BROWARD HEALTH

1800 NW 49th Street
Fort Lauderdale, FL 33309

INTERNAL MEDICINE HOSPITALIST RFP

FORMAL REQUEST FOR PROPOSAL

ADDENDUM NUMBER: ONE (1) **August 27, 2020**

THIS ADDENDUM IS ISSUED PRIOR TO THE ACCEPTANCE OF THE FORMAL RFPS. THE FOLLOWING CLARIFICATIONS, AMENDMENTS, ADDITIONS, DELETIONS, REVISIONS, AND MODIFICATION FORM A PART OF THE CONTRACT DOCUMENTS ONLY IN THE MANNER AND TO THE EXTENT STATED.

Q&A

1. Can you please clarify if this RFP is for permanent placement (direct hire) Hospitalists or if open to Locum Tenens (contractors)? Broward Health is not looking for a direct hire or Locum Tenens. Broward Health is looking to contract with a company to provide a set group of doctors to become part of our medical team.

2. In light of COVID, what is your policy on original signatures and notarization of documents such as the Sworn Certificate? Broward Health will accept electronic signatures. Florida legislature amended the notary law in January 2020 so that notaries can electronically notarize. Please refer to section 117.05 of the Florida Statutes.

3. Please clarify the volume of patients *Vendor XYZ* will be required to see. The volume we received includes 62,163 (53,957 + discharge days), which is significantly greater than the 18,250-volume used in an analysis of this HM program last year. The data provided in the RFP is for acute admissions. Included with this addendum is an updated EXHIBIT A spreadsheet with acute and observation cases listed on the "Combined Data" tab that are available for hospitalists. Total cases are 11,538. Total days 44,413. Does the 62,163 contain patients we would not be expected to cover? The detail supplied on the RFP includes all acute admissions through the ER excluding Traumas. The blue shaded plans are those that use specific panels. If so, we would like to request an updated volume and payor mix associated with only the patient population covered by our providers. Data for acute admits was provided and observation data will be attached to this report. For instance, are there sub-specialists who cover cases that are included in this volume, such as Obstetrics? No. Broward Health excluded Trauma as they cover their own cases. The cases listed would require HM services: 7,835 admissions with 39,083 days and an additional 3,703 observation cases with 5,330 days.

4. Will *Vendor XYZ* see all HM Patients or will we share calls as we do at other Broward locations? The selected vendor will see all unassigned patients who come through the ER who do not have a private physician, nor do they belong to a plan that requires a specific panel be used. Broward Health North will not have Internal Medicine physicians on call after the hospitalist program begins.

5. Is the ICU open or are there mandatory co-consultations? ICU is open with the medicine attending acting as primary with a mandatory consult to the intensivist acting in a co-management model.

6. Following your last partner search, did you move forward with the selected provider? If so, what has prompted this search for a new partner? Broward Health North did not move forward with a Hospitalist provider.

7. Given the notice period for your current HM provider and the GME programing incepting in July 2021, what is the anticipated start date for HM services with your selected partner? Anticipated start date: May/2021.

8. Please confirm current average daily census for non-contracted volume? With Non-contracted including both uninsured and insured: ADC for Acute admit cases is 107.1 and an additional 14.6 of observation patients, for a total ADC of 121.7.

9. Please confirm if the proposal should be submitted with only the non-contracted hospitalist volume shown highlighted in blue with-in the RFP? Yes, the proposal should only include Uninsured and Non-Contracted cases. Or do you want a proposal that includes all volume, inclusive of the contracted volumes. Broward Health North does not want a proposal that is inclusive of all volume. The included contracted volumes are for information purposes only.

10. Who currently bills for non-contracted patients? Facility or independent physicians? Broward Health will bill for the facility fee. The physician who cares for the patient bills the professional fee.

11. Is Broward Health requesting a pricing proposal that separates out current state cost and built-in GME? Or will a separate GME pricing proposal be requested at a later date? Broward Health is looking for one price proposal for all services inclusive of GME.

12. Who currently staffs the HM program at Broward Health North? Hospital employed, or another contract group? If another group, how long have they been in place? Community based physicians staff the on-call panel. The Panel will be discontinued on arrival of HM program.

13. What are the primary reasons the hospital is exploring making a change in its HM coverage provider? Broward Health North is looking to improve patient flow, safety, quality of care and meet the GME requirements.

14. How many total daily encounters does the program see? The expectation is that the hospitalist program will see 121.7 daily encounters.

15. What is the current annual subsidy paid for HM services? Broward Health currently pays for on call services and not HM.

16. What is the current daily HM coverage/staffing model? Currently, there is one physician on-call for the day shift and then another physician takes the night calls.

17. How many full-time physicians and advanced practice clinicians (APCs) are part of the HM program currently? Currently there is one physician on-call for the day shift and then another physician takes the night calls.

18. The RFP states that NPs and PAs "will not be included in the staffing matrix". Does this mean that the contractor should not utilize APCs in the practice and that the staffing should be reflective of 100% physician coverage? Yes.

