



CHEROKEE COUNTY

110 Railroad Ave.
Gaffney, SC 29340
(864)-487-2560

REQUEST FOR PROPOSAL

#2023-06

for

CHEROKEE COUNTY AMBULANCE SERVICE

Issued on: Friday, July 22, 2022

Due Date: Monday, August 22, 2022 at 12:00 P.M. EST

Cherokee County Council

110 Railroad Avenue
Gaffney, S.C. 29340
July 22, 2022

REQUEST FOR PROPOSALS

Proposal ID: #2023-06 County Ambulance Service

REQUEST FOR PROPOSALS

The County of Cherokee will accept proposals for a Countywide Emergency Medical Service/ Ambulance Service based on the requirements set forth in this Request for Proposal (RFP).

Proposals will be received at the Office of the Cherokee County Administrator, 110 Railroad Avenue, Gaffney, SC 29340 until 12:00 noon local time on August 22, 2022. The proposal ID as shown above must be clearly marked and visible on the sealed proposal submitted.

PURPOSE

The purpose of this RFP is to establish an EMS provider (Contractor) with the provision of an advanced life support ambulance service for the citizens of Cherokee County. Each ambulance used in providing this service will be staffed with the minimum of one paramedic and one emergency medical technician and be staffed twenty-four hours a day unless otherwise indicated in this RFP. The contractor selected will be the exclusive emergency ambulance provider in Cherokee County and no other ambulance provider will be allowed to respond to emergency calls in Cherokee County unless being utilized for mutual aid. The ambulances as required in this RFP will not be used except for emergency calls as dispatched by Cherokee County 911, and will not be used for nonemergency calls. Nonemergency ambulance calls in Cherokee County and at Cherokee Medical Center are not part of this RFP in any way.

RFP Term

The RFP proposal should be prepared for a four-year term starting with January 1, 2023 at midnight. If there is any increase from year one and so forth, it should be limited to the percentage increase in the Medical CPI during the most recent 12-month period for which published figures are available from the US Department of Labor or three percent (3%), whichever is lower. Do not make a proposal for a longer term than four years, any decision about a longer-term period would remain with Cherokee County.

Cherokee County EMS Operation Requirements

Contractor selected will be responsible for:

1. Providing five DHEC licensed ambulances staffed and equipped to meet DHEC's advance life support designation. Staff on each ambulance will include one paramedic and one emergency medical technician on a twenty-four-hour basis, seven days a week, without regard to scheduled holidays. Contractor will also provide one peak time DHEC licensed ambulance staffed and equipped to meet DHEC's advance life support designation. Staff on this ambulance will include one paramedic and one emergency medical technician on a twelve-hour basis from 8 AM until 8PM, seven days a week, without regard to scheduled holidays.

