



# COOK COUNTY HEALTH

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## COOK COUNTY HEALTH (CCH)

### REQUEST FOR PROPOSAL RFP# H23-0031

**TITLE: AMBULANCE TRANSPORTATION SERVICES**

**GENERAL DESCRIPTION:** CCH seeks a vendor to provide ambulance transportation services for its patients. The vendor will provide service to all CCH medical facilities.

**DATE ISSUED:** May 19, 2023

**VENDOR QUESTIONS DUE DATE:** May 31, 2023 by 2:00 p.m. CT

**RESPONSE/ PROPOSAL DUE DATE:** June 21, 2023 by 2:00 p.m. CT

Responses to this RFP shall be delivered after 8:00 am (CT) but no later than 2:00 pm (CT) to:

Cook County Health C/O John H. Stroger, Jr. Hospital  
1969 West Ogden Ave., Lower Level Room # 250A  
Chicago, IL 60612  
Attention: Supply Chain Management Department

Pre-Proposal Conference /Field Inspection: None

Delivery of RFP must include the **RFP Acknowledgement Form** included at the end of this document.

All questions regarding this RFP should be directed to <https://forms.office.com/r/63SYftkc5D>

The RFP and related Addenda will be posted at the <http://www.cookcountyhealth.org> website under the "Doing Business with Cook County Health" tab.

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**1. Hospital System Background**

The Cook County Health (CCH) is a unit within Cook County government. CCH provides a full continuum of health care services through its seven operating entities, referred to as System Affiliates. System Affiliates provide a broad range of services from specialty and primary care to emergency, acute, outpatient, rehabilitation and preventative care. CCH services are offered without regard to a patient’s economic status or ability to pay.

CCH operates John H. Stroger, Jr. Hospital of Cook County (JHSH), Provident Hospital of Cook County, and Ambulatory and Community Health Network (a system of fifteen clinics), the Cook County Department of Public Health, Cermak Health Services of Cook County (a health facility operated within the confines of the Cook County Department of Corrections), and the Ruth M. Rothstein Core Center. The System also operates County Care, a Medicaid managed care health plan for low-income adults established under the Affordable Care Act.

**2. Purpose**

This request for proposal seeks an ambulance vendor who can provide transportation service for patients to and from all Cook County Health medical facilities.

**3. Term of Services**

The term of services shall be for thirty-six (36) months with two optional one (1) year extensions.

**4. Basis of Award**

The basis of award shall be to a single vendor based on the highest rated proposal offering the best value to CCH while meeting the specifications, terms and conditions in accordance with the evaluation criteria set for in this RFP.

**5. Business Goals and Objectives**

CCH requires transportation for many of its patients to reach its facilities. It is critical to patient care that urgent medical needs be met promptly, and that patients arrive on time for scheduled procedures.

**6. Schedule**

CCH anticipates the following schedule.

Activity	Estimated Date
RFP posted to the website	May 19, 2023
Pre-Proposal and Site Visit	None
Proposer Inquiry Deadline	May 31, 2023 by 2:00 p.m. CT
CCH response to Vendor Questions-Tentative	Week of June 2, 2023
Proposal Due Date	June 21, 2023 by 2:00 p.m. CT
Evaluation of RFP (Tentative)	June

## 7. Scope of Services

### 7.1 Scope

The Contractor shall furnish AMBULANCE TRANSPORTATION SERVICES for CCH patients, all in according with the Contract Documents, Specifications and Proposal herein.

1. Contractor shall provide adult, pediatric, and neonatal Basic Life Support (BLS) and Advanced Life Support (ALS) ambulance services. Contractor shall also provide Specialty Care Transport (SCT), which is interfacility transportation of critically injured or ill patients by a ground ambulance vehicle. SCT service will include the provision of medically necessary supplies and services, at a level of service beyond the scope for the EMT or paramedic.
2. At least 2 bariatric ambulances with appropriate crew for lifting for non-emergency transportation.
3. Contractor shall pick up patients from their location, including at the bedside, when indicated, for all the types of rides as noted above with delivery of the patient to the appropriate destination inside the building (e.g., nursing home, radiation therapy, dialysis, etc.) as some patients may be able to sit for a car ride but not be mentally or physically up to negotiating their way to the admissions department in a post-acute care setting.
4. Contractor shall provide patients going to post-acute facility with direct transport to the post-acute facility after pick-up from CCH facilities.
5. Contractor shall have their ambulance personnel obtain sign off when a patient is transported to a nursing home or other post-acute facility (not home) so that patients are escorted to the correct area and not just dropped off at the front door.
6. Contractor shall be able to handle our Medicare and Medicaid patients as well as our unfunded patients.
7. Contractor shall be able to directly bill Medicare and Medicaid for the services provided with CCH being the guarantor only after payment has been rejected.
8. Contractor shall be able to pick up from ED, Clinic, CORE, Radiation Therapy, Outpatient Surgery, and Dialysis, Discharge Lounge as well as Inpatient units or any other area requested within the CCH campus or clinics.
9. Contractor shall be able to pick up expectant mothers for transport to Labor and Delivery unit at JHSH.

### 7.2 Service Locations

All ambulance transportation services shall be performed between the patient's residence and the following County facilities:

Professional Building	- 1950 W. Polk, Chicago, IL
Specialty Care Center	- 1969 W. Ogden Ave., Chicago, IL
John H. Stroger Jr. Hospital of Cook County	- 1969 W. Ogden Ave., Chicago, IL

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Blue Island Health Center	- 12757 S. Western Ave, Blue Island, IL
Provident Hospital of Cook County	- 500 East 51st St. Chicago, IL
Core Center (Rothstein CORE Center)	- 2020 W. Harrison, St. Chicago, IL
Arlington Heights Health Center	- 3250 N. Arlington Heights Road, Arlington Heights, IL
Austin Health Center	- 4800 W. Chicago Ave., Chicago, IL
Jorge Prieto Health Center	- 2424 S. Pulaski, Ave., Chicago, IL
North Riverside Health Center	- 1800 S. Harlem Ave, North Riverside, IL
Belmont Cragin Health Center	- 5501 W. Fullerton, St., Chicago, IL
Englewood Family Health Center	- 641 W. 63rd St., Chicago, IL
Sengstacke Health Center	- 450 E. 51st St., Chicago, IL
Robbins Health Center	- 13450 S. Kedzie, Ave., Robbins, IL
Cottage Grove Medical Center	- 1647 Cottage Grove, Ford Heights, IL
Morton East Adolescent Health Center	- 2423 S. Austin Blvd., Cicero, IL
Cermak Health Services	-2800 S. California Ave., Chicago, IL

### **7.3 Maintaining Inventory**

The Contractor is required to maintain an inventory of vehicles in sufficient type, quantity and quality to perform the services specified in the contract. Contractor must have appropriate staffing to maintain operation of the required number of vehicles.

