



CAROLINE COUNTY
HEALTH DEPARTMENT
Caring for Caroline

The Caroline County Health Department

INVITATION TO BID

Medical Assistance Non-Emergency Ambulance Transportation Service

SOLICITATION NO.: CCHD-MATA-2019

Issue Date: February 28, 2019

NOTICE

A Prospective Bidder that has received this document from the Caroline County Health Department's (CCHD) website <https://www.carolinehd.org/procurements-ifbs> or <https://emaryland.buyspeed.com/bsol/>, or that has received this document from a source other than the Procurement Officer, and that wishes to assure receipt of any changes or additional materials related to this IFB, should immediately contact the Procurement Officer and provide the Prospective Bidder's name and mailing address so that addenda to the IFB or other communications can be sent to the Prospective Bidder.

INVITATION TO BID

The Caroline County Health Department (CCHD) is accepting proposals for the purchase of **non-emergency ambulance transportation services** based on the enclosed specifications.

Information, specifications, and bid forms are included in this *Invitation To Bid*.

Additional copies of this *Invitation to Bid* may be obtained by calling (410) 479-8035, or from The Caroline County Health Department's Website <https://www.carolinehd.org/procurements-ifbs> or from the eMaryland Marketplace website: <https://emaryland.buyspeed.com/bso/login.jsp>
Refer to bid number CCHD-MATA-2019.

Bids must be received by the Procurement Officer/Deputy Health Officer by no later than 4:30p.m., March 31, 2019.

The bid will be awarded based on compliance to the specifications detailed in the following pages, and the lowest bid price.

Service delivery will begin: July 1, 2019 12:01am Local Time and continue until June 30, 2020 (with possible annual extensions up to June 30, 2022, **with a new IFB required for July 1, 2022 services.**)

**Caroline County Health Department
NOTICE TO VENDORS**

In order to help us improve the quality of State solicitations, and to make our procurement process more responsive and business friendly, we ask that you take a few minutes and provide comments and suggestions regarding this solicitation. Please return your comments with your response. If you have chosen not to respond to this Contract, please email or fax this completed form to the attention of the Procurement Officer (see the Key Information Sheet below for contact information).

Title: **Medical Assistance: Non-Emergency Ambulance Transportation Service.**

Solicitation No: **CCHD-MATA-2019**

1. If you have chosen not to respond to this solicitation, please indicate the reason(s) below:

- Other commitments preclude our participation at this time.
- The subject of the solicitation is not something we ordinarily provide.
- We are inexperienced in the work/commodities required.
- Specifications are unclear, too restrictive, etc. (Explain in REMARKS section.)
- The scope of work is beyond our present capacity.
- Doing business with the State of Maryland is simply too complicated. (Explain in REMARKS section.)
- We cannot be competitive. (Explain in REMARKS section.)
- Time allotted for completion of the Bid/Proposal is insufficient.
- Start-up time is insufficient.
- Bonding/Insurance requirements are restrictive. (Explain in REMARKS section.)
- Bid/Proposal requirements (other than specifications) are unreasonable or too risky. (Explain in REMARKS section.)
- MBE or VSBE requirements. (Explain in REMARKS section.)
- Prior State of Maryland contract experience was unprofitable or otherwise unsatisfactory. (Explain in REMARKS section.)
- Payment schedule too slow.
- Other: _____

2. If you have submitted a response to this solicitation, but wish to offer suggestions or express concerns, please use the REMARKS section below. (Attach additional pages as needed.)

REMARKS:

Vendor Name: _____ Date: _____

Contact Person: _____ Phone (____) _____ - _____

Address: _____

E-mail Address: _____

Caroline County Health Department

KEY INFORMATION SUMMARY SHEET

Invitation for Bids: Non-Emergency Ambulance Transportation Service.

Solicitation Number: CCHD-MATA-2019

IFB Issue Date: February 28, 2019

IFB Issuing Office: Caroline County Health Department – MA Transportation

Procurement Officer: Dr. Attilio J. Zarrella
Deputy Health Officer
403 S. 7th Street Denton, Md 21629
Phone: 410-479-8035 **Fax:** 410-479-0554
E-mail: attillio.zarrella@maryland.gov

Bids are to be sent to: Caroline County Health Dept.
Procurement Officer
403 S. 7th Street Denton, Md 21629
Attention: Dr. A. Zarrella

Pre-Bid Conference: There will not be a pre-bid conference

Closing Date and Time: March 31, 2019; 4:30pm Local Time

Public Bid Opening: There will be no public bid opening

General Information

eMarylandMarketplace

In order to receive a contract award, a vendor must be registered on eMM. Registration is free. Go to <https://emaryland.buyspeed.com/bsol/login.jsp>, click on “Register” to begin the process, and then follow the prompts.

