

**REQUEST FOR QUALIFICATIONS
FOR
PROFESSIONAL EMERGENT / URGENT MEDICAL SERVICES**



**St. Charles County
Ambulance District**

**ST. CHARLES COUNTY AMBULANCE DISTRICT
4169 OLD MILL PARKWAY
ST. PETERS, MO 63376**

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**REQUEST FOR QUALIFICATIONS (RFQ)
PROFESSIONAL EMERGENT/URGENT MEDICAL SERVICES
FOR ST. CHARLES COUNTY AMULANCE DISTRICT**

1. The St. Charles County Ambulance District is requesting Statements of Qualifications from interested and qualified healthcare provider groups within St. Charles County, Missouri.

Two (2) copies of the Statement of Qualifications must be submitted no later than 4 p.m. on Wednesday , June 19, 2019 to:

ET3 Request for Qualifications
St. Charles County Ambulance District
4169 Old Mill Parkway
St. Peters, MO 63376
sealedbid@sccad.com

Direct all questions regarding this RFQ to:

David A. Lewis, Assistant Chief
Ph. 636-344-7681
dlewis@sccad.com

Schedule of Events:

Request for Qualifications released	Wednesday, May 29 , 2019
SOQ Due at District Office by 4:00 pm	Wednesday, June 19, 2019
Evaluation of Qualifications Completed	Friday, July 5, 2019
Provider Letter of Intent	Friday, July 12, 2019

2. INTENT TO RESPOND for Professional Emergent / Urgent Medical Services

I have read this Request for Qualifications and wish to express my intent to respond.

THIS PAGE MUST BE RETURNED IN ORDER TO RECEIVE ANY ADDENDA FOR THIS REQUEST.

RETURN TO:

**St. Charles County Ambulance District
4169 Old Mill Pkwy
St. Peters, MO 63376
Fax: 636-344-7769
BidQuestions@SCCAD.com**

Company

Company Address

City

State

Zip Code

Telephone Number

Fax Number

E-mail address

Signature & Title

3. SCOPE OF WORK

Overview

The St. Charles County Ambulance District is seeking qualified provider groups (urgent cares, physician offices, clinics) to provide professional medical services to a subset of Medicare fee-for-service patients deemed to have less than emergent, urgent, or low-acuity complaints who would safely benefit from navigation by EMS away from the emergency room and either be treated at an alternative destination (clinic, physician office, urgent care) or at the scene by a qualified healthcare practitioner (QHP) or paramedic with telemedicine consult with a QHP.

This RFQ is solicited in response to the Center for Medicare and Medicaid Services announcing they were seeking EMS participation in a voluntary, five-year payment model that will provide greater flexibility for ambulance services to better address the urgent health care needs of Medicare beneficiaries who call 911. Within the model, EMS is encouraged to seek partnerships with physician offices, clinics, and urgent cares capable of accepting patients safely and appropriately navigated by EMS away from emergency rooms when patients present with low-acuity complaints.

Within CMS's reimbursement model called Emergency Triage, Treat, and Transport (ET3), CMS will pay the ambulance service to respond, access, and navigate to an alternative treatment option when appropriate. Those provider groups partnering with EMS on CMS's ET3 initiative can then bill CMS for the provision of professional medical services either on-scene, in-clinic, or via telehealth.

“Participants must partner with alternative destination sites, which must be enrolled in Medicare or employ or contract with Medicare-enrolled practitioners, and which must be able to accept and furnish services to Medicare FFS beneficiaries who are transported to these sites. An alternative destination site must have the capacity to meet the needs of Medicare FFS beneficiaries who are transported to the site through the model. Participants that propose to implement the treatment in place intervention must partner with Medicare-enrolled qualified health care practitioners to furnish services, which can be provided either in-person on the scene of the 911 response or via telehealth. Each Participant must ensure that at least one of the non-ED options is available at all times. This may require partnering with alternative destination site(s) or qualified health care practitioner(s) that can ensure availability of services for ET3 Model beneficiaries 24 hours per day, seven days per week, but a Participant need not guarantee the availability of a specific site at all times. Each Applicant must identify a plan for ensuring real-time availability of an alternative destination site for a particular beneficiary prior to transporting that beneficiary to a site.”