## **8. Specifications**

### **8.1 Conditions of Service**

1. The Contractor shall be available to provide ambulance services for CCH patients seven (7) days a week, twenty-four (24) hours per day, including weekends and holidays.
2. All ambulance drivers shall be licensed as specified by the Illinois code governing operations of ambulances. All personnel shall be State of Illinois certified Emergency Medical Technician B (Basic) or Emergency Medical Technician P (Paramedic).
3. The Contractor shall be an approved provider, registered with Medicare and the Illinois Department of Healthcare and Family Services (HFS) and shall operate in accordance with rules and regulations promulgated from time to time by Medicare and the Illinois Department of Healthcare and Family Services (HFS) and shall maintain a current approved status with the Illinois Department of Public Health.
4. Contractor must provide documentation along with their RFP submission of their ability to be an approved provider of care, and that Contractor has invoiced Medicare/Medicaid, Health Maintenance Organizations (HMOs), and Managed Care Organizations (MCOs).

5. All vehicles shall have the capability of two-way radio communication, transmission and reception between vehicles and base station, and from vehicles to the CCH facility.
6. The Contractor will respond to all requests. The Contractor shall transport CCH patients from residences to John H. Stroger Hospital, Provident Hospital, Cermak Health Services, Blue Island Health Center, Rothstein Core Center, Ambulatory & Community Health Network (ACHN) clinics, department designated facility, and/or return to the residence or department designated location.
7. A run sheet shall be provided for each CCH patient or employee escort transported, indicating the individual's account number or employee number and a full description of the trip. Each unit is a single one-way trip. All trips are inclusive of any and all mileage.
8. The arrival and departure areas at: JHSH shall be, but not limited to, the Ogden drive at the JHSH emergency room entrance; and Core Center front entrance, Cermak Health Services shall be the receiving dock, Provident Hospital shall be the emergency room drive and the clinics at their respective addresses.
9. Additional Cook County locations can be designated after award of this contract.
10. Each CCH facility shall identify a central/single location/person (with predetermined appropriate alternate back up for off hours and weekends) to serve the central dispatching function to coordinate with the Contractor with regard to controlling the use of transportation services and to assure that the authorization for such services has been properly handled by both clinical and administration personnel. The designated individuals shall be responsible for scheduling as effectively as possible for CCH patients for whom advance notice is known.
11. The Contractor shall be responsible for maintaining the required and appropriate equipment as needed. The Contractor shall ensure that there are sufficient vehicles on any given day to meet the needs of all the CCH entities.
12. CCH's Home Transportation Coordinator or designees will meet with the Contractor no less than quarterly (more often upon mutual consent) to review issues of scheduling efficiency with regard to prescheduled trips, to discuss coordination of inter facility transfers, to review Contractor's statistical performance reports, to review dispatch issues related to emergencies and other unforeseen trips, and other operational issues.
13. The Contractor shall also dedicate sufficient vehicles to accommodate proposed volumes, particularly for the Neonatal Department of JHSH. Contractor must submit a proposed plan of scheduling and dedicating vehicles as part of their total fleet of vehicles. Parking space for the vehicles will be available near the JHSH number three emergency entrance.
14. The Contractor shall notify the appropriate hospital or clinic personnel of any conditions, which may affect the service causing unusual delays in the operating schedule. (i.e., accident mechanical breakdown, etc.). The CCH Home Transportation Coordinator or designees shall be responsible for notifying the Contractor of any rescheduling which may be required due to change in the CCH patient's arrival or departure time.



15. The Contractor will not transfer patients to another vehicle going to or coming from the hospital except in the case of mechanical breakdown or similar emergencies.
16. The Contractor shall pick up the CCH patient for transportation to their designated location in sufficient time so that they arrive no earlier than thirty (30) minutes prior to their scheduled appointment time or no later than fifteen (15) minutes after their appointment time.
17. The Contractor must assist CCH patients at their residences into the vehicle, and deliver the CCH patient to the specific location within a CCCH facility as requested by the Home Transportation Coordinator or designees (e.g., Radiology, Therapy, Lab, and Clinic). These CCH patients shall be returned to their residence upon completion of their clinic visit.
18. If a County patient is being transported to their residence after being discharged from a County hospital, the Contractor shall also transport the County patient's belongings and deliver those belongings into the County patient's residence as long as belongings do not compromise safety of trip.
19. The ambulance personnel are never to abandon a patient in a vehicle.
20. The Home Transportation Coordinator or designees shall identify to Contractor any problems related to the performance of this Contract. Contractor shall ensure that prompt action is taken to correct the problem.
21. The Contractor will collect a completed and signed Physician Certification Statement (PCS) form for all Transportation.
22. The Contractor shall notify CCH staff identified in the PCS of any conditions, which may result in delays to CCH patient's scheduled trips (i.e., accident, mechanical breakdown, etc...).

## **8.2 Vehicle Design and Condition**

1. The contractor may use either basic or advanced life support ambulances for patient transport and the vehicles must be in compliance with Medicare guidelines. CCH reserves the right to designate the type of vehicle for a given patient transport.
2. All vehicles to be used to provide ambulance services under this Contract shall have, and display proof of if required, any required vehicle safety inspections pursuant to applicable Federal, State or local laws or regulations. Proof that each vehicle has successfully completed such inspection shall be provided to the Home Transportation Coordinator.
3. All vehicles are to be radio-equipped for easy communication within the entire County of Cook. All vehicles shall be in the first-class operating condition and shall be maintained in this condition throughout the life of this contract. This includes clean exteriors and interiors, requiring any cosmetic defects to be repaired promptly. CCH reserves the right to inspect the vehicles and require that a vehicle be taken out of service if it does not meet this standard.
4. All vehicles shall be maintained to ensure the safety of the passengers. The Contractor shall submit biannual records to the Home Transportation Coordinator documenting the routine maintenance performed on all vehicles, including major repairs to the vehicles, i.e., brake

systems, transmission, electrical system, etc. The Contract will provide adequate standby equipment to provide equal service in the event of a breakdown. All vehicles should be clearly identified with the company's name on the side pane/window in full view, and a complete list of all vehicles is to be kept on file with the Home Transportation Coordinator. The Contractor shall assume the obligation of payment of all costs of operation, maintenance, including fuel, oil, tires, repairs, chauffeurs licenses, signs, insurance, licensing, permits, tolls, taxes, charges, and penalties relating to the execution of this contract.

### **8.3 Replacement Services**

CCH reserves the right to purchase equivalent ambulance transportation services on the open market and charge back the difference in cost to the Contractor, if Contractor fails to deliver the ambulance transportation services when and as specified in this Contract. Such charge backs shall be deducted from any unpaid Contractor invoices. If there are no unpaid invoices, Contractor shall pay County for such charge backs within thirty (30) days of notice of such charge backs.