Questions

Written questions from prospective Bidders will be accepted by the Procurement Officer. Questions to the Procurement Officer shall be submitted via e-mail to the following e-mail address: attillio.zarrella@maryland.gov

Please identify, in the subject line, the Solicitation Number and Title.

Questions are requested to be submitted at least five (5) days prior to the Bid due date. The Procurement Officer, based on the availability of time to research and communicate an answer, shall decide whether an answer can be given before the Bid due date. Time permitting, answers to all substantive questions that have not previously been answered, and are not clearly specific only to the requestor, will be distributed to all vendors that are known to have received a copy of the IFB in sufficient time for the answer to be taken into consideration in the Bid.

Bid Timeline

Bids must be received by the Procurement Officer, at the address listed on the Key Information Summary Sheet, no later than **4:30pm** Local Time on **March 31, 2019** in order to be considered.

Requests for extension of this time or date will not be granted. Bidders mailing Bids should allow sufficient mail delivery time to ensure timely receipt by the Procurement Officer. Bids received after the due date and time listed in this section will not be considered.

Bids may be modified or withdrawn by written notice received by the Procurement Officer before the closing time and date.

Bids submitted by e-mail must be followed up with a phone call to the Procurement Officer, to assure receipt at the CCHD. No facsimile (Fax) copies will be accepted.

Bids submitted by mail: we strongly encourage vendors to send their paper bid using *Registered, Return Receipt* options. Bids are to arrive at CCHD by 4:30pm on March 31, 2019 to be considered.

Vendors not responding to this solicitation are requested to submit the “Notice to Vendors” form, which includes company information and the reason for not responding (e.g., too busy, cannot meet mandatory requirements, etc.). This form can be found on page three (3) immediately following the *Invitation to Bid* Page.

Award Basis

The bid will be awarded based on compliance to the service delivery specifications detailed in the following pages, and the lowest bid price.

Service delivery is to begin at 12:01 am July 1, 2019. There will also be the possibility of two one year extensions, at the discretion of the CCHD. Service delivery will not be extended past June 30, 2022. Except to allow for a Bid process to be conducted, if necessary.

BID AFFIDAVIT

AUTHORITY

I hereby affirm that I, _____ (name of affiant) am the _____ (title) and duly authorized representative of _____ (name of business entity) and that I possess the legal authority to make this affidavit on behalf of the business for which I am acting.

Signature of Affiant

Witness

Date

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Service Specifications Follows

The Caroline County Health Department
Non-Emergency Ambulance Transportation Services
For Medical Assistance Recipients

Background

The Division of Community Support Services Office of Health Services within the Maryland Department of Health (MDH) administers the Medicaid Program for the State of Maryland. Medicaid is the program jointly funded by the state and federal governments. In order to receive federal reimbursement, Maryland must administer the program in conformity with federal statutes and regulations. Federal regulations (42CFR §431.53) require States to have a plan to ensure that Medicaid recipients have transportation to medically necessary medical services.

Since Medicaid is the payer of last resort, all possible sources of transportation must be considered and exhausted prior to the expenditure of grant funds for transportation services. The funds are to be used to:

- Screen recipients’ requests for transportation to assure recipient eligibility and necessity of transportation;
- Arrange for and/or provide the most efficient means of transportation where no other transportation is available to the recipient and without the provision of transportation, the recipient would not be able to access medical care; and
- Ensure that Medicaid-funded transportation is used in a manner consistent with the requirements of COMAR 10.09.19.

The Caroline County Health Department, a unit of the Maryland Department of Health, hereinafter called the “Department” or “CCHD”, is soliciting sealed bids from qualified bidders to provide *Non-Emergency Ambulance Transportation Services* to qualified Medicaid [also known as Medical Assistance or MA] recipients who reside in Caroline County, Maryland.

Below are statistics for ambulance transportation from July 1, 2012 through January 2019:

MA Non-Emergency Ambulance Transportation Statistics
July 1, 2016 – February 2019

Date	# Of Trips	# Of Miles
July 1, 2012 – June 30, 2013	147	6122
July 1, 2013 – June 30, 2014	181	7841
July 1, 2014 – June 30, 2015	113	4516
July 1, 2016 – June 30, 2017	0	0
July 1, 2017 – June 30, 2018	30	575
July 1, 2018 – January 2019	17	383

Purpose

1. The purpose of this solicitation is to contract with a vendor who can successfully deliver the following:
 - a. Provide non-emergency Advance Life Support (ALS), Basic Life Support (BLS) and Specialty Care (SCT) ambulance transportation for qualified Medical Assistance recipients.