- 2.** Provide two supervisor vehicles (Paramedic Quick Response Vehicles) equipped to respond to emergencies, staffed by paramedics and equipped to provide advance life support including intubation, drug therapy, cardiac monitoring, and other advanced life support treatments on a twenty-four-hour basis, seven days a week, without regard to scheduled holidays.
- 3.** Failure to provide minimum staffing requirements for all units will result in the following liquidated damages. \$800 per unit not staffed for the contracted hours per day. Additionally, there will be a threshold penalty whereby if the number of closed units per month exceeds ten, an additional penalty of \$10,000 will be assessed. If the threshold penalty is exceeded twice in any twelve-month period, Cherokee County will have the option of voiding the contract without penalty.
- 4.** Provide a minimum of five EMS stations in locations as outlined in further detail in this RFP.
- 5.** Furnish a management team to ensure that EMS service provided will be in accordance as outlines in this RFP as well as DHEC regulations and other State and Federal laws and regulations.
- 6.** Employ, train, and direct all employees, agents, and representatives who will perform the EMS service outlined in this RFP and within the laws of the State of South Carolina.
- 7.** Perform backgrounds checks and drug screens on all employees prior to contract being signed, and on all new employees added after contract date. Copies of the background checks and drug screens will be provided to Cherokee County a minimum of thirty days prior to contract. These background checks and drug screens will be performed on an annual basis.
- 8.** Ensure that all employees wear appropriate uniforms that include identification badges with picture ID. Will require all employees to maintain a neat, clean and professional appearance while performing EMS service.
- 9.** Perform all administrative duties relating to employees such as but not limited to time records, payroll administration, etc.
- 10.** Provide all supplies and equipment necessary for the provision of the EMS and maintain all equipment and facilities in a safe, clean condition and in proper working order such requirements shall include but not be limited to communication devices, cellular telephones, radios; equipment necessary to operate the EMS system and comply with the minimum standards established by DHEC and Cherokee County. Maintain required technology to communicate with and be compatible with Cherokee County's 911 dispatch center, local hospitals and other emergency response agencies in Cherokee County.
- 11.** Shall indemnify Cherokee County from and against any liability relating to or arising from employee matters including but not limited to, (i) compensation and benefits earned or accrued benefits by employees including claims under applicable state wage and hour laws, (ii) the employment, termination of employment, or lay-off of employees by the contractor, including alleged violations under applicable federal and state non-discrimination laws; and (iii) claims for injury or loss by contractor employees which occurred while such employees are employed by the contractor.
- 12.** Collaborate with the Cherokee County Administrator on issues relative to the provision of EMS services in Cherokee County and further provide the County Administrator with any information requested relative to services provided by this RFP.
- 13.** Contractor will ensure that services provided under this RFP meet all state and federal laws including but not limited to; EMTALA, HIPPA, DHEC regulations, and any other laws and regulations that pertain to EMS services provided.
- 14.** Contractor will provide Cherokee County a monthly written report, in the form and format attached hereto as Exhibit "A", with said reports being due to the County Administrator on or before the 15th of the following month.
- 15.** All employees used to provide service covered in this RFP will have completed an emergency vehicle operator course (EVOC) within the last two years of the contract date and the course will be repeated every two years from that date.
- 16.** Every employee will have had basic incident command training prior to contract date. Management employees from the Assistant Supervisor position up will have completed further incident command training. Management employees would also have Traffic Incident Management training (TIM).

- 17. Contractor would be expected to exchange supplies including pads for AEDs used on patients with the Fire Departments performing first response. Cherokee County Fire Department First Responders will be allowed to attend the Contractors training classes. Additionally, contractor will provide DHEC approved first responder training programs and first responder refresher programs annually, and American Heart Association BLS training and refresher programs annually for Cherokee County Fire Departments. The estimated number of first responders in the county is 250.
- 18. Contractor would be required to respond on all working structure fires with all Cherokee County Fire departments to standby for possible injuries to citizens and fire personnel. There would be no charge for this service unless a patient is transported.
- 19. Contractor will be required to meet at minimum of bimonthly with management of Regional One to review all patients flown by helicopter to evaluate whether the patient met medical necessity needs for helicopter transport. The results of this evaluation should be discussed and documented with each crew member who made the decision to fly the patient.

Ambulance Performance Requirements

The following performance measurements will be reviewed monthly by the Cherokee County EMS Advisory Council and liquidated damages will be assessed accordingly.

- a. The target response time from the time 911 notifies the EMS unit until arrival on scene will be 8 minutes within the City limits of Gaffney and a one-mile radius beyond the city limits 90% of the time. The target response time in the other outlying areas of Cherokee County will be 14 minutes 90% of the time. Failure to meet target response times will result in the following liquidated damages:

a. Charlie, Delta, and Echo Calls

Compliance %	Liquidated Damages
>88 -< 90%	\$7,500
>85 -< 88%	\$10,000
85% or below	\$15,000

b. Alpha and Bravo Calls

Compliance %	Liquidated Damages
>88 -< 90%	\$500
>85 -< 88%	\$750
85% or below	\$1,000

- b. The chute time (time from the 911 dispatch of a call until the ambulance is enroute) is two minutes for all units except the peak time ambulance. The chute time for the peak time ambulance is one minute. The closest available EMS unit will respond to all emergency calls as indicated thru the AVL connection to the 911 CAD system regardless of EMS call zones.

Back in service times should be 20 minutes or less 90% of the time.