### **8.4 Inclement Weather Policy**

The Contractor shall be responsible for communicating with the receiving or sending facilities and the Home Transportation Coordinator in the event of delays or cancellation due to inclement weather. If there is a delay, the ambulance driver shall communicate to CCH and estimate an approximate length of time of the delay. The Contractor will telephone the facility contact and/or Home Transportation Coordinator with the name of the CCH patient who will be affected by the delay. The Contractor will be responsible for contacting each affected CCH patient regarding the delay, cancellation, or early pick-up time. If cancelled, the patient should be instructed to contact the clinic for a new appointment, and transportation desk to arrange a new pick-up time and day. In the event the ambulance driver, with the CCH patient in the vehicle, is unable to continue to the directed destination, he/she shall contact the Contractor and arrange transportation to their final destination.

### **8.5 Response Time Standards**

1. Contractor shall respond to all requests for transportation services within 30 minutes of request. If the ambulance fails to arrive at the requesting institution within the prescribed time, resulting in the cancellation of a previously scheduled procedure, the Contractor shall hold the County of Cook harmless of payment of the rate applicable for the call placed. If the Contractor recognizes in advance or at any time after taking a call his inability to provide expeditious service in accordance with the Contract requirements, they may sub-contract the call to another pre-approved firm who is able to respond promptly. The CCH Home Transportation Coordinator or designee shall be advised of all sub-contracted calls. The Contractor shall invoice the County at the rate agreed to in the Contract. The Contractor will be responsible for any payments due to the sub-contractor for all services provided by the sub-contractor. The Contractor is strongly encouraged to use this method to assure availability of service. Contractor should submit a list of proposed subcontractors who have agreed to function in this capacity for this contract.
2. Contractor shall respond to all "urgent unscheduled calls" within thirty (30) minutes or less after receiving a call from the originating Home Transportation Coordinator or designees. If the contractor equipment fails to arrive within the prescribed time as stated above, the contractor

shall grant a credit to the County of Cook in the amount of 50% of the basic rate applicable for the category of the call placed. Exceptions may be granted for circumstances beyond the control of the contractor, severe weather, acts of God, fires, floods, strikes, etc., upon review of the requesting department.

3. Neonatal transportation “urgent unscheduled calls” shall be responded to within twenty (20) minutes or less after receiving a call from JHSH.
4. Expectant mother transportation “urgent unscheduled calls” shall be responded to within twenty (20) minutes or less after receiving a call from JHSH.
5. “Urgent unscheduled calls” shall apply to all requests for the neonatal transportation and any calls so designated by the authorized CCH Home Transportation Coordinator or designee; such calls might include, but would not be limited to, psychiatric hospital transfers, urgent transfers to other hospitals (particularly from Cermak, & Provident ER). Contractors should note that this category is the preponderant category of types of trips.
6. In the event Contractor fails to comply with the guidelines in 8.5 Response Time Standards in any two (2) consecutive quarters, Contractor will provide Hospital with a corrective action plan providing in detail the necessary actions required to make Contractor compliant with the guidelines in **8.5 Response Time Standards**. If Contractor remains non-compliant with the guidelines in

**8.5 Response Time Standards** for a third consecutive quarter, Hospital may consider this to be a material breach of this Agreement and may terminate the Agreement in accordance the termination provisions outlined herein.

#### **8.6 Accident Procedures**

Immediately following an accident, or as soon thereafter as is practicable, the County patient(s) shall be taken to the nearest hospital emergency room for examination. If the County patient refuses medical attention, he/she shall complete a waiver form provided by the ambulance personnel and submitted along with the written report. The Contractor shall notify the county sending or receiving facility within two (2) hours of an accident occurrence and submit a police/accident report to the Home Transportation Coordinator or designee within twenty-four (24) hours of the accident occurrence.

#### **8.7 Reports**

The Contractor shall provide monthly statistical reports of activity by service type and County facility location. Sample reports must be submitted with proposal.

#### **8.8 Neonatal Transport Requirements and High Risk Infants**

1. Contractor will be required to transport critically ill high-risk infants in incubators to JHSH from other Chicago area hospitals. This will include transporting the staff and the transport incubator unit from JHSH to the transferring institution, acceptance of the patients and delivery of the staff and patients to JHSH.
2. The ambulance will have the capability of transporting two (2) critically ill infants (e.g., twins) simultaneously, in separate incubators, and the accompanying staff (at least 3) transporting a stable or sick infant, the staff and the transport incubator unit from JHSH to outside institutions

and return of the staff and incubator to JHSH. A cellular phone should be available in the vehicle so that the staff can communicate enroute with the NICU and the attending on-call.

3. All neonatal transports to Cook County Hospital must be considered emergencies and must meet the “urgent” twenty (20) minute transport criteria previously stated. This program also entails return transports of stable infants to the original referral hospital. The contractor must demonstrate the ability to accommodate transport incubators in safe, secure, and timely fashion. All necessary modifications to stretchers or ambulances must be made by the Contractor. Contractor must describe the nature of accommodations for incubators and the number of vehicles that are so outfitted. Stretchers must accommodate up to two (2) incubators.

#### **8.9 Obese Patients**

From time to time, we treat morbidly obese patients. They may be discharged home or to a facility such as Rehabilitation Center or Nursing Home. The ambulance company is required to have the capability of transporting our morbidly obese patients as needed and in a timely manner.

#### **8.10 Medicaid / Medicaid Patients and Third-Party Billing**

Contractor shall investigate whether a patient has a third-party payment source. In the instance where a patient does have a third-party payment source, Contractor will bill that payor directly and not charge CCH for services. In these instances, Contractor will also provide the insurance information to CCH for billing purposes for other services. The Contractor shall not invoice the County for transporting any County patient who is enrolled in Medicare and/or the Illinois Department of Healthcare and Family Services (HFS). The Contractor is solely responsible for seeking reimbursement from Medicare/Medicaid/HMO/PPO for transportation services provided to such County patients. Contractor must provide with their RFP response documentation that Contractor is authorized to process Medicare/Medicaid reimbursement and payments from HMOs.

#### **8.11 Price Proposal**

Proposer's price proposals shall be based solely on the anticipated volumes and types of services to be reimbursed by the County pursuant to this Contract and shall not assume that any additional volumes of services for which another source of reimbursement is available. The anticipated volumes and types of services which shall form the basis of Proposer's pricing shall be set forth on the Proposal Pages.

#### **8.12 Compliance With Laws**

1. The Contractor shall supply all current State of Illinois safety certificates for vehicles used in the execution of this contract.
2. The Contractor shall supply copies of the following licenses for ambulance services: Illinois Department of Public Health; Chicago Dept. of Revenue; Chicago Consumer Services; Chicago Fire Department. (For radio communication): Illinois Public Vehicles; and a Resource Hospital license.