- b. Screen recipients for eligibility for transportation services.
 - c. Determine the most appropriate mode of transportation for a client with mental health or physical disabilities.
 - d. Provide transportation for patients outside of normal working hours.
 - e. Provide transportation, as needed to qualified participants in the Rare and Expensive Case Management Program.
2. Through this transportation contract the Department intends to:
- a. Assure recipient access to medical care.
 - b. Provide service to meet the non-emergency transportation needs of MA recipients who have no other means of transportation to and from medically covered services.
 - c. Expand new transportation resources in areas where they are limited.

Definitions

“Attendant”	Someone who accompanies a recipient who is unable to be transported alone. This does not include children for whom no childcare is available. An attendant can be authorized in situations that involve recipients with extreme physical handicaps or mental disabilities.
“Contractor”	The recipient of funds from Caroline County Health Department to be used specifically for providing non-emergency medical transportation to Caroline County Medical Assistance recipients.
“Driver”	An employee of the Contractor responsible for operating a vehicle.
“Eligibility Verification System (EVS)”	The computerized system set up by the Maryland Medical Care Program that allows a vendor to verify a recipients’ Medical Assistance eligibility on a given day.
“Emergency”	A situation requiring a prompt diagnosis and treatment of conditions having the potential of causing imminent disability or death.
“MCO”	Managed Care Organization
“Recipient”	A Caroline County resident who is certified as eligible for, and is currently receiving Medical Assistance benefits.
“Trip”	For the purpose of this solicitation, a trip would be considered transportation from point A to point B and not necessarily round trip transportation back to point A.
“Emergency Services”	Services provided in hospital emergency facilities after the onset of a medical condition manifesting itself by symptoms of sufficient severity that the absence of immediate medical attention could reasonably be expected by a prudent layperson, possessing an average knowledge of health and

medicine, to result in (1) placing health in jeopardy; (2) serious impairment of bodily functions; (3) serious dysfunction of any bodily organ or part; or (4) development or continuance of severe pain.

“Urgent Services” Services provided in instances which require prompt action from the provider after the onset of a medical condition or incident resulting in bodily dysfunction or extreme discomfort.

“Transportation Grant Manager” Department Staff person who has been assigned to oversee the Non-Emergency Medical Assistance Transportation Program.

Mandatory Qualifications/Requirements

1. All services provided by the Contractor, either directly or indirectly, must be in accordance with Health-General Article Annotated Code of Maryland Sections 2-104(b) 15-103 and 15-505, and Code of Maryland Regulations (COMAR) Transportation Grants 10.09.19.
2. The Contractor shall screen all requests for transportation services.
3. The Contractor shall properly transport screened Caroline County Medical Assistance recipients to and from an appropriate provider for non-emergency medical care within Caroline County. When a service is not available in Caroline County, the Contractor will transport the recipient to an appropriate medical care provider outside of the County.
4. Transportation services must be available twenty-four hours per day, seven days per week.
5. The Contractor must ensure quality of service including, but not limited to: adequacy of vehicles for passenger safety, comfort, sufficiency of equipment accessibility and compliance with federal motor vehicle safety standards. Vehicles shall be kept clean (interior and exterior) at all times. All systems and equipment must be maintained in proper working order to include the climate control system (heat & air conditioning). The Contractor must provide the following equipment:
 - a. Restraining devices, padding and blankets as needed; and
 - b. Two-way radios or cell phones.
6. Transportation provided by the Contractor shall be in compliance with all applicable city, county, Department of Health and Mental Hygiene, state and federal regulations regarding licensing and certification of personnel and vehicles, including insurance coverage and safety inspections.
7. The Contractor shall have a staffed office located within 30 minutes travel or 20 miles from the Department office to include: the Contractor’s Contract Monitor; phone operators; parking available for its vehicle, including backup vehicles. The Contractor shall provide sufficient office staffing twenty-four hours per day, seven days per week.

8. The Contractor must have a toll-free telephone number; accept collect calls, etc. to ensure that no facility or Caroline County Medical Assistance recipient has to incur a long distance charge to request transportation.
9. The Contractor must provide BLS*, ALS* and SCT* Services to eligible participants in the Maryland Medical Assistance Program.

***BLS** - Basic Life Support care requires medical monitoring by a licensed EMT-Intermediate and may include monitoring vital signs, oxygen and IV therapy. The BLS Ambulance is equipped with state-of-the-art equipment including an automatic external defibrillator, blood pressure monitoring equipment, pulse oximetry and oxygen delivery devices.

