



Finance Department
Purchasing Division

REQUEST FOR PROPOSALS (RFP)
Specification No. 24-11662-C
FOR
Mental Health Patient Transport
PROPOSALS WILL NOT BE OPENED AND READ PUBLICLY

ADDENDUM “B”
May 17, 2024

Dear Proposer:

Questions received from proposers along with answers are attached. In order to give bidders' more time with this information we are extending the submission date.

You may also view the recording of the [Bidders' Conference](#) from Monday, May 6, 2024 for more information.

Proposals due date has changed from Tuesday May 21, 2024 to no later than 2:00 pm, on Thursday, May 23, 2024. All responses should be sent via email to purchasing@berkeleyca.gov and have “**Mental Health Patient Transport**” and **Specification No. 24-11662-C** indicated in the subject line of the email. Please submit one (1) PDF of the technical proposal. Corresponding cost proposal shall be submitted as a separate PDF document.

Proposals will not be accepted after the date and time stated above.

We look forward to receiving and reviewing your proposal.

Sincerely,

Josh Roben
Contract Administrator

Addendum “B”

Questions and Answers for Specification No. 24-11662-C
Mental Health Patient Transport

The City of Berkeley has received questions from some potential respondents regarding **Specification No. 24-11662-C**, Mental Health patient Transport. In an effort to provide the same information to all, listed below are the questions received to date, with responses from City staff.

1. Q. Is there any historical payer mix of completed transports for previous years?

Specifically, the number of trips by payer categories:

- a. Medicare and Managed Medicare payers**
- b. Medi-Cal and Mangaged Medi-Cal payers, including County payers that pay using the Medi-Cal fee schedule.**
- c. Commercial Insurance payers**
- d. Other government payers (Tri-care, workers compensation insurance, VA, etc.)**
- e. Bill patient/no insurance**

1. A. This is the data we currently have access to broken down into call count and percentages.

2019		
Bill Patient	74	14%
Contract	20	4%
Insurance	71	14%
Medicaid	245	48%
Medicare	103	20%
TOTAL	513	

2020		
Bill Patient	195	18%
Contract	3	0%
Insurance	118	11%
Medicaid	551	50%
Medicare	229	21%
TOTAL	1096	

2021		
Bill Patient	154	16%
Insurance	91	9%
Medicaid	532	55%
Medicare	189	20%
TOTAL	966	

2022		
Bill Patient	128	15%
Insurance	102	12%
Medicaid	482	56%
Medicare	154	18%
TOTAL	866	

2023		
Bill Patient	114	13%
Insurance	117	13%
Medicaid	474	54%
Medicare	166	19%
TOTAL	871	

2024		
Bill Patient	47	17%
Contract	1	0%
Insurance	51	18%
Medicaid	122	44%
Medicare	56	20%
TOTAL	277	

2. Q. Thank you for the average historical call volume/demand by hour. How many deployed ambulances have been used for this program historically (during peak hours and off hours)?

2. A. From approximately July through December of 2019 there were two (2) dedicated ambulances simultaneously deployed at all times. The previous contractor then elected to deploy only one dedicated ambulance at a time, utilizing 911 system units to provide transport if the dedicated ambulance was on a call.

3. Q. What has been the average time on task per call (from time of dispatch to unit available)? Average per year for last 2 years, if possible.

3. A. This is the data we currently have access to listed by year and average time on task in minutes.

Year	Avg ToT in Minutes
2021	106.72
2022	113.16
2023	106.48
2024	106.00

4. Q. What is the current Payor mix for patients? What percentage of the mental health patients have insurance?

4. A.

		COUNT	%
2022	Bill Patient	128	60%
	Insurance	59	27%
	Medicare	28	13%
2023	Bill Patient	114	61%
	Insurance	48	26%
	Medicare	26	14%
2024	Bill Patient	47	67%
	Insurance	14	20%
	Medicare	9	13%

5. Q. If the patient has insurance, we understand that we will be billing insurance and after an 180 day review, we will invoice the City of Berkeley for the difference to our agreed upon rate. In the event the patient has no insurance, we presume that we can invoice the City of Berkeley without waiting the 180 day period, is this correct?