3. The contractor shall supply chauffeur license if required by the City of Chicago ordinance, EMT/paramedic certifications for the State of Illinois, and the City of Chicago for all drivers and assistants to the drivers.

#### **8.13 Vendor Information**

1. Contractor's references, customer lists, and company history to be submitted with RFP document.
2. Information regarding Contractor's driver training program.
3. A complete detailed listing of the Contractor's vehicle to include make, model, age, mileage as of 3-28-2023, catalog cuts or photographs of each vehicle.
4. The Contractor shall provide an estimated number of vehicles required to execute the contract according to the specifications herein.
5. The Contractor shall identify any sub-contractor (s) who will perform work for the Contractor under the terms of this Contract, to include name, address, trade, business phone number(s), insurance underwriter, and references. The sub-contractor shall comply with all specifications and requirements applicable to the contractor under the terms of this contract.
6. The Contractor shall identify the person designated to direct the operation of this service for Cook County.

#### **8.14 Provision of Backup Providers**

If Contractor is unable to provide any Services requested in accordance with the terms hereof, including but not limited to **8.5 Response Time Standards** or Contractor's ability to provide any requested specialized equipment, Contractor will contact backup providers. CCH shall not be responsible for ensuring that any services will be provided by another provider, or for any aspect of any such services that are so provided. Unless Contractor informs CCH in writing that payment for a backup provider should be made to Contractor, CCH shall have no financial responsibility for any other provider's charges and such charges shall not be paid by Hospital. Notwithstanding anything in this section, a patient may choose to utilize another available provider, except to the extent that such choice is in conflict with any statute, regulation or ordinance.

#### **8.15 Invoicing and Payment, Reimbursement Opportunities, and Billing Disputes**

Contractor must be able to submit claims for Medicare covered services and for services to participants eligible for Medicare Part B using Form HFS 194-M-C, Billing Certification Form. For more information on this topic, see Illinois Department of Healthcare and Family Services, Handbook for Providers of Transportation Services, Chapter T-200, Policy and Procedures for Transportation Services and T-202 Transportation Reimbursement.

Proposer must have the capability to provide the CCH with reports detailing the purchases made and the unit prices charged, for identified periods of time. For purposes of pricing, Proposers should assume that they will issue an itemized invoice to the CCH on the first day of the month for all items delivered during the prior month, and to accept payment within forty-five days of invoicing. Any information or records requested by the CCH in order to verify the appropriateness

of the charges shall be provided promptly. The CCH liaison shall review the bill and promptly process invoices for payment by the County, with the exception of any disputed charges.

Proposer must have ability to monitor the State of Illinois for changes and update their system accordingly.

Unique or Exceptional Modes of Transportation may be reimbursed at a negotiated rate, which is determined prior to transport by the department's prior approval agent.

Billing of excess mileage is not allowed. In performing audits, the department verifies mileage with a travel route software package.

Procedure codes and reimbursement rates for each transportation provider are listed on the Provider Information Sheet. Anytime a change in procedure codes or rates is made, the provider will receive an updated Provider Information Sheet.

If, after reviewing relevant information and records, CCH determines that an amount invoiced by the Contractor is not properly payable under the terms of the Contract, the CCH shall identify the disputed amount and may withhold payment of the disputed amount until a resolution of the dispute is reached. In the event CCH makes initial payment of an amount later determined to be disputed, CCH may withhold payment in the amount of the disputed charge from payments made on a subsequent Contractor invoice until a resolution of the dispute is reached.

In the event CCH withholds payment in the amount of a disputed charge, it shall notify the Contractor in writing within 30 days after identifying an error in the fee charged and shall indicate the reason CCH believes the charge to be erroneous. Within 30 days thereafter, Contractor shall provide a response, including such documentation and information required to support the position set forth in its response. The CCH, through its Chief Procurement Officer or designee, shall review the Contractor's response and shall issue a written determination of the amount payable based upon the provisions of the Contract. The CCH shall make payment in this amount. In the event the Contractor disputes the determination of the CCH Chief Procurement Officer or designee, the Contractor may request a meeting with the Chief Procurement Officer or designee within thirty days thereafter. In the event the parties are unable to resolve the issue at this meeting, the Contractor shall have all remedies available to it at law.

#### **8.16 Covered Services**

A covered service is a service for which payment can be made by the Illinois Department of Human Services. For information on covered services, refer to Handbook for Providers of Medical Services, Chapter 100, Topic 103. If the transportation is subject to prior approval by the department, payment will be made only if prior approval has been given. For more on this rule, refer to Handbook for Providers of Medical Services, Topic T-211.

Transportation of a patient to or from a covered source of medically necessary care is covered and payment can be made only if a cost-free mode of transportation is not available or is not appropriate.

Oxygen usage is a covered service when medically necessary and administered in the transport of a patient by ambulance.

Basic Life Support (BLS) services, as defined in the rules and regulations of the Illinois Department of Human Services, are covered when the patient's medical condition requires a BLS level of service. A BLS ambulance provides transportation plus the equipment and staff for basic services such as giving first aid, controlling bleeding, administering oxygen, treatment of shock, taking vital signs or administering cardiac pulmonary resuscitation (CPR).

Advanced Life Support (ALS) services, as defined in the rules and regulations of the Illinois Department of Human Services, are covered when the patient's medical condition requires an ALS level of service. An ALS ambulance provides all basic ambulance services and typically has complex life-sustaining equipment and radio or telephone contact with a physician or hospital. An ALS ambulance will have equipment and staff to provide services such as administration of appropriate drugs, intravenous therapy, airway intubation, or defibrillation of the heart.

Specialty care transport (SCT) is the interfacility 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.

#### **8.17 Non-Covered Services**

Certain medical services are not covered in the scope of the department's medical programs and payment cannot be made for transportation to and from such services. Refer to Handbook for Providers of Medical Services Chapter 100, Topic 104 for a general list of non-covered services.

The Illinois Department of Human Services does not reimburse for transportation provided in connection with any services not reimbursed by the department's medical programs, such as early intervention services, sheltered workshops, day care programs, social rehabilitation programs or day training services. In these instances, transportation providers must verify reimbursement sources prior to delivery of services with the entity requesting the service.

Additionally, payment will not be made by the department for the following:

- Non-emergency transportation where department prior approval is required but has not been obtained.
- Services medically inappropriate for the patient's condition.
- Services of a paramedic, emergency medical technician, or nurse in addition to the Basic Life Support (BLS) or Advanced Life Support (ALS) rates.
- Transportation of a person having no medical need, other than an approved attendant. Refer to Topic 210.6 for the policy regarding the use of an attendant.
- "No Show" trips (i.e., patient not transported)
- Trips for filling a prescription or obtaining medical supplies, equipment or any other pharmacy-related item.
- Charges for mileage other than loaded miles.