***ALS** - An Advanced Life Support Ambulance is which would have at least one Paramedic (EMT-P) and an EMT. It is equipped with all of the supplies needed to care for a severely injured or ill patient, such as IV supplies, cardiac monitor, intubation equipment and a ventilator. Paramedics can defibrillate, administer medications and perform other invasive maneuvers required in emergency situations.

***SCT** - Specialty Care Transport is the inter-facility transportation of a critically injured or ill beneficiary by a ground ambulance vehicle, including the provision of medically necessary supplies and services, at a level of service beyond the scope of the EMT-Paramedic.

10. The Contractor must be licensed as a specialty care transport ambulance service.
11. The Contractor must meet the following response time standards at least 90% of the time:

<u>Urgent Requests</u>	<u>Non-urgent Requests</u>
8 am – 8 pm – 30 minutes	8 am – 8 pm – 30 minutes
8 pm – 8 am – 45 minutes	8 pm – 8 am – 3 hours

The Contractor shall arrive on time for pre-scheduled transports.

12. The ambulance driver must have completed Red Cross Standard First Aid Training or its equivalent and Cardiopulmonary Resuscitation (CPR) Training.
13. The ambulance attendant must have completed, at a minimum, Emergency Medical Technician-Ambulance Training or its equivalent, as determined by the Maryland Institute of Emergency Medical Services System (MIEMSS).
14. Extra crew members, as preauthorized under Regulation .06 of COMAR 10.09.13, will have training equal to that needed to accommodate the medical necessity justifying the need for additional crew.

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Services to Be Performed/Deliverables

General Requirements:

Maryland Medicaid recipients who do not have restricted eligibility such as Qualified Medicare Beneficiary, Primary Adult Care, or Family Planning coverage are eligible for medically necessary transportation services. Both community-based recipients and recipients living in long term care facilities are potentially eligible for transportation.

1. In determining eligibility for transportation, the Contractor will take into account factors such as:
 - a. The client's physical/mental condition.
 - b. Location of health care provider.
 - c. Appropriateness of mode of transportation, etc.
 - d. If client has a MCO, the primary care physician has made the referral.
2. In determining the appropriate means of transportation for a client who appears to have a mental or physical disability which makes it impossible for the client to use alternate or public transportation, the staff will request documentation prepared by the recipient's physician reflecting that the client's mental or physical condition makes it impossible for the client to use other forms of transportation.
3. The Contractor shall prohibit smoking by employees and shall prohibit any abusive, rude, threatening, obscene or vulgar behavior or any activity on the part of the employee, which might be considered injurious to an individual's person or self-respect.
4. The Contractor will not subcontract any part of this service, at any time, to any other vendor without prior authorization by the Department or its designee. The Department does not guarantee any specific minimum or maximum number of trips.

Eligibility Determination and Scheduling

1. The Contractor shall verify recipient eligibility for the transportation program by accessing the Eligibility System (EVS).
2. Through screening, the Contractor shall determine whether:
 - a. The individual receiving medical care is a Maryland Medicaid recipient and is potentially eligible for transportation;
 - b. The requested transportation is necessary in order for the recipient to receive needed medical care;
 - c. The medical service is coverable by Medicaid;
 - d. The most efficient mode of transport necessary to meet the need is being used; and
 - e. The requested transportation is not covered by another segment of the Program or otherwise prohibited by regulation.

Screening Components

Eligibility

In order to be eligible for transportation services, the individual receiving medical care must first be a recipient of full Medicaid benefits. Individuals whose eligibility is limited to Medicare coinsurance (QMB), payment of Medicare premiums (SLMB), Primary Adult Care (PAC), or Family Planning benefits are not eligible for transportation services. If an attendant is required, the attendant need not be a Medicaid recipient.

Necessity of transportation to meet medical care needs

The Contractor shall be responsible for ensuring recipients have access to medically necessary care. Both *transportation resources* and *provider resources* should be considered.

Availability of provider resources - When determining the necessity of transportation in meeting the recipient's medical care needs, Contractors shall also consider whether transporting to a specific location, either because it is the recipient's choice or it is in the managed care organizations (MCO's) network, is the most efficient and cost-effective means of meeting the recipient's needs.

Description of Services

1. The Non-Emergency Ambulance Transportation Service shall consist of those vehicles necessary for and capable of transporting the recipient census. The bid shall not place a cap on the number of vehicles nor the number of rides provided.
2. Transportation services shall include, but limited to BLS*, ALS* and SCT*.