5. A. No. Reimbursement should be sought for all transports during the 180-day period post service delivery. The contractor will be required to make their best effort at cost recovery from the patient’s insurance or from the personal payor. All billing practices and processes will need to be approved by the Department. After cost recovery efforts have been exhausted and it has been 180-days the City of Berkeley will be billed the remaining balance due on the transport.

6. Q. On RFP page 2 of 23, section II.1. states, “The term of the proposed contract will commence on July 1, 2024 through June 30, 2025.” However, on RFP page 11 of 23, section VII. lists the contract award date as “July 10, 2024” and the “Notice to Proceed Date” as “August 1, 2024.” Can the City please clarify the planned contract commencement date?

6. A. After the selection of the successful bidder the contract will commence as soon as practicable. The start date of the contract is dependent on City of Berkeley purchasing and contracting processes, and the successful bidders’ ability to begin service.

7. Q.1. On RFP page 3 of 23, section II.3.b. states, “The Contractor must either have an ambulance in service on Berkeley Fire’s radio frequency 24/7 to receive dispatches.” This seems to be an incomplete sentence; could the City clarify this requirement?

7.Q.2. “The Berkeley Police and Fire Communication Center shall be responsible for dispatching Contractor’s ambulances. The Contractor must either have an ambulance in service on Berkeley Fire’s radio frequency 24/7 to receive dispatches.” Looks like this sentence is missing the second part of the sentence, can you let us know if there is another option? “The Contractor must either have an ambulance in service on Berkeley Fire’s radio frequency 24/7 to receive dispatches” Or?

7.A. This incomplete sentence was an error. The successful bidder must have radios that are compatible with the East Bay Regional Communications Systems (EBRCS) and can communicate on Berkeley Fire radio frequencies. All units the successful bidder deploys as part of this contract will be dispatched by the Berkeley Police and Fire Communication Center

8.Q. Will the Berkeley Police and Fire Communications Center be dispatching our ambulances directly or will they be in communication with our Communication Center to dispatch our available rigs?

8.A. The Berkeley Police and Fire Communications Center will communicate directly with the units assigned to service the contract. The units servicing this contract will be under the operational control of the Berkeley Fire Department.

9.Q. Can we cycle units into being “in service” for 5150 calls or do we need to have one/multiple ambulances dedicated to run 5150 calls?

9.A. Bidders shall submit a comprehensive operational plan that they feel will best service the contract.

10.Q. Will ambulances being used in this contract need to have any added logos/decals that state they are working with Berkeley FD/PD?

10.A. No

11.Q. What is the county-wide electronic health records reporting software mentioned in 6.c

11.A. Currently it is ESO.

12.Q. Is there any expectation from contractor to reimburse the City of Berkeley if the insurance or patient does pay after 180 days?

12.A. Yes, the payment can be used as credit and applied to the monthly invoices to the department for service.

13.Q. What is required from Contractor as “receipt for services” for invoicing purposes.

13.A. The Contractor shall provide a list of calls by month detailing date, time, patient demographics, pick-up address, unit, destination, charges, and payments. The Contractor will provide the department access to the Electronic Healthcare Record (EHR) associated with the transports associated with services rendered under this contract. The department may elect to require access to the contractor’s instance of ESO to access EHRs.

14.Q. Although the 5150 transports in this arrangement are dispatched non-emergently, will the ambulance company be allowed to bill as appropriate according to payer rules, including Medi-Cal rules for hospital-to-hospital?

14.A. These calls shall be billed at the BLS 911 rate allowed by Medi-Cal and Medi-Care.

Except as provided herein all other terms and conditions remain unchanged.