Failure to meet target chute time and back in service times will result in the following liquidated damages:

Compliance %	Liquidated Damages
>85 -< 90%	\$500
85% or below	\$1,000

When all EMS ambulances are busy (all busy) the closest QRV (Supervisor or Asst. Supervisor) will be dispatched to render care until an ambulance arrives on scene. To assist with all busy situations and mass casualty situations, Contractor will provide mutual aid agreements with other EMS ambulance systems that are willing to assist in these times of need. The following systems should have signed agreements: Spartanburg EMS, Union County EMS, Piedmont Medical EMS, Cleveland County EMS, and Rutherford County EMS, and any other local ambulance provider willing to enter into such agreement.

Ambulance and Vehicle Operations

All ambulances required by this RFP will be certified by the S.C. Department of Health and Environmental Control (DHEC) as required by state law. All ambulances and vehicles used to respond to Cherokee County 911 calls will be marked and readily identifiable with the contractor’s name. This includes paramedic response units, supervisor units and management units responding to emergency calls. The vehicles in this RFP will obey all traffic laws and when operating under emergency conditions and will utilize the required emergency devices, lights and siren. The maximum speed under emergency response will be ten miles an hour over the posted speed limit.

All ambulances and supervisor vehicles used in EMS services covered by this RFP will be connected to Cherokee County’s 911 Center by both radio and automated vehicle locator (AVL) that is connected to the 911 Center computer aided dispatch system (CAD). Contact to assist with AVL is Hailie Tennell with Zuercher Technologies, 407-304-3037. Further assistance can be obtained from Brandon Peeler at Cherokee County 911, 864-487-2742 or brandon.peeler@cherokeecountysc.com.

All ambulances and supervisor vehicles used in EMS services covered by this RFP will have a vehicle control system that allows access by the 911 Center. This system should be similar to systems offered by Verizon Cellular as Comet Tracker or Fleet Master. Whatever system selected at minimum should identify when a vehicle’s emergency lights and siren are activated as well as route traveled, speed, hard braking and vehicle malfunctions.

All ambulances and supervisor vehicles will be required to have a vehicle check out system – computerized or paper that identifies the key vehicle safety functions such as motor oil, tires, lights, siren, etc... This system will also have all medical supplies and medical equipment identified. Daily, the vehicle check out system will be used to verify that the vehicles are safe to operate and stocked with the appropriate supplies and equipment. This system will verify that the

medical equipment is functioning properly, that supplies and pharmaceuticals are in date. Upon request from Cherokee County, records can be reviewed to verify that this occurs daily.

A preventive maintenance plan for all vehicles used in providing in EMS services will be developed and submitted as part of the response to this RFP.

Ambulance Call Historical Data

The following data is from the current provider for the year 2021:

Emergency Calls	9,813
Cardiac Related Calls	575
Auto Accidents	758
Patients Transported	6,379

Hospital Destination:

Cherokee Medical Center	5,871
Spartanburg Medical Center	332
Other	176

The following historical data is from the current provider using an average of December 2021 through May 2022 and projecting that average for a twelve-month period:

Emergency calls	9,240
Cardiac Related Calls	582
Auto Accidents	590
Patients Transported	6,000

Hospital Destination:

Cherokee Medical Center	5,480
Spartanburg Medical Center	284
Other	236

EMS Station Requirements and Locations

Medic 1 will be located at the EMS Headquarters building located behind Cherokee Medical Center along with the EMS Supervisor. The contractor will be responsible for all utilities and insurance on this facility.

Medic 2 will be located in the Medic 1 zone approximately one mile north of I-85.

Medic 3 will be located within or withing close to proximity of the Town of Blacksburg

Medic 4 will be located in the Medic 4 zone within one mile of the intersection of I-85 and Green River Road. Preferably to the north of I-85.

Medic 5 will be located in the Medic 5 zone within one mile of the intersection of Hwy. 18 and Corinth Rd.

Medic 6 will be located in the Medic 1 zone at the EMS Headquarters building

The establishment of these stations (except EMS Headquarters) would be the responsibility of the contractor, and the expense would be the contractor's responsibility. The contractor may be able to negotiate sharing a station with a fire department or choose to make other arrangements. This should be addressed in the RFP response with details of each location. Any exception should be noted in detail.