***BLS** - Basic Life Support care requires medical monitoring by a licensed EMT-Intermediate and may include monitoring vital signs, oxygen and IV therapy. The BLS Ambulance is equipped with state-of-the-art equipment including an automatic external defibrillator, blood pressure monitoring equipment, pulse oximetry and oxygen delivery devices.

***ALS** - An Advanced Life Support Ambulance is which would have at least one Paramedic (EMT-P) and an EMT. It is equipped with all of the supplies needed to care for a severely injured or ill patient, such as IV supplies, cardiac monitor, intubation equipment and a ventilator. Paramedics can defibrillate, administer medications and perform other invasive maneuvers required in emergency situations.

***SCT** - Specialty Care Transport is the inter-facility transportation of a critically injured or ill beneficiary by a ground ambulance vehicle, including the provision of medically necessary supplies and services, at a level of service beyond the scope of the EMT-Paramedic.

3. Transportation service is provided only for Medicaid covered medically necessary, direct treatment from a medical provider who has a provider agreement with the State of Maryland, Department of Health and Mental Hygiene.
4. The ambulance must have necessary patient care equipment, including a stretcher, clean linen, first aid supplies, oxygen equipment and other safety and lifesaving equipment, which may be required by state or local laws, to classify the vehicle as an ambulance.

5. Ambulance Transportation Service will be provided to those MA recipients who are certified by two physicians for admission to an inpatient mental health facility, twenty-four hours per day.

Limitations

1. Grant funds for transportation are available only when the service to which the recipient requests transportation is coverable by Medicaid. Services that are not covered by Medicaid include but are not limited to:
 - Emergency transportation services;
 - Medicare ambulance services;
 - Veterans Administration hospitals to receive treatment for a military-related condition;
 - Transportation of recipients committed by the courts to a mental institution;
 - Transportation between a skilled nursing facility or intermediate care facility for routine diagnostic testing, nursing services or physical therapy, which can be performed at the skilled nursing or intermediate care facility;
 - Transportation of non MA recipients;
 - Transportation for anyone other than the recipient, except for an attendant accompanying a minor or when an attendant is medically necessary;
 - Ambulance services for recipients who need not be transported in a recumbent position;
 - The contract also excludes the following;
 - Waiting time or non-loaded mileage; and
 - Co-insurance or deductible for Medicare covered ambulance services which are paid under COMAR 10.09.13, ambulance and Wheelchair Van Services.
2. Recipients who are dually eligible for full Medicaid and Medicare may need transportation to receive medical services that are coverable by Medicaid, but may be billed to Medicare or other third-party payer. In these cases, transportation may be provided as long as the medical service is one that Medicaid covers and all other requirements (no other transportation available, closest appropriate provider, etc.) are met.

Need for an Attendant

1. Transportation is limited to the recipient, a parent or guardian for a recipient who is a minor, and/or an attendant who is needed to accompany the recipient to the service. Minors must be accompanied on medical appointments by a parent, guardian, or other responsible adult.
2. Neither the Department nor the Contractor shall be responsible for furnishing an attendant for the recipient, other than the authorized ambulance attendant.

Reporting Requirements

1. The Contractor shall retain complete documentation of the certification of recipients and daily logs for transportation services provided. The daily logs must reflect:
 - a. The client's name; home address and telephone number (if available);
 - b. The client's Medical Assistance number;
 - c. Origin/destination of trip;

- d. Loaded passenger miles; and
 - e. Name and number of attendants.
2. A summary sheet must be presented at the end of each month, which includes, but is not limited to the following information:
- a. The number of clients served;
 - b. The number of attendants;
 - c. The number of one-way trips;
 - d. Loaded ALS passenger miles;
 - e. Loaded BLS passenger miles;
 - f. Loaded Specialty Care passenger miles; and
 - g. The number of clients denied service and the reason for the denial.

A copy of the daily logs and summary sheets is to be submitted to the Transportation Grant Manager, along with the invoices for services provided.

3. The contractor shall submit a copy of the Physician Certification Statement for Non-Emergency Ambulance Service and the Patient Demographic Form for each client transported.