Excerpt from page 7, ET3 Request for Applications (preview)

While this initiative currently applies to Fee For Service Medicare beneficiaries only, CMS's goal is to incentivize multi-payer alignment. The St. Charles County Ambulance District is actively participating in discussions with Medicaid and commercial payors on this topic.

For a full scope and participation summary, please see <https://innovation.cms.gov/Files/x/et3-rfa-preview.pdf>

4. RESPONSIBILITIES

Provider Responsibilities

- Provide a Qualified Healthcare Practitioner for each patient encounter.
- Provide excellent, cost-efficient emergent/urgent medical care for District patients and refer as necessary to the most appropriate provider, including the Emergency Department.
- Provide and maintain electronic patient care record for patient encounters.
- Maintain positive prescribing patterns (pain and antibiotic stewardship).
- Provide requested utilization data related to this initiative.
- Participate in monitoring, evaluation, and quality improvement activities related to this initiative.
- Monitor the impact of this model on quality of care to insure the model upholds the highest standards of patient safety.
- Maintain insurance coverage to the following limits:
 - Commercial General Liability \$1,000,000 per occurrence, \$2,000,000 in aggregate naming St. Charles County Ambulance District as an additional insured and containing a waiver or subrogation.
 - Workers Compensation coverage within Missouri statutory limits.
 - Professional Liability insurance \$1,000,000 per act, \$3,000,000 in aggregate with a “tail period” endorsement of at least one year in the amounts above.
 - Umbrella Liability coverage of \$2,000,000 or more.

District Responsibilities

- Provide vehicles and paramedic technicians for at scene patient encounters.
- Provide proper initial patient triage and, when applicable and according to District Medical Protocols, immediate treatment.
- Provide requested utilization data related to this initiative.
- Participate in monitoring, evaluation, and quality improvement activities related to this initiative.
- Monitor the impact of this model on quality of care to insure the model upholds the highest standards of patient safety.

5. PROPOSAL FORMAT

To facilitate review, submissions should conform to the following format:

- a) **Experience of the Provider(s):** Provide a description of your group’s prior experience with providing emergent/urgent professional medical services via a CMS qualified medical practitioner (QMP). Please reference the experience of the group in working with State and Federal regulations and procedures in providing and billing for professional medical services.
- b) **Project Team (Key Staff):** Identify the proposed Project Manager or Team Lead for this project and provide any additional key staff responsibilities as they relate to the partnership within this EMS project. Please provide credentials and a brief summary of experience for individuals as well as contact information.
- c) **Medical Services Provided and Hours of Availability.** Please complete the Medical Services Questionnaire regarding medical services provided and the hours of availability at each location accepting EMS patients.
- d) **Project Understanding:** Please provide your general understanding of the EMS system within St. Charles County and the overall provision of care within CMS’s ET3 model. Identify any potential challenges or special concerns that may be encountered.
- e) **Other Supporting Data:** Include any other information you feel to be relevant to the selection your group for inclusion in this project.

The following information should be referenced in RFQ responses to provide feedback on understanding of the project scope, responsibilities, and reimbursement.

- Emergency Triage, Treat, and Transport (ET3) Model. This provides background information regarding the CMS project. <https://innovation.cms.gov/initiatives/et3/> Details and the preliminary Request for Applications guideline can be found at <https://innovation.cms.gov/Files/x/et3-rfa-preview.pdf>
- Innovation Opportunities for Emergency Medical Services: A Draft Whitepaper from U.S. Health and Human Services, et al. https://www.ems.gov/pdf/2013/EMS_Innovation_White_Paper-draft.pdf
- Telehealth Services. CMS Medicare Learning Network. <https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/TelehealthSrvcsfctsht.pdf>

The entire Statement of Qualifications should be complete and concise and should not exceed 20 pages.

6. CRITERIA FOR REVIEW OF STATEMENT OF QUALIFICATIONS

The following criteria will be used in screening, ranking, and selecting successful participants.