EMS Standby Operations

A standby system will be used in operating the EMS system to enhance response times when EMS units are on call. The following is an example of a standby system which can be modified by the contractor as call volume dictates.

Medic 1 and 6 goes on a call or is out of the Medic 1 zone: the following units will be moved to the EMS Headquarters building or a location in the City of Gaffney in this order

- 1st Unit Medic 2
- 2nd Unit Medic 5
- 3rd Unit Medic 4

Medic 3 goes on a call or is out of the Medic 3 zone: the following units will be moved halfway between the City of Gaffney and the City of Blacksburg in this order:

- 1st Unit Medic 6
- 2nd Unit Medic 2
- 3rd Unit Medic 1

Medic 4 goes on a call or is out of the zone: the following units will be moved halfway between the City of Gaffney and the Intersection of I-85 and Green River Road.

- 1st Unit Medic 6
- 2nd Unit Medic 2
- 3rd Unit Medic 1

Medic 5 goes on call or is out of the zone: the following units will be moved halfway between the City of Gaffney and the station 5 location

- 1st Unit Medic 6
- 2nd Unit Medic 1
- 3rd Unit Medic 2

Patient Fees

Patient charges should be used to recoup the cost of providing service to each patient provided service by the contractor. The contractor should use the current Medicare Ambulance Fee Schedule as guidance in setting their fees. Suggested fees should be between 130% to 150% of the Medicare Fee Schedule, but should not exceed 200% of the schedule. The following charges are the approved charge categories as indicated in the fee schedule:

Ambulance Service, Emergency, Basic Life Support	A0429
Ambulance Service, Emergency, Advanced Life Support Level 1	A0427
Ambulance Service, Emergency, Advanced Life Support Level 2	A0433
Ambulance Service, Specialty Care Transport	A0434
Mileage	A0425

The contractor would also be allowed to use the following two charge fees:

Treatment, but No Transport	300.00 maximum
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This fee would be used when an ambulance call results in a patient being treated, but the patients elects not to be transported by ambulance

No Transport 150.00 maximum

This fee would be used when an ambulance is dispatched by Cherokee County 911 to a private residence and the patient elects not to be treated or transported. This charge can not be used when dispatched to public places, motor vehicle accidents, or when the patient had no knowledge that an ambulance was being requested.

The contractor would be responsible for billing and collecting fees to patients within the guidelines created by Medicare and Medicaid.

No patient will be refused treatment or transportation when requested regardless of the ability to pay.

The contractor in response to the RFP should include their proposed fees schedule based on the above recommendations.

The following payor mix data is provided to assist the potential contractor in their evaluation of providing ambulance service in Cherokee County. This data is from Cherokee Medical Center pertaining to ER visits in 2022:

Medicare and Medicare Advantage	25.8%
Managed Care	9.1%
Medicaid	28.3%
Blue Cross	11.3%
Self Pay & Non Classified	20.8%
Other	4.7%

Hospital Destination

All patients will be transported to the closest hospital when their condition is critical. All patients meeting the State DHEC guidelines for Code Trauma, Code Stroke, Code Sepsis, Code STEMI and other designated conditions will be transported to the closest appropriate designated hospital. All other patients will be transported to Cherokee Medical Center. **If a patient requests transport to one of the following hospitals, and the patient is stable, then transport to these facilities can be honored: Spartanburg Medical Center, Spartanburg Medical Center – Mary Black Campus, Pelham Medical Center, Cleveland Medical Center, Greenville Memorial, St. Francis Hospital.** Requests to other hospitals should be considered long distance transports and referred to providers that provide long distance transports and/or providers that provide critical care transports.

Medical Control

The contractor selected under this RFP will be required to contract with Spartanburg Regional Healthcare System for a medical control physician that is board certified in emergency medicine and meets the requirements for a medical control physician as required by DHEC. This medical control physician will be responsible for the development of EMS and first responder protocols and standing orders for the contractor to operate under.