- Transportation of a person who has been pronounced dead by a physician or where death is obvious.
- Charges for waiting time, meals, lodging, parking, tolls.
- Transportation provided in vehicles other than those owned or leased and operated by the provider.
- Transportation services provided for a hospital inpatient that is transported to another medical facility for outpatient services not available at the hospital of origin and the return trip to the in-patient hospital setting. In this instance, the transportation provider must seek payment from the in-patient hospital.
- Transportation to receive services when a patient is a current member of a Managed Care Organization (MCO). Refer to Handbook for Providers of Medical Services Topic 210.4 for prior authorization information.
- Medical transportation provided for patients who reside in State Operated Facilities. In this instance, the transportation provider must seek payment from the State Operated Facility
- Services provided by a hospital owned and operated transportation provider where the transportation costs are reported in the hospital's cost report for the following:
  - Transportation services provided on the date of admission and the date of discharge.
  - Transportation services provided on the date that an ambulatory procedures listing (APL) service is performed, or an emergency room visit is made.

### **8.18 Record Requirements**

Refer to Handbook for Providers of Medical Services Chapter 100, Topic 110.1 for information regarding the maintenance of records and Topic 110.2 regarding the retention of records. The transportation provider's basic record must, at a minimum, contain a dispatcher's log and individual trip ticket that documents the following:

- Identification of the participant (name, address and recipient identification number (RIN)).
- Name and address of person requesting the service. Anyone may make this request, including, but limited to, the patient, the transportation provider or the provider of medical care.
- Copy of the Transportation Invoice.
- Identification of the type of vehicle used, and the vehicle's license plate number.
- Name of the driver and attendant, if applicable.
- Medical necessity must be documented for the use of an ambulance with a PCS form



### 8.19 Participants Enrolled with a Managed Care Organization (MCO)

All non-emergency transportation services for participants enrolled in a MCO must be prior approved by the MCO when transport is needed for medical services covered by the MCO. To obtain prior approval for non-emergency transportation for participants enrolled with an MCO, the MCO must be contacted. The phone number for the MCO is printed on the participant's Medical Program card. MCOs have medical personnel available 24 hours a day to provide prior approval.

Prior approval from the MCO is not required in the following circumstances:

- Emergency services do not require prior approval.
- Participants are not limited to in-network providers for family planning services. If the participant seeks family planning services outside of the MCO network, then the department's transportation approval agent must be contacted for approval of the transport rather than the MCO. Refer to Handbook for Provi

## 9. Required Proposal Content

This RFP provides potential Proposers with sufficient information to enable a proposer to prepare and submit proposals. CCH is supplying a base of information to ensure uniformity of responses. It must be noted, however, that the guidelines should not be considered so rigid as to stifle the creativity of any Proposer responding.

This RFP also contains the instructions governing the submittal of a Proposal and the materials to be included therein, which must be met to be eligible for consideration. All Proposals must be complete as to the information requested in this RFP in order to be considered responsive and eligible for award. Proposers providing insufficient details will be deemed non-responsive. CCH expects all responses to reflect exceptional quality, reasonable cost and overall outstanding service.

### 9.1 Executive Summary/Cover Letter

Please limit this to one page. The cover letter shall be signed by an authorized representative of the proposer. The letter shall indicate the proposer's commitment to provide the services proposed at the price and schedule. Do not forget to sign your cover letter.

### 9.2 Response to Scope of Services

Please insert your response to the Scope of Services, Section 7 in this section.

### 9.3 Proposer's Profile and Track Record

Proposer must include a **description** of the organization's track record as follows:

Company Profile (Prime only)

a. Legal Name
b. Assumed Names if any
c. Legal Structure (e.g. sole proprietor, partnership, corporation, joint venture)
d. If a subsidiary, provide the same RFP about the Parent Company as required in this table format.
e. Date and State where formed.

f.	Proposer's principals/officers including President, Chairman, Vice Presidents, Secretary, Chief Operating Officer, Chief Financial Officer, and related contact RFP.
g.	Point of contact for this RFP including contact information
h.	Proposer Business background and description of current operations
i.	Number of employees
j.	Number of years in business
k.	Total number of years providing the proposed services
l.	Is Proposer a licensed business to perform the work in scope? If so, please specify relevant certifications.
m.	Proposer's Federal Employee Identification Number (or Social Security Number, if a sole proprietorship)
n.	Is proposer authorized to conduct business in Illinois? Provide Registration Number issued by the Illinois Secretary of State, a copy of the Certificate of Good Standing, and include Cook County Assumed Business Name Certificate, if applicable.

**9.4 Key Personnel**

A. Provide a table with the following information:

- i. Proposed project resources;
- ii. Roles;
- iii. High level skills (project alignment);
- iv. Proposed work location for each resource (onsite/offsite);
- v. Time commitment to the project if awarded;

B. Describe internal standards, policies and procedures regarding training and professional development.

C. Provide copies of each associates current job description

The Chief Procurement Officer reserves the right to reject any key personnel proposed if it is determined not to be in CCH’ best interest. The evaluation of proposals includes the qualifications of the personnel proposed; therefore, proposers must name key personnel as part of their response. Key Personnel must not be replaced during the project without the approval of the Chief Procurement Officer.

**9.5 MBE/WBE Participation**

The Proposer may be comprised of one or more firms as to assure the overall success of the project. The proposer must present a team chart that clearly identifies each team member and specify their role in the project (this should be more detailed than the information provided in the executive summary). For each subcontractor, provide the name of the firm(s), brief company background, level of participation, MBE or WBE if applicable, the type of services each resource, from each firm, will provide. **For each MBE/WBE certified firm proposed, complete the appropriate information in Attachment A, MWBE Utilization Forms.**

The Chief Procurement Officer reserves the right to accept or reject any of the team members if in The Chief Procurement Officer’s sole opinion replacement of the team member, based on skills and

knowledge, is in the best interest of the County. Consistent with Cook County, Illinois Code of Ordinances (Article IV, Division 8, and Section 34-267), and CCH has established a goal that MBE/WBE firms retained as subcontractors receive a minimum **35% MBE/WBE of this procurement**. The Office of Contract Compliance has determined that the participation for this specific contract is set at 0% MBE and 5% WBE participation.

The Proposer shall make good faith efforts to utilize MBE/WBE certified firms as subcontractors. In the event that the Proposer does not meet the MBE/WBE participation goal stated by CCH for this procurement, the proposer must nonetheless demonstrate that it undertook good faith efforts to satisfy the participation goal. Evidence of such efforts may include, but shall not be limited to, documentation demonstrating that the proposer made attempts to identify, contact, and solicit viable MBE/WBE firms for the services required, that certain MBE/WBE firms did not respond or declined to submit proposals for the work, or any other documentation that helps demonstrate good faith efforts. Failure by the proposer to provide the required documentation or otherwise demonstrate good faith efforts will be taken into consideration by CCH in its evaluation of the proposer's responsibility and responsiveness.