19. What is the night coverage arrangement? ICU coverage, APCs utilized, interest in telehealth supplementation? Broward Health North currently has an Intensivist on a 24-hour coverage arrangement. Other than that, we do not have night coverage, only on-call physician(s.) Broward Health North is looking for physician night coverage.

20. Is the ICU open, closed, or hybrid? ICU is open with the medicine attending acting as primary with a mandatory consult to the intensivist acting in a co-management model.

21. Does the practice currently use block scheduling? If so, how many days/shifts in a block? How long are shifts? N/A as Broward Health North does not have a hospitalist program.

22. Are the physicians or APCs unionized? Are the nurses at the hospital unionized? Broward Health does not have unionized employees or physicians.

23. What is the current annual compensation of the hospital medicine providers (physicians & APCs)? Are those providers independent contractors or W-2 employees? If employees, what is the value of their included benefits? Currently Broward Health North does not have HM providers, only on call physicians.

24. Is any of the current HM provider compensation at-risk for performance? If so, how much and what are the parameters? There is no current provider, but other programs are at-risk performance. Parameters vary per program. Most have collections at risk and quality metrics.

25. Would the hospital like to keep on any of the current HM providers? If so, approximately how many? N/A as Broward Health North does not have a hospitalist program.

26. Does the practice currently have a medical director? If so, would the hospital be interested in retaining that physician in that role? What is the annual medical director stipend?
N/A as Broward Health North does not have a hospitalist program.

27. Are there any non-compete clauses or restrictive covenants in place for the current providers that we should be aware of? If so, can you provide detail. N/A as Broward Health North does not have a hospitalist program.

28. Does the HM program cover all admitted patients at the hospital, or are some patients cared for by their primary care physicians or other groups? Broward Health North does not have a HM program, but the vendor selected will not cover all admitted patients. Instead, they will care for all unassigned patients regardless if they are insured or uninsured. If the patients presenting in the ER require admission and are with a plan that demands that their own hospitalist panel be used (ie Humana) the HM vendor will not care for these patients. Broward Health North expects that the vendor selected will work to build relationships with these plans to possibly be added to their panel.

Primary care physicians are able to care for their patients if they chose or they would be able to defer to the hospitalist program. Primary care physicians are and, will continue to be, able to care for their patients. Broward Health North expects the selected HM vendor to build relationships with providers with the hope of being utilized for all their hospitalized patients or at least as a backup.

29. What is the annual emergency department volume? Who provides physician and APC coverage for the ED currently? Fiscal Year (FY)19 (July 2018-June 2019) the ER saw 62,809 cases of which 10,578 were admitted. In FY 20, 55,877 and 10,123 respectively. ER is covered by a contracted group named Invision.

30. What is the current co-engagement process (meetings, conferences, etc.) between the emergency medicine and hospital medicine programs? Currently there is not one in place, We envision the groups to work together and meet regularly as the program grows.

31. In terms of current clinical indicators, within the HM program, what is the overall Length of Stay? Geometric ALOS? Case mix index? Top 10 DRGs by volume? Below are the Inpatient DRGs with volume >100. The report includes all payors. Full report will be included in this report.

Broward Health North - Acute Admits through ER			
	Cases	**Days**	**LOS**
603 CELLULITIS W/O MCC MS	384	1416	3.69
690 KIDNEY & URINARY TRACT INFECTIONS W/O MCC MS	290	1099	3.79
392 ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC MS	287	894	3.11
871 SEPTICEMIA OR SEVERE SEPSIS W/O MV >96 HOURS W MCC MS	248	1873	7.55
683 RENAL FAILURE W CC MS	197	861	4.37
291 HEART FAILURE & SHOCK W MCC OR PERIPHERAL EXTRACORPOREAL MEMBRANE OXYGENATION MS	185	899	4.86
65 INTRACRANIAL HEMORRHAGE OR CEREBRAL INFARCTION W CC OR TPA IN 24 HRS MS	174	964	5.54
638 DIABETES W CC MS	166	600	3.61
194 SIMPLE PNEUMONIA & PLEURISY W CC MS	165	711	4.31
682 RENAL FAILURE W MCC MS	142	794	5.59
812 RED BLOOD CELL DISORDERS W/O MCC MS	142	418	2.94
897 ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHABILITATION THERAPY W/O MCC MS	141	477	3.38
190 CHRONIC OBSTRUCTIVE PULMONARY DISEASE W MCC MS	130	600	4.62
313 CHEST PAIN MS	128	258	2.02
378 G.I. HEMORRHAGE W CC MS	114	435	3.82
312 SYNCOPE & COLLAPSE MS	112	338	3.02
641 MISC DISORDERS OF NUTRITION,METABOLISM,FLUIDS/ELECTROLYTES W/O MCC MS	111	369	3.32
101 SEIZURES W/O MCC MS	105	302	2.88
292 HEART FAILURE & SHOCK W CC MS	103	484	4.70

Below are the top DRGS for Observations patients:

Broward Health North - Observation Cases through ER	Cases	Days	LOS
313 CHEST PAIN MS	1229	1445.42	1.18
392 ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC MS	389	665.81	1.71
312 SYNCOPE & COLLAPSE MS	297	476.85	1.61
948 SIGNS & SYMPTOMS W/O MCC MS	230	422.42	1.84
149 DYSEQUILIBRIUM MS	191	300.82	1.57
682 RENAL FAILURE W MCC MS	163	126.41	0.78
204 RESPIRATORY SIGNS & SYMPTOMS MS	125	184.94	1.48
310 CARDIAC ARRHYTHMIA & CONDUCTION DISORDERS W/O CC/MCC MS	122	150.75	1.24
690 KIDNEY & URINARY TRACT INFECTIONS W/O MCC MS	120	247.8	2.07
812 RED BLOOD CELL DISORDERS W/O MCC MS	119	140.15	1.18
305 HYPERTENSION W/O MCC MS	115	159.05	1.38
69 TRANSIENT ISCHEMIA W/O THROMBOLYTIC MS	105	162.99	1.55
897 ALCOHOL/DRUG ABUSE OR DEPENDENCE W/O REHAB THERAPY W/O MCC MS	103	134.71	1.31
101 SEIZURES W/O MCC MS	93	154.25	1.66
552 MEDICAL BACK PROBLEMS W/O MCC MS	93	165.77	1.78

32. What quality or performance Indicators would the hospital like to focus on to improve? There are many indicators we will monitor, and we look forward to the vendors suggesting performance metrics.

33. Are there any service line expansions desired (rehab unit, psych unit, stress tests, preoperative clinic, etc.)? No.

34. The RFP states that the selected contractor is responsible for the care of all unassigned patients, and that some patients' care will be provided by either their primary care physician or by a physician assigned by the patient's IPA. Are the volumes indicated on Exhibit A reflective of just the unassigned cases that will be cared for by the contractor, or does this volume also include patients cared for by patients' primary care and IPA physicians? On the data included in the RFP, make sure to exclude the plans that are highlighted in blue. That leaves the cases that do not have a primary care physician do not have an assigned panel. See #3 for a summary. Acute cases were included in the RFP, observation cases will be attached to this report. If the volumes indicated in Exhibit A are inclusive of both assigned and unassigned, please detail the assigned volumes by payor that contractor will need to exclude from their projections. This is broken out by shading in updated Exhibit A.

35. The RFP requests that the contractor list all 3rd party Insurance/payor contracts. For purposes of the RFP, should contractor list only the contracts in Florida, or should the list be inclusive of all contracts nationwide? Nationwide would be best.

36. We would like our financials to be exempt from public record. The process for this is outlined in general in the RFP but was a bit unclear. Could you provide additional clarification on what we should do in order to make this happen? Financial Statements are exempt from public records, however they **must be provided in a separate file.** If financial statements are incorporated into the overall proposal, respondents must provide a redacted copy as instructed in the RFP document as Broward Health does not redact information from the proposals.

37. Exhibit A of the RFP references a grand total of 10,253 IP case volume which incorporates 2,418 Contracted, 2,056 Uninsured and 5,779 Non-Contracted.
    a. Please clarify which volume for cases that are specific to the RFP that you would like vendors to use for revenue projections and staffing model(s). Include 5,779 Non-Contracted and the 2,056 (albeit the revenue for uninsured is negligible). The 2,418 contracted cases should NOT be included in your revenue projections. BHN included to be able to see the full spectrum of volume and the potential cases that the HM group could possibly cover if they join the plan's panel.
    b. For the volume clarified from the question above, please provide a breakout of the Admits and Observations case volume by payer mix and correlating LOS. See page 39-42 for Admit payer mix and LOS. Observation case volume with payor mix and LOS will be included in this report.
    c. Are there additional medical consults volume above and beyond the data provided, that would be expected to be services by the hospitalists? If so, please provide that volume and LOS by respected Payer Mix. In general, the volume shared is the expected volume. BHN does operate an Inpatient Rehab Facility (IRF) and there may be opportunity for the HM group to consult on those cases. Below is a chart that shows that 400 annually cases (non–contracted) are seen in our IRF, however please note BHN cannot guarantee any of this volume.

Broward Health Rehabilitation Institute:			
Uninsured	18	185	10.28
Compensated Cases Available for Hospitalist	382	4,495	11.77
Uninsured and Compensated (Avail for Hospitalist)	400	4,680	
Per Calendar Day	1	13	
Compensated %	96%	96%	
Uncompensated %	5%	4%	

38. Of the case volume included in Exhibit A, it breaks out which case volume is contracted, and which are uninsured and non-contracted. Knowing some of the existing provider groups have contracts in place with certain health plans and no health plan is exclusive to a single provider group, how does the facility plan on addressing which group will manage that payer contracted volume regardless of which group is ultimately awarded the overall contract? What BHN typically sees is that the insurance plan either dictates which physician panel/group to use or it does not have restrictions in place. The plans noted as 'contracted' in Exhibit A have an exclusive provider group they have selected.

END ADDENDUM ONE