The Medical Control physician is also responsible for the development of a quality assurance program for EMS that includes EMS PCR review of certain types of patient calls on a monthly basis with feedback being given to the EMS crew. Examples would be all cardiac arrests, patient deaths within 24 hours, and other patient types as selected by MC.

If MC finds that any paramedic or EMT does not meet the expected patient care expectations, the person will not be allowed to function on any ambulance operating in Cherokee County until the MC is comfortable that either additional training or mediation has occurred to ensure that the person has the medical knowledge and skill to perform to the expected standard.

Emergency Experience of the Contractor

Ambulance Service's 911 Experience: This section is vitally important in response to this RFP and great detail should be used to explain your service's experience in this area.

Section 1: Responses to this section should include a detailed description of the respondents past emergency ambulance experience. This response should describe whether the experience was as a direct 911 provider and the number of 911 calls and the square miles of the area of responsibility. How many years of emergency 911 operations should also be included. This section does not include mutual aid emergency responses.

Section 2: 911 mutual aid responses should be described in a separate section and include the number of 911 calls, the county where calls occurred, and years of this experience.

Section 3: A roster of the management personnel that will be used to operate the ambulance service if the contractor is selected should be included (this includes, director, supervisors, training staff, and other key personal). This should detail past positions held, certification level, education, 911 emergency experience both as a manager and a street provider, nonemergency experience, and any other information that may be helpful in showing expertise in EMS service.

Section 4: A roster of street level providers that will be used to operate the ambulance service should be included with name, certification level, and year of first certification.

EMS Quality Assurance Program

Cherokee County wants to provide a quality EMS service to the citizens of Cherokee County through the contractor selected in this RFP process. Key to any high-quality EMS service is a multitiered quality assurance program (QA). The QA process is required and should be done by a QA committee that is to include the medical control physician, EMS management, training personnel and street level providers. The contractor selected will be required to meet the following components in their QA program:

- (A) Major Call Type Reviews – a percentage of major call types should be reviewed on a monthly basis. This should include respiratory calls (including intubation and RSI), cardiac calls (including cardiac arrest and Code Stemi), Code Trauma calls, Code Stroke calls. The committee should determine what percentage of these calls should be reviewed and the calls identified randomly.
- (B) Targeted Case Studies – certain call types can be identified to be added to the review process each month. As an example, maybe there has been a high number of heat related calls for that particular month; a percentage of those calls can be added to the review process.
- (C) The third type of review to be included on a monthly basis would be calls where complaints are raised by various sources – physicians, patients, ED concerns, and calls where an EMS employee has requested a review.
- (D) Based on the QA process, the Medical Control physician should direct the process for improvements through education and skill training.

All calls reviewed will be documented on a form that will be shared with the EMS crew that handled the call. These forms can be reviewed upon request by Cherokee County.

Insurance Requirements

During the term of the contract issued through this RFP process, the contractor will procure, pay for, and maintain insurance coverage in the amounts provided herein. This insurance will be evidenced by delivery of certificates of insurance written by one or more insurance companies with at least an A rating, licensed to do business in the State of South Carolina and acceptable to Cherokee County, and a certified copy of each policy, including all endorsements. The insurance certificates shall list coverages and limits, expiration dates and terms of policies, and the names of all carriers issuing or reissuing these policies. Insurance requirements will remain in effect throughout the term of the contract. These certificates should be delivered by the contractor once notified by Cherokee County of their selection as the contractor for this RFP prior to the signing of the actual contract. The following coverages are required of the contractor:

- (A) Worker's compensation as required by the State of South Carolina with a minimum of \$1,000,000 Employers Liability.
- (B) Automobile Liability insurance with a minimum of \$1,000,000 combined single limits for bodily injury, property damage of a minimum of \$1,000,000 for any occurrence, and a minimum of \$1,000,000 coverage of Uninsured and Underinsured Motorists, with respect to each of the contractor's owned, hired or non-owned vehicles assigned or used in performance of the EMS services under the contract coming from this RFP. The contractor shall provide coverage for the non-owned automobiles belonging to the employees used in the performance of the EMS services of this RFP.
- (C) General liability insurance with a minimum of \$1,000,000 per occurrence and \$3,000,000 in aggregate.
- (D) Professional Errors and Omission liability insurance with a minimum of \$1,000,000 per occurrence and \$3,000,000 in aggregate.
- (E) Excess umbrella liability insurance with a minimum of \$5,000,000 per occurrence with \$5,000,000 in aggregate in excess of the primary policies set forth in this RFP.