Performance Evaluation and Non-Payment for Non-Performance

1. All services to be provided, including the manner in which the service is provided and condition of equipment used to provide the service, as described in this contract under Mandatory Qualifications/ Requirements, Eligibility Determination and Scheduling, Screening Components, Necessity for Transportation, Limitations, Description of Services, Need for an Attendant, and Reporting Requirements, shall be construed as deliverables under the contract and are subject to non-payment if any or all of the services to be provided, including the manner in which the service is provided and condition of equipment used to provide the service, are not delivered.
2. The Transportation Manager shall determine that the Contractor has delivered all services to be provided by:
- a. Review of monthly reports/daily logs, including random verification of appropriateness of service, eligibility, destination and date of service.
 - b. Periodic review of screening process and documentation through on-site visits and review of monthly screening forms.
 - c. Monthly review of recipient, hospital or facility complaints to determine evidence of non-performance.
 - d. Random follow-up with recipients, hospital or facility to ascertain compliance with performance standards.
 - e. Periodic consumer surveys for quality assurance compliance.
3. The Transportation Manager shall maintain files of complaints to be reviewed approximately once per month. The Contract Monitor or designee, based upon a thorough review of any non-performance reports, shall determine non-performance.
4. In the event that the complaint file reveals any deficiency(s) in the program, the Contractor will be advised of the deficiency(s) by the Department, and allowed a period of time, not to exceed one

week, to advise the Department in writing of the corrective action to be taken and date by which the deficiency(s) will be corrected. If the plan of correction is not received or the corrective action is not taken within the timeframe stated in this sub-section, or agreed to by the Department, the Department may immediately withhold or deny payment while deficiencies exist. If payment is withheld, it will be withheld until deficiencies are corrected to the satisfaction of the Department's Contract Monitor. This subsection shall be applied to any area of performance that is unacceptable (below 95% in total performance, including late and missed pick-ups, etc.) during a thirty-day period.

Terms and Conditions

1. The Contractor's Contract Monitor (or designee) shall be available by telephone within two (2) hours after notification by the Department. Repeated incidents (more than three per year) of the Department's inability to talk with the Contractor's Contract Monitor (or designee) within the prescribed time frame shall be grounds for termination of the contract for default.
2. Complaints will be recorded and investigated by the Department Transportation Grant Manager. Complaints deemed legitimate by the Department will be faxed to the Contractor's Contract Monitor within twenty-four hours of receipt or by close of the next business day. The Contractor will respond either by telephone or fax by the close of the next business day following the receipt of the complaint, stating their explanation and the corrective action that will be taken.
3. The Contractor agrees that payment made by Caroline County Health Department (CCHD) will be accepted as payment in full for services provided and that no additional charges will be assessed against any person for covered services.
4. In the event the Contractor misses a scheduled recipient transport, the Contractor will reimburse the appropriate party for any transportation expenses incurred in resolving the situation. However, this does not include "no shows" or clients not ready at the designated pickup time.
5. The Department will be responsible for pre-authorizing the following services: (a) transportation to another state; and (b) transportation between two nursing homes due to the revocation of their license or Title XIX Federal certification.
6. When required, the Contractor shall attend meetings scheduled to discuss the contract and/or delivery of service.
7. The Contractor shall provide access to any and all files and records pertaining to this contract to authorized representatives of the Maryland Department of Health.
8. The Contractor shall retain all books, records and other documents relevant to this contract for no fewer than six years after the date of final payment or until notification by the Fiscal Department of CCHD that the audit has been resolved, whichever is sooner.
9. The Contractor agrees to cooperate in the participant survey of consumers by distributing questionnaires provided by the Department when requested.

Licensing

Prior to commencing work on this contract, the Contractor shall provide evidence to the Contract Monitor of all applicable transportation licenses required to operate in the State of Maryland, and if required, by the local jurisdictions, including but not limited to, Maryland Institute of Emergency Medical Services Systems (MIEMSS), Commercial Ambulance Licensing and Public Service Commission (PSC) approval for each vehicle to be used to provide Medical Assistance Transportation. Failure to provide such evidence may cause the bid to be declared non-responsive.

Criminal Background Check

The Contractor shall obtain from each prospective employee a signed statement permitting a criminal background check. The Contractor shall secure at his own expense and shall provide the Department's Contract Monitor or designee with a Maryland State Police and/or FBI background check on all employees assigned to provide Medical Assistance Non-Emergency Transportation Services. These checks may be performed by public or private entities.

The Contractor shall also submit a copy of the criminal background check for each owner of the corporation that is providing the transportation service. All reports must be received within ten (10) business days after being notified of recommendation for award.