#### **9.6 Cost Proposal**

Proposers must submit pricing RFP in a separate sealed envelope clearly marked with the RFP number and the label "Pricing RFP." Proposers are required to submit one (1) paper copy (original) and one (1) electronic copy **emailed** to the email addresses specified on the cover page).

The pricing information must include any supplemental options or schedules offered by the proposer. All pricing **must include all assumptions** to facilitate Analysis. Proposers should include elements or references to the pricing RFP **only in this section and separate the pricing RFP according to the Instructions above.**

CCH makes no guarantee that the services or products identified in this RFP will be required. The proposer must provide sufficient pricing details to permit CCH to understand the basis for the RFP.

CCH is neither obligated to purchase the full quantities proposed by the proposer, nor to enter into an agreement with any one proposer.

#### **9.7 Financial Status**

- A. Provide the audited summary financial statements for the last two fiscal years. State whether the proposer or its parent company has ever filed for bankruptcy or any form of Reorganization under the Bankruptcy Code, and, if so, the date and case number of the filing.
- B. State whether the proposer or its parent company has ever received any sanctions or is currently under investigation by any regulatory or governmental body.

#### **9.8 Conflict of Interest**

Provide information regarding any real or potential conflict of interest. Failure to address any potential conflict of interest upfront may be cause for rejection of the RFP.

If no conflicts of interest are identified, simply state "[Company X] has no conflict of interest."

**9.9 Contract**

Sample Contract General Terms and Conditions are available in Attachment B, Sample Master Services Agreement. Execution of the Contract is not required at the time the qualifications are submitted. However, if the proposer disagrees with any Contract provisions, or is proposing alternate language, it shall include the language for consideration by submitting the proposed redlines on the sample Contract General Terms and Conditions document. CCH will not consider any exceptions or proposed alternate language to the Contract General Terms and Conditions if the proposer does not include these objections or alternate language with the proposal. CCH shall not be deemed to have accepted any requested exceptions by electing to engage a Proposer in negotiations of a possible Contract.

**9.10 Legal Actions**

Provide a list of any pending litigation in which the proposer may experience significant financial settlement and include a brief description of the reason for legal action.

If no Legal actions are identified, simply state “[Company X] has no pending legal actions in which our firm will experience any significant impact to this Contract.”

History of Legal Actions for the last 36 months:

Action	Date

**9.11 Confidentiality of Information**

The Selected proposer may have access to confidential information, including Protected Health Information (PHI) to perform the functions, activities, or services for, or on behalf of, CCH as specified in this RFP. The Proposer must acknowledge that if awarded there is a high likelihood that the selected proposer may have access to PHI, in paper or electronic form, and thus, it shall sign a Business Associate Agreement with CCH. As a Business Associate, the selected proposer will agree to comply with all federal and state confidentiality and security laws and regulations, including HIPAA, HITECH, the Medicaid Confidentiality Regulations, as defined herein, and all other applicable rules and regulations. The proposer must commit to require all staff, including drivers, Attendants, and other personnel, and Subcontractors to complete HIPAA training upon hire, and no less frequently than annually thereafter. CCH reserves the right to review and accept the training program prior to implementation, or require the selected proposer to use HIPAA materials or training sessions supplied by CCH.

**9.12 Economic Disclosure Statement**

Execute and submit the Economic Disclosure Statement (“EDS”). The EDS form can be found at Attachment C, Economic Disclosure Statement Form. The EDS must be submitted with the pricing proposal in a separate envelope.

**9.13 Addenda**

Since all Addenda become a part of the proposal, all Addenda must be signed by an authorized proposer representative and returned with the proposal. Failure to sign and return any and all Addenda acknowledgements shall be grounds for rejection of the proposal. Addenda issued prior to the proposal due date shall be made available via Cook County Health website:

<https://cookcountyhealth.org/about/doing-business-with-cook-county-health/>

## **10. Evaluation and Selection Process**

An Evaluation Committee comprised of the CCH and County personnel will evaluate all responsive Proposals in accordance with the selection process detailed below.

### **10.1 Proposal Assessment**

The Evaluation Committee will review all Proposals to ascertain that they are responsive to all submission requirements.

#### **10.1.1 Proposal Evaluation**

The RFP provides requirements and data, which will be used as a basis for a written presentation of qualifications of the firm(s) and proposed staff, project approach, systems and methodologies for delivery of the Project. CCH will evaluate the Proposals to consider an award of a contract.

#### **10.1.2 Proposer Presentation**

The Evaluation Committee, at its option, may invite one or more proposers to make presentations and/or demonstrations. The Evaluation Committee may request that all or a group of proposers engage in proactive pricing feedback, submit clarifications, schedule a site visit of their premises (as appropriate), provide additional references, respond to questions, or consider alternative approaches.

### **10.2 Right to Inspect**

CCH reserves the right to inspect and investigate thoroughly the establishment, facilities, equipment, business reputation, and other qualification of the proposer and any proposed subcontractors and to reject any RFP regardless of price if it shall be administratively determined that in CCH's sole discretion the proposer is deficient in any of the essentials necessary to assure acceptable standards of performance. CCH reserves the right to continue this inspection procedure throughout the life of the Contract that may arise from this RFP.

### **10.3 Consideration for Contract**

Any proposed contract including all negotiations shall be subject to review and approval of CCH management, CCH Legal and CCH's Board of System Board. Proposed Contracts are also subject to review by the Cook County Office of Contract Compliance.

Following finalization of Contract documents to the satisfaction of CCH executive management, CCH shall secure appropriate reviews and may approve the proposed Contract for execution in its sole discretion. The identity of the successful proposer shall be posted on the website.

## **11. General Evaluation Criteria**

### **11.1 Responsiveness of Proposal**

The Proposal(s) will be reviewed for compliance with and adherence to all submittal requirements requested in this RFP. Proposal(s) which are incomplete and missing key components necessary to fully evaluate the RFP may, at the discretion of the Chief Procurement Officer or designee, be rejected from further consideration due to "Non-Responsiveness" and rated Non-Responsive.

Proposer must be compliant with all the submission requirements of the RFP. The evaluation committee will evaluate all responsive Proposal in accordance with the evaluation criteria detailed below.

11.1.1 Criteria Proposal

Proposals will be reviewed and selected based on qualifications of the Proposer to successfully perform the Services for the County throughout the course of the contract as evidenced by the following criteria:

- A. Ability to achieve the CCH's business goals, objectives, and Scope of Work described in this RFP, by providing a succinct and feasible description of the proposed implementation approach.
- B. Qualifications and experience of the proposer to successfully perform and provide the services described in this RFP, as evidenced by the successful provision of similar services in similar environments and in compliance with all applicable laws.
- C. Relevant Experience of Key Personnel
- D. Reasonableness of Overall Price  
Price will be evaluated separately for overall reasonableness and competitiveness.