- a) **Qualifications and Experience of the Provider (15-20%).** Preference will be given to those providers with experience in providing emergent/urgent professional medical services and the accompanying infrastructure to adapt to receive patients from EMS.
- b) **Qualifications of the Project Team (15-20%).** Preference will be given to those provider groups with key staff experience in items listed in the scope of services and familiarity with SCCAD EMS.
- c) **Medical Services Provided and Hours of Availability (30-40%).** Preference will be given to provider groups with a broad range of medical services consistently provided and their respective locations and hours of service.
- d) **Experience Working with State and Federal Medical Regulations (5-10%).** Preference will be given to project partners whose personnel have a demonstrated working experience with State and Federal agencies (Medicare, Medicaid, OIG, etc.).
- e) **Project Understanding (15-20%).** Preference will be given to those provider groups that have a comprehensive understanding of the project requirements and environment.

It is the intent of the St. Charles County Ambulance District to appoint an internal committee to review the Statements of Qualifications submitted.

The St. Charles County Ambulance District may choose to interview a shortlist of provider groups before making any selections. Any provider groups chosen for an interview will be notified at least seven (7) days prior to the interview date.

All unsuccessful provider groups submitting for program inclusion will be notified in writing no later than ten (10) days after the selection process.

The St. Charles County Ambulance District reserves the right to reject any and all submissions to this RFQ, request clarification, or waive informalities/technicalities, if it is deemed within the best interest of the District and its patients.

The St. Charles County Ambulance District assumes no responsibility for costs incurred in either responding to this RFQ or participation in this program.

Medical partner providers selected have the right and associated responsibility to bill patients directly for professional medical services rendered during all qualified patient encounters including at the scene, transport to alternative destination, and telehealth.**

**CMS intends to issue waivers to allow participating Qualified Healthcare Practitioners to seek reimbursement for telehealth visits within our Metropolitan Service Area that, as a non-rural locality, is normally excluded from telehealth reimbursement from CMS. Additionally, CMS intends to allow a 15% payment increase for Qualified Healthcare Practitioner services provided

in this model during non-business hours (08:00 PM to 08:00 AM) for either in-person or during telehealth visits.

A strong candidate partner provider to St. Charles County Ambulance District will have:

- Multiple locations throughout St. Charles County, as well as the surrounding area.
- Broad coverage with consistent provider hours of operation across locations.
- At least one location capable of accepting patients in person and/or via telehealth between the hours of 8:00 PM and 08:00 AM (preferred, but not required for inclusion).
- Capable and willing to provide a Qualified Healthcare Practitioner for at scene visits and treatment as part of a scheduled portfolio of service based upon utilization patterns (preferred but not required for inclusion).
- Knowledge of the county's EMS system and operational capacity to accept patients from EMS providers.
- Knowledge, experience, and eligibility working with CMS programs.
- Have an active compliance monitoring program in place to prevent fraud and abuse.
- Ability to provide an appropriate, limited range of lab and diagnostic x-ray studies on-site.
- Ability to initiate and/or maintain intravenous fluid therapy.
- Ability to administer IV and IM medications.
- A willingness to share data, participate in quality assurance, and share best practices as it relates to the ET3 model.
- A willingness to use the St. Charles County Ambulance District's approach to the ET3 model as a regional guide to best practices that allows for scalable inclusion of additional EMS agencies wishing to participate in current or subsequent phases of this opportunity.

7. St. Charles County Ambulance District ET3 Partnership Medical Services Questionnaire

1. Please list all practice locations (full address), and the days and hours of operation you wish to be considered for the ET3 and EMS partnership.
 - a. Are the days and hours of operation consistent across practice locations? If not, please provide additional detail.
 - b. Are there any exceptions to the days/hours listed (holiday schedules)? If so, please provide additional detail.
2. Can and will your practice accept and monitor patients with IV fluids?
3. Can and will your facility administer IV medication?
4. Can and will your facility administer IM medication?
5. Can and will your facility administer nebulized breathing treatments?
6. Can and will your facility perform diagnostic X-rays?
7. What diagnostic laboratory tests are performed on-site?
8. Can and will your facility perform minor suturing?
9. Can and will your facility perform minor incision and draining?
10. Are there additional capabilities of your facilities you wish us to consider?
11. Are there certain insurance plans that you do not accept?
12. Can and will your facility provide a regular phone line for communication between EMS and providers to coordinate reception of patients?
13. Can and will your facility provide a telemedicine solution for at scene disposition of low acuity complaints?
14. Can and will your facility, from time to time, supply a qualified healthcare practitioner (QHP) as a provider element of a mobile EMS team to treat low-acuity complaints on scene?