All insurance required and named in this RFP shall name Cherokee County as additional insured and have a waiver of subrogation for Cherokee County. Certificates of all required insurance policies designating Cherokee County as the additional insured will be provided to Cherokee County prior to the contract that results from this RFP. Cherokee County will be given 30 days written notice of any expiration, cancellation, non-renewal or material damage in the contractor's insurance coverage.

Cherokee County shall not be liable to the contractor, their employees, agents, representatives, officers, directors, members, or partners for any damage to persons or property.

Cherokee County EMS Advisory Council

An advisory council will be established with the goal of enhancing the working relationships between the various groups involved with providing EMS services. This council will meet monthly to examine and discuss ways to improve the overall performance of EMS. This council will be chaired by the Cherokee County Administrator or his designee. The following members will form the council, and members can be added as the County Administrator deems appropriate:

Cherokee County Administrator or designee
EMS Medical Control Physician
EMS Contractor Management Designee
Cherokee County 911 Director or Deputy Director
Cherokee County Fire Chiefs Association Designee

This council will advise of any performance measurement violations and/or staffing violations resulting in liquidated damages.

Proposal Format

Proposals submitted are required to include the following five elements:

- 1) Proposed plan of implementation
- 2) 911 Ambulance experience
- 3) References
- 4) Proof of ability to obtain required insurance
- 5) Cost

Evaluation of RFP Proposals

Evaluation of the RFP proposals will be made by Cherokee County, and a contractor will be selected that best demonstrates the ability to provide a quality emergency ambulance service to the citizens of Cherokee County. The selected proposal will be chosen based on emergency ambulance experience, reputation, as well the financial costs. Financial costs will not be the only factor in this determination. Responses to this RFP should provide as much detail and explanations to make sure that Cherokee County has the best information about the respondent as possible. Proposals will be evaluated, and information submitted will be verified. Any misrepresentation of facts or data will be grounds for denying consideration of a proposal.

Any exceptions taken to any of the requirements in the RFP should be noted as an exception in the section noting the requirement. The contractor's exception should be thoroughly explained with details as to how to meet the requirement in a satisfactory manner other than the way requested in the RFP.

Ambulance Companies with Their Corporate Headquarters in Cherokee County

Per Cherokee County ordinance, any company based in Cherokee County is given an advantage if their bid is within 5% of the lowest bid. Any ambulance service meeting this requirement is required to complete the proper disclosure form and submit this documentation with their bid. If at the time of bid opening, their bid is within 5% of the lowest bid, the service will be given the opportunity to match the low bid. More details can be found in the Cherokee County procurement ordinance.

Cherokee County Vendor Preference {Ordinance No.2011-01}

- 1) A vendor shall be deemed "Cherokee County vendor" for the purposes of this Part if:
 - (a) Such vendor be an individual, partnership, association or corporation that is authorized to transact business within the State of South Carolina;
 - (b) Such vendor has a physical business address located and operating within the County of Cherokee and has maintained such address for a period of ninety (90) days prior to the advertisement of the request for proposals or the date the County otherwise solicits bids; and
 - (c) Provides proof of payment of all applicable Cherokee County taxes and fees.

- (d) A post office box or temporary construction or office trailer shall not be considered a physical business address to comply with the provisions of this section.

2) Cherokee County Vendor Preference

The lowest responsive and responsible Cherokee County vendor, if any, whose bid is within five percent (5%) of the lowest non-Cherokee County vendor, which would otherwise be awarded the bid, may be given the opportunity to match the bid submitted by the non-Cherokee County vendor and thus be awarded the bid for the provision of goods, supplies or construction services. This preference shall be applicable only to solicitations by Cherokee County for goods, supplies and construction services which are \$25,000 or more in value. Should the lowest responsive and responsible Cherokee County vendor not exercise its right to match the bid as granted herein, the next lowest Cherokee County vendor shall be authorized to exercise such right and so on. The right to exercise the right to match the bid shall be exercised within 24 hours of notification of the right to match the non-Cherokee County vendor's bid.