In addition, the Evaluation Committee may review and consider the information and evidence Proposer's responsiveness to the following categories:

- 1. MWBE Utilization Plan (EDS forms);
- 2. Financial Status;
- 3. Conflict Interest;
- 4. Insurance Requirements;
- 5. Contract Terms and Conditions (objections and/or suggested alternate language);
- 6. Legal Actions;
- 7. Addenda acknowledgement (See Addenda Section)

## **12. Instructions to Proposers**

These instructions to proposers contain important RFP and should be reviewed carefully prior to submitting the Required RFP Content. Failure to adhere to the procedures set forth in these instructions, failure to provide positive acknowledgement that the proposers will provide all services and products or failure to provide acceptable alternatives to the specified requirements may lead to disqualification of the submitted RFP.

### **12.1 Questions and Inquiries**

Questions regarding this RFP will be submitted in writing to the contact(s) email listed on the cover page of this RFP no later than the date stated in the [Schedule](#).

Link to submit Questions: <https://forms.office.com/r/63SYftkc5D>

Should any proposer have questions concerning conditions and specifications, or find discrepancies in or omissions in the specifications, or be in doubt as to their meaning, they should notify the Supply Chain Management Office via the email provided on the cover sheet no later than the date stated on the [Schedule](#) and obtain clarification prior to submitting a RFP. Such inquiries must reference the RFP due date and CCH RFP number.

### **12.2 Pre-RFP Conference (if Applicable)**

CCH will hold a Pre-RFP conference call on the date, time, and location indicated on the cover page. Representatives of CCH will be present to answer any questions regarding the goods or services requested or RFP procedures. If a mandatory pre-RFP conference is required, the proposer must sign the pre-RFP conference or site inspection sheet and include a copy of this sign-in sheet in the response to the RFP.

### **12.3 Number of Copies**

Proposers are required to submit one (1) original hard copy, and one (1) electronic copy (emailed to the email addressed on the cover page) and no later than the time and date indicated in the RFP.

NOTE: One (1) paper copy of the pricing proposal and one (1) EDS copy must be submitted separate from the rest of the response.

Each submission must then be separated as follows:

1. One (1) technical hard copy - the original - excluding Pricing and EDS forms;
2. One (1) Pricing and EDS hard copies in a separate envelope;
3. One (1) complete electronic response package (including excel pricing file and EDS) emailed to the email addresses on the cover page. The technical response must be a single electronic file (do not submit a file per RFP section). The email must clearly indicate the RFP Number and Title.

Please see the Proposal Receipt Acknowledgement form at the end of this file for the form required at delivery time.

### **12.4 Format**

Hardcopies of the RFPs should be submitted in a separate envelope (or electronic file) except pricing which may be submitted in a separate envelop. Material should be organized following the order of the

Required RFP Content Section separated by labeled tabs. Expensive paper and bindings are discouraged since no materials will be returned. Numbered titles and pages are required.

CCH reserves the right to waive minor variances.

#### **12.5 Time for submission**

RFP shall be submitted no later than the date and time indicated on the cover page of this RFP. **Late submittals will not be considered.**

#### **12.6 Packaging and Labeling**

The outside wrapping/envelope shall clearly indicate the RFP title, proposer's Name, proposers address, and point of contact RFP. **The Price RFP and EDS shall be submitted in a separate sealed envelope.** The envelope shall clearly identify the content as "Price RFP". All other submission requirements shall be included with the Technical RFP.

#### **12.7 Timely delivery of RFP**

The RFP(s) must be either delivered by hand or sent to CCH through U.S. Mail or other available courier services to the address shown on the cover sheet of this RFP. Include the RFP number on any package delivered or sent to CCH and on any correspondence related to the RFP. If using an express delivery service, the package must be delivered to the designated building and drop box. Packages delivered by express mail services to other locations might not be re-delivered in time to be considered. CCH assumes no responsibility for any RFP not so received.

#### **12.8 Availability of Documents**

CCH publishes competitive bid, RFP, and other procurement notices, as well as award RFP, at [www.CookCountyheath.org](http://www.CookCountyheath.org) under the "Doing Business with CCH" tab. Proposers intending to respond to any posted solicitation are encouraged to visit the web site above to ensure that they have received a complete and current set of documents.

#### **12.9 Alteration/Modification of Original Documents**

The proposer certifies that no alterations or modifications have been made to the original content of this Bid/RFP or other procurement documents (either text or graphics and whether transmitted electronically or hard copy in preparing this RFP). Any alternates or exceptions (whether to products, services, terms, conditions, or other procurement document subject matter) are apparent and clearly noted in the offered RFP. Proposer understands that failure to comply with this requirement may result in the RFP being disqualified and, if determined to be a deliberate attempt to misrepresent the RFP, may be considered as sufficient basis to suspend or debar the submitting party from consideration from future competitive procurement opportunities.

#### **12.10 Cost of Proposer Response**

All costs and expenses in responding to this RFP shall be borne solely by the proposer regardless of whether the proposer's RFP is eliminated or whether CCH selects to cancel the RFP or declines to pursue a Contract for any reason. The cost of attending any presentation or demonstration is solely the proposer's responsibility.



### **12.11 Proposer's Responsibility for Services Proposed**

The proposer must thoroughly examine and read the entire RFP document. Failure of proposers fully to acquaint themselves with existing conditions or the amount of work involved will not be a basis for requesting extra compensation after the award of a Contract.

### **12.12 RFP Interpretation**

Interpretation of the wording of this document shall be the responsibility of CCH and that interpretation shall be final.

### **12.13 Specifications and Special Conditions**

The specifications in this document provide sufficient RFP for proposers to devise a plan and provide pricing. Minor variations from those specifications will be considered as long as proposers identify any instance in which their services specifications differ from those set forth in the RFP documents.

### **12.14 Errors and Omissions**

The proposer is expected to comply with the true intent of this RFP taken as a whole and shall not avail itself of any errors or omission to the detriment of the services or CCH. Should the proposer suspect any error, omission, or discrepancy in the specifications or instructions, the proposer shall immediately notify CCH in writing, and CCH will issue written corrections or clarifications. The proposer is responsible for the contents of its RFP and for satisfying the requirements set forth in the RFP. Proposer will not be allowed to benefit from errors in the document that could have been reasonably discovered by the proposer in the process of putting the RFP together.

### **12.15 Proposal Material**

The material submitted in response to the RFP becomes the property of CCH upon delivery to the Supply Chain Management Office and may become part of a Contract.

