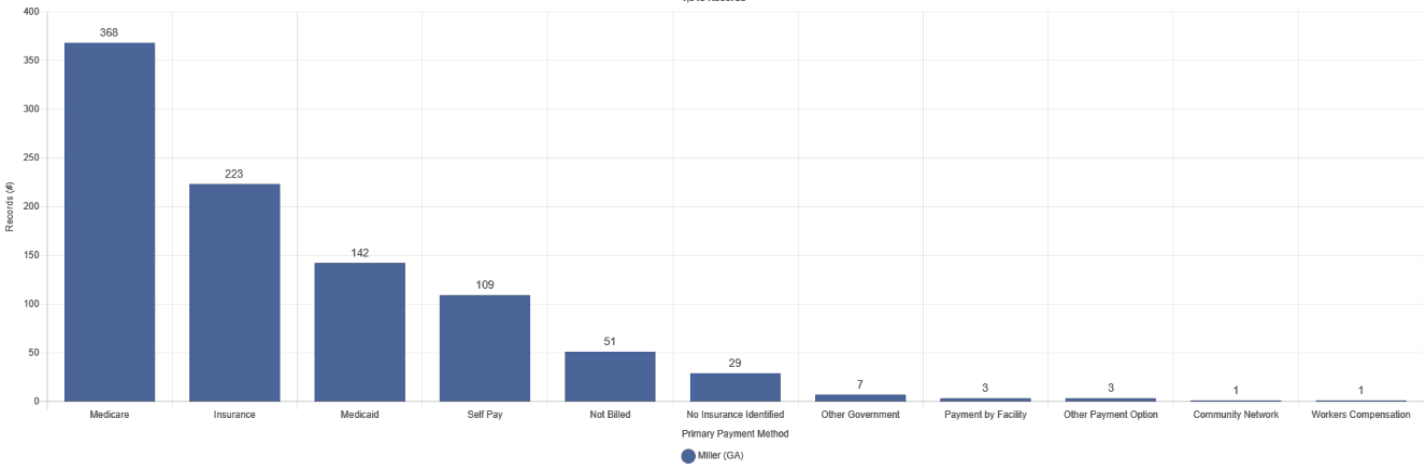
Records by Destination Facility Type  
 Event Local Date: 2022-Dec-01 to 2023-Nov-30  
 1,345 Records



Records by Destination Facility  
 Event Local Date: 2022-Dec-01 to 2023-Nov-30  
 1,345 Records



Records by Primary Payment Method  
 Grouped by Incident County  
 2022-Dec-01 to 2023-Nov-30  
 1,345 Records



MILLER COUNTY EMS

**Patient Day Sheet**

Show all data where the Date Created is between 7/1/2022, 6/30/2023

Entry Date	Document	POS Description	Provider Code	Amount
		Total # Patients		747
		Total # Procedures		1708
		Total Procedure Charges		\$930,432.86
		Total Product Charges		\$0.00
		Total Inside Lab Charges		\$0.00
		Total Outside Lab Charges		\$0.00
		Total Billing Charges		\$0.00
		Total Charges		\$930,432.86
		Total Insurance Payments		-\$384,570.51 *
		Total Cash Copayments		\$0.00
		Total Check Copayments		\$0.00
		Total Credit Card Copayments		\$0.00
		Total Patient Cash Payments		-\$465.45
		Total Patient Check Payments		-\$31,872.51
		Total Credit Card Payments		\$0.00
		Total Receipts		-\$416,908.47
		Total Credit Adjustments		-\$189,224.23
		Total Debit Adjustments		\$15,921.43
		Total Insurance Debit Adjustments		\$0.00
		Total Insurance Credit Adjustments		-\$336,003.45
		Total Insurance Withholds		\$0.00
		Total Adjustments		-\$509,306.25
		Net Effect on Accounts Receivable		\$4,218.14

\*Total Insurance Payments include Insurance Takeback Adjustments of \$0.00



## Appendix II

### Miller County Ambulances and Equipment

M2

Vehicle S# 1GB3COC83EF145001

Year 2014

Make Chevy 3500 HD

Model C31403

Mileage 189797

Monitor AR20Go4973

Stretcher 2104003501141

Auto Load 2104012400057

M3

Vehicle S# 1GB3CZCY8HF243367

Year 2017

Make CHEVY 3500

Model C36403

Mileage 159336

Monitor AR20Go49549

Stretcher 2104003501143

Auto Load 2104012400081

M4

Vehicle S# 1GB3CoC8XDF171545

Year 2013

Make CHEVY 3500

Model CHEVY

Mileage 131383

Monitor NA

Stretcher 100740642

Auto Load NA

M5

Vehicle S# 1FDRF3GT3LED729975

Year 2020

Make FORD

Model F350XLT

Mileage 57403

Monitor AR20H050607

Stretcher 2104003501142

Auto Load 2104012400070

M6

Vehicle S# 1GB3WSEY1PF207725

Year 2023

Make CHEVY

Model 156631403

Mileage Under 20,000

Monitor T82115495 / 603264934

Stretcher 2307020700132

Auto Load 4919E-6310 / RCPST6316-1612

M1

Vehicle S# 1FDWF36R48EE53452

Year 2008

Make FORD

Model F350XLT

Mileage 70859