- 3) In order for a Cherokee County vendor to assert its right to the preference created in this Article, the Cherokee County vendor must fully complete an Affidavit* claiming such preference at that time that its original bid is submitted. Failure to provide such Affidavit at the time the vendor submits its original bid shall constitute a waiver of any claim for preference.
- 4) Should a solicitation, procurement, or request for bids be made by Cherokee County for goods, supplies or construction services, which by state or federal guidelines prohibit or restrict the type preference created in this section, this section granting such preference shall not apply to such solicitation, procurement, or request for bids. Likewise, should any solicitation, procurement, or request for bids by Cherokee County for goods, supplies or construction services be funded in whole or in part with state or federal monies, the receipt of which by Cherokee County prohibits or restricts the use of the type of preference created in this section, this section granting such preference shall not apply to such solicitation, procurement or request for bids.

Questions Pertaining to RFP

All questions pertaining to this RFP will be submitted by email to Doug Bowers at douglas.bowers@cherokeecountysc.com with a cc to the Cherokee County Administrator Steve Bratton at steve.bratton@cherokeecountysc.com All answers will be answered by email.



CHEROKEE COUNTY VENDOR PREFERENCE AFFIDAVIT

_____, who being duly sworn, (company name/company representative) certifies that the vender identified in this Bid Response meets all qualifications for the preference as defined the Cherokee County Purchasing Policy and Procedure Ordinance, as amended.

By this written claim, Bidder requests that the preference be exercised in consideration of the award of this Bid.

BIDDER CERTIFIED THAT HE MEETS ALL QUALIFICATIONS.

CHEROKEE COUNTY VENDOR PREFERENCE

Bidder Signature: _____

Bidder Name: _____

Position: _____

Firm Name: _____

Address: _____

Telephone: _____

Subscribed and sworn to before me this _____ day of _____, _____

NOTARY PUBLIC FOR SOUTH CAROLINA

MY COMMISSION EXPIRES: _____

******This page ONLY applies to vendor's that are based in Cherokee County**

Exhibit A

Cherokee County Ambulance Monthly Data Reporting Requirements

Total emergency calls dispatched by Cherokee County 911 _____

Total emergency calls in Cherokee County not dispatched by 911 _____

Total number of calls cancelled by 911 _____

Total number of false calls _____

The following data relates to the above calls:

Total number of patients transported to area hospital _____

 Total number of patients transported to Mary Black – Gaffney _____

 Total number of patients transported to Mary Black – Spartanburg _____

 Total number of patients transported to SRMC _____

 Total number of patients transported to a hospital in Greenville _____

 Total number of patients transported to any other hospital _____

 Total number of patients flown by helicopter _____

Total number of patients treated on scene but not transported _____

Total number of patients billed for Ambulance service (BLS) A0429 _____

Total number of patients billed for Ambulance service (ALS 1) A0427 _____

Total number of patients billed for Ambulance service (ALS2) A0433 _____

Total number of patients billed for Ambulance service (Specialty) A0434 _____

Total number of mileage billed for patients transported A0425 _____

Total number of patients billed for treatment but no transportation _____

Total number of patients billed for no transport or treatment _____

Exhibit A (Cont.)

Average response time (from time dispatched by 911 until arrival on scene) _____

Percentage of responses in less than 10 minutes _____

Percentage of responses in less than 13 minutes _____

Number of times where all of the 6 required ambulances are all on a call at the same time _____

Number of calls where emergency transport to hospital is required _____

Number of calls that are in response to auto accidents _____

Number of calls where a cardiac monitor is utilized _____

Total number of cardiac arrest calls _____

Total number of calls where patient is DOA prior to arrival _____

Total number of calls requiring IV initiation _____

Total number of calls requiring drug therapy _____

Exhibit B