### **12.16 Confidentiality and Response Cost and Ownership**

All information submitted in response to this RFP shall be confidential until CCH has executed a Contract with the successful proposer or has terminated the RFP process and determined that it will not reissue the RFP. Any page of a Proposal that Proposer asserts to contain confidential proprietary information such as trade secrets or proprietary financial information shall be clearly marked "CONFIDENTIAL PROPRIETARY INFORMATION" at the top of the page. Additionally, the specific portions of a page that are asserted to contain confidential proprietary information must be noted as such. However, note that ONLY pages or specific information that are/is legitimately confidential should be marked confidential and proprietary. CCH will return proposals that mark all pages Confidential or are copyrighted. All proposals submitted to CCH are the property of CCH.

Further, the Proposer is on notice that any part of its Proposal or any other material marked as confidential, proprietary, or trade secret, can only be protected to the extent permitted by Illinois law, including but not limited to the Illinois Freedom of Information Act [5 ILCS 140 *et seq.*]

### **12.17 Awards**

CCH may, at its discretion evaluate all responsive proposals. CCH reserves the right to make the award on an all or partial basis or split the award to multiple proposers based on the highest rated Proposer and best value to CCH meeting the specifications, terms and conditions in accordance with the evaluation criteria set for in this RFP. If a split award impacts the outcome of the project it must be so stated in the proposal.

**12.18 CCH Rights**

CCH reserves the right to reject any and all offers, to waive any informality in the offers and, unless otherwise specified by the proposer, to accept any item in the offer. CCH also reserves the right to accept or reject all or part of your RFP, in any combination that is in the best interest of CCH.

**12.19 Cancellation of RFP; Requests for New or Updated Information**

CCH, in its sole discretion, may cancel the RFP at any time and may elect to reissue the RFP later. CCH may also issue an Addendum modifying the RFP and may request supplemental RFP or updated or new RFP.

### 13. Definitions

**"Ambulance Services"** or "Services" shall refer to transportation services provided by Contractor for a patient pursuant to this Contract.

**"Abuse"** means (i) a manner of operation that results in excessive or unreasonable costs to the Federal or State health care programs, generally used in conjunction with Fraud; or (ii) the willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain or mental anguish, generally used in conjunction with Neglect.

**"Appeal"** means a request for review of a decision made by proposer with respect to an Action, the following definitions shall apply to this RFP:

**"Addendum"** or "Addenda" shall refer to a one or more documents posted to the website by which modifies this Request for Proposal or provides additional information.

**"Board"** or "Cook County Health" shall refer to the Board of Directors of the Cook County Health or Cook County Health and Hospitals System.

**"Contract"** shall mean a properly executed Contract that has been negotiated between CCH and a proposer for some or all of the Deliverables described in this RFP.

**"Contractor(s)"** and "Selected Proposer" shall mean the individuals, businesses, or entities that have submitted a Proposal and have negotiated a Contract that has been properly executed on behalf of the Contractor and CCH.

**"County"** shall mean the County of Cook, Illinois, a body politic and corporate.

**"Deliverables"** shall refer to the items, supplies, equipment, or services that will be provided pursuant to any Contract entered into as a result of this RFP.

**"Fraud"** means knowing and willful deception, or a reckless disregard of the facts, with the intent to receive an unauthorized benefit.

**"General Conditions"** shall mean the terms and conditions posted to the website. "Proposal" shall mean the document(s) submitted by Proposer(s) in response to this RFP that constitute a Proposer's offer to enter into contract with CCH under terms consistent with this RFP, subject to the negotiation of a contract and approval by the Board.

**"Procurement Director"** or "System SCM Director" shall mean the System Director of Supply Chain Management who serves as chief procurement officer for the CCH.

**"Proposer(s)"** shall mean the individuals or business entities, if any, submitting a Proposal in response to this RFP.

**"Request for Proposals"** or "RFP" shall refer to this solicitation of proposals by CCH that may lead to the negotiation of a Contract.

**14. Appendix A – RFP Receipt Acknowledgement Form**

RFP Receipt Acknowledgement Form

This acknowledgement of receipt should be signed by a representative of Supply Chain Management located at Stroger Hospital, 1969 W. Ogden Avenue, lower level (LL) Room 250A, Chicago IL, 60612.

The outside wrapping shall clearly indicate the RFP Number and Title, Proposer’s Name, Proposers Address, and Point of Contact RFP. **Prefill the first two lines prior to submission.**

Solicitation Number and  
Title: \_\_\_\_\_

Vendor Name: \_\_\_\_\_

Accepted By: \_\_\_\_\_

Date: \_\_\_\_\_

Time (if time machine is not available, hand write the time): \_\_\_\_\_ P.M \_\_\_\_\_ A.M

RFP shall be submitted no later than the date and time indicated on the cover page of the RFP. Late submittals will not be considered. Proposers must cut this sheet in two. SCM will time-stamp top and bottom sections. SCM will keep one section and the proposer will keep the other section.

Time Stamp Here



RFP Receipt Acknowledgement Form

This acknowledgement of receipt should be signed by a representative of Supply Chain Management located at Stroger Hospital, 1969 W. Ogden Avenue, lower level (LL) Room 250A, Chicago IL, 60612.

The outside wrapping shall clearly indicate the RFP Number and Title, Proposer’s Name, Proposers Address, and Point of Contact RFP. **Prefill the first two lines prior to submission.**

Solicitation Number and  
Title: \_\_\_\_\_

Vendor Name: \_\_\_\_\_

Accepted By: \_\_\_\_\_

Date: \_\_\_\_\_

Time (if time machine is not available, hand write the time): \_\_\_\_\_ P.M \_\_\_\_\_ A.M

RFP shall be submitted no later than the date and time indicated on the cover page of the RFP. **Late submittals will not be considered.**

Proposers must cut this sheet in two. SCM will time-stamp top and bottom sections. SCM will keep one section and the proposer will keep the other

Time Stamp Here

## 15. List of Attachments

The following Appendices are included electronically to this RFP.

Proposer(s) may access the following attachments by 1) download and save this RFP file to a local drive and 2) open the RFP document using Adobe application, 3) expand the navigation pane (left of window) and click on the paper-clip icon.

1. Attachment A - MBE/WBE Utilization Plan

Proposer(s) may review the MBE/WBE Special Conditions, file name **CCH MWBE Utilization Forms.pdf**.

2. Attachment B – CCH Master Services Agreement

Proposer(s) may review a representative Master Services Agreement, file name **CCH Master-Service-Agreement-NP 091521.pdf**. Proposer's redlined response to the CCH Master Services Agreement is required at the time of RFP submission. All responses to the Master Services Agreement must be submitted in a Microsoft Word compatible format with redline and included in electronic form as a separate file with the Proposal.

3. Attachment C - Economic and Disclosures Statement

Proposer(s) may review Economic and Disclosures Statement, file name **CCH EDS Form.pdf**.