Insurance Requirements

1. Prior to commencing work on this contract, the contractor shall provide the Department with a Certificate of Insurance for itself and any subcontractor under the agreement covering claims arising from the operations provided under the contract. The insurance coverage shall include the following, as well as any insurance as necessary and required by the U.S. Longshoreman's and Harbor Worker's Compensation Act, the Federal Employers' Liability Act and any other applicable statute:
 - a. The statutory limit for Worker's Compensation coverage.
 - b. Comprehensive General Liability – (Including Contractual Liability and Independent Contractors)

Bodily Injury Liability:	Each Person	\$1,000,000.00
	Each Accident	\$1,000,000.00
Property Damage	Each Accident	\$1,000,000.00
 - c. Automobile Liability

Bodily Injury Liability	Each Person	\$1,000,000.00
	Each Accident	\$1,000,000.00
Property Damage Liability	Each Accident	\$1,000,000.00 or \$1,000,000.00 Combined single limit
 - d. Uninsured/Under-insured Motorist \$500,000.00
 - e. Collision and Comprehensive – Declared Value of the Fleet
 - f. Medical Payments Each Person \$5,000.00

2. Deductibles and Self Insured retainers, if any, shall be identified in the Bidder's proposal. The bidder shall also identify its insurance agent(s) and underwriting company.
3. The Caroline County Health Department will be named as an Additional Named Insured on all liability policies (Worker's Compensation excepted) **and certificates of insurance evidencing this coverage will be provided prior to the commencement of any activity.**
4. Each policy of insurance shall contain the following clauses: *"These policies shall not be canceled nor shall the coverage be reduced until at least thirty (30) days after Caroline County Health Department receives written notice of such cancellation or reduction."*
5. In addition, the Contractor shall also **provide proof of vehicle inspection for each vehicle to be used to provide Medical Assistance Transportation.**
6. All coverage shall be provided by insurance companies licensed to do business in the State of Maryland. Any self-insurance programs must be documented including any necessary regulatory approval.

Compliance with Federal HIPAA and State Confidentiality Law

- A. The contractor acknowledges its duty to become familiar with and comply, to the extent applicable, with all requirements of the federal Health Insurance Portability and Accountability Act (HIPAA), 42 U.S.C. § 1320d et seq. and implementing regulations including 45 CFR Parts 160 and 164. The contractor also agrees to comply with the Maryland Confidentiality of Medical Records Act (Md. Code Ann. Health-General §§14-301 et seq., MCMRA). This obligation includes:
 1. As necessary, adhering to the privacy and security requirements for protected health information and medical records under federal HIPAA and State MCMRA and making the transmission of all electronic information compatible with the federal HIPAA requirements;
 2. Providing training and information to employees regarding confidentiality obligations as to health and financial information and securing acknowledgement of these obligations from employees to be involved in the contract; and
 3. Otherwise providing good information management practices regarding all health information and medical records.
- B. Based on the determination by the Department that the functions to be performed in accordance with the Services to Be Performed set forth in Part I constitute business associate functions as defined in HIPAA, the selected offeror shall execute a business associate agreement as required by HIPAA regulations at 45 CFR §164.501 and set forth in Appendix A. The fully executed business associate agreement must be submitted within 10 working days after notification of selection, or within 10 days after award, whichever is earlier. Upon expiration of the ten-day submission period, if the Department determines that the selected offeror has not provided the HIPAA agreement required by this solicitation, the Procurement Officer, upon review of the Office of the Attorney General and approval of the Secretary, may withdraw the recommendation for award and make the award to the next qualified offeror.

- C. Protected Health Information as defined in HIPAA regulations at 45 CFR 160.103 and 164.501, means information transmitted as defined in the regulations, that is individually identifiable; that is created or received by a health care provider, health plan, public health authority, employer, life insurer, insurer, school or university, or healthcare clearinghouse; and that is related to the past, present or future physical or mental health or condition of an individual, to the provision of healthcare to an individual, or to the past, present or future payment for the provision of healthcare to an individual. The definition excludes certain education records as well as employment records held by a covered entity in its role as employer.

Bid Submission Requirements

The Contractor must supply as part of their bid:

1. A detailed description of the vehicles (to include the year, manufacturer, model and odometer reading of those vehicles) and equipment the Contractor intends to use to provide the services defined herein.
2. A minimum of three references demonstrating successful operation of medical transportation services within the past three years. In the absence of the aforementioned reference, the Procurement Officer will consider experience in transportation services provided for non-health facility organizations. All references must contain the name, title and telephone number of a specified person, along with the name and address of the company served and a brief description of the type and scope of service provided.
3. A copy of the following for each driver:
 - a. Valid MD drivers license for class of vehicle they are operating.
 - b. Driving record with fewer than six (6) points.
 - c. Verification, in writing, of the knowledge and ability of drivers to operate the medical and safety features of the vehicles to which they are assigned.
 - d. Evidence of all applicable transportation licenses required to operate in the State of Maryland, by the jurisdictions, including, but not limited to, MIEMSS Commercial Ambulance Licenses and Public Service Commission (PSC) approval for each vehicle to be used to provide Medical Assistance Transportation.
 - e. Proof of completion of a Red Cross Standard First Aid Training or its equivalent and Cardiopulmonary Resuscitation (CPR) Training for all drivers.
 - f. Proof of completion of, at a minimum, the Emergency Medical Technician-Ambulance Training or its equivalent, as determined by the Maryland Institute of Emergency Medical Services System (MIEMSS) for each Attendant.
4. Deductibles and Self Insured retainers, if any, shall be identified. Bidders shall also identify its insurance agent(s) and underwriting company.

The Bidder shall submit one copy of the following with each bid submission:

1. Bid Page

All bidders must complete and submit their bid using the Bid Page included within this announcement.

The attestation at the bottom of the page must be signed and legibly printed. Failure to sign your submitted bid may be considered non-responsive and rejected by the Procurement Officer.

2. Proof of Fiscal Integrity

The bidder shall provide the most current annual report to stockholders and/or any documentation that indicates corporate and/or other financial resources that will permit the bidder to fulfill the terms of this IFB. This documentation may include, but is not limited to, one or more of the following:

- a. Dunn and Bradstreet Ratings;
- b. Audited Financial Statements;
- c. Current Line(s) of Credit;
- d. Successful financial track record;
- e. Adequate Working Capital.

3. Legal Action Summary

The bidder shall provide a Legal Action Summary that includes:

- a. A statement as to whether there are any outstanding legal actions or potential claims against the bidder and a brief description of any such action;
- b. A brief description of any settled or closed legal actions or claims against the bidder over the past five (5) years;
- c. A description of any judgments against the bidder within the past five (5) years, including the case name, number, court and what the final ruling or determination was from the court;
- d. In instances where litigation is ongoing and the bidder has been directed not to disclose information by the court, provide the name of the judge and the location of the court.

4. Past State Experience

As part of its offer, each Offeror is to provide a list of all contracts with any entity of the State of Maryland that it is currently performing or which has been completed within the last 5 years. For each identified contract the Offeror is to provide:

- The State contracting entity
- A brief description of the services/goods provided
- The dollar value of the contract
- The term of the contract
- The State employee contact person (name, title, telephone number and if possible e-mail address)
- Whether the contract was terminated before the end of the term specified in the original contract, including whether any available renewal option was not exercised.

5. The Bid Affidavit: As found on the page following the *General Information* page.

Basis for Award

The Department shall award the contract to the most responsive and responsible bidder with the most favorable bid price for the service specified on the Bid Page.

Duties of the Department

The Department agrees to pay the Contractor at the firm unit rates stated on the bid page for actual services satisfactorily provided.

The Department will provide a standard MOU to be reviewed and signed by both parties. A copy of the MOU will be given to each contracting representative and kept on file with the CCHD MA Transportation program.

Tie Bids

In the event of tie bids, the Procurement Officer shall select the winning bid in accordance with the procedures set forth in COMAR 21.05.02.14B.

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The Bid Page Follows

BID PAGE

Medical Assistance Non-Emergency Ambulance Transportation Services

Note: The historical statistics under the *Background* Section is provided for the sole purpose of assisting vendors in preparing their bids. The Department does not guarantee a maximum or minimum number of trips or miles.

Original Contract Term – July 1, 2019 – June 30, 2020

a. Ambulance Services \$ _____ flat rate per month x 12 = \$ _____

~ or ~

Per Trip Amounts:

Transportation Type	Base Rate	Mileage Rate (per Mile)
BLS		
ALS		
SCT		

Optional Year 1 (July 1, 2020 – June 30, 2021)

b. Ambulance Services \$ _____ flat rate per month x 12 = \$ _____

~ or ~

Per Trip Amounts:

Transportation Type	Base Rate	Mileage Rate (per Mile)
BLS		
ALS		
SCT		

Optional Year 2 (July 1, 2021 – June 30, 2022)

c. Ambulance Services \$ _____ flat rate per month x 12 = \$ _____

~ or ~

Per Trip Amounts:

Transportation Type	Base Rate	Mileage Rate (per Mile)
BLS		
ALS		
SCT		

Total Bid (a + b + c) = \$ _____

Note: The contract will be awarded to the responsive and responsible bidder with the most favorable bid price.

Bid Price Attested to by: _____ **Date** _____
(Signature)

Printed Name: _____ **Title:** _____