

NASSAU HEALTHCARE CORPORATION  
**RFP 2016-013 & RFP 2016-014**  
**47 QUESTIONS - ANSWERS (in bold)**

**2016 Budget Report:**

**Website:** <http://www.nuhealth.net>

**Home page->Tab "About NuHealth" -> Public Authority Reporting-> Financial Information -> 2016 Operating Budget**

Please Clarify - D. Qualifications of Proposer to carry out this project or to provide these services including a list of comparable projects and identification of individuals (including their names, titles, organizations, mailing addresses, telephone, fax numbers, and email addresses) who may be connected with respect to each comparable project.

1. Provide adequate information demonstrating experience on projects of similar scope and magnitude. Project start/completion dates and owner/client references must be included.
2. List all projects Proposer has completed (or are in progress) for the past 18 months. Give a brief description of each project, including owner, size of facility, type of work performed, and size of project and completion date.
3. List the five (5) similar projects Proposer's firm has completed (or are in progress). Give a brief description of each project; include the size of the facility, owner and owner contact to be used for reference purposes. Also include project start and completion (proposed) date.

**Proposer should list experience and qualifications for similarly-sized clients and list experience with public benefit corporations/government entities.**

4. Would it be possible to have a schedule of insurance to review? This information would be helpful to have an understanding of your program so we can answer the compensation question for both RFP's

**Please see scope of services on page 3 of 29.**

5. Can the electronic copy of the response be provided on a 'thumb drive' instead of a disc? **Yes, you may submit a thumb drive. Necessary encryption should be employed.**

6. Do you prefer personal delivery of the response or is third-party delivery, such as UPS, acceptable? **Yes, third-party delivery is acceptable.**

7. Please confirm the most up-to-date number of beds for each facility. **See website instruction above.**

8. Are you able to provide the renewal dates and total premium for each line of coverage? **September 29<sup>th</sup> is the renewal date for most policies.**

9. Schedule A, Special Requirements, A, indicates pricing should be based on a three and five year term. Are you expecting to market lines of coverage only at

three and five years? **Proposer administration fees should be based on a 3 & 5 year commitment.**

10. Are any existing lines of coverage commission based? **Seeking new proposals.**

11. How many references do you require in total? Section II, Contents of Proposals C, 7 indicates three are required and D, 3 seems to require additional references. **Section II, C-7, requests 3 business references and D3 requests 5 projects. A proposer may or may not have had 5 projects completed. References and project contacts may overlap.**

12. Do you have a preferred fee structure? **No, we do not have a preferred fee structure.**

13. There is a default MWBE requirement of 20% and a utilization form included in this RFP. Are you not accepting MWBE waiver applications? **A waiver application may be considered.**

14. Do you expect to extend the May 26, 2016, submission deadline? **Yes, the new deadline is June 3, @ 3pm.**

15. When do you expect to award this contract? **We expect to announce the award on or about June, 17, 2016.**

16. Can we combine our response to both of these RFPs (2016-014 & 2016-013) into one single response, but separate for you our proposed remuneration for each? **Responses may be combined as long as each RFP is separately and clearly identified.**

17. In order to select the appropriate team that has the bandwidth to service your program, can you advise the renewal dates for your insurance placements. (understand that your year-end is 12/31 – is the insurance program renewals on the same date?)  
**The renewal date for most of our insurance placements is September 29<sup>th</sup>.**

18. Outline of the lines of coverage where you will require assistance with claims reporting and an estimate of the number of claims annually that you would need reported. **Please see page 3 of 29 for lines of coverage.**

- i. Number of claim review meetings you hold each year and lines of coverage that are addressed at these reviews. **There are very few commercial claim meetings. Professional liability normally meets once a month. Lines of coverage may be found on page 3 of 29.**
- ii. Outline of the risk control work that you are currently using with your current broker or an estimate of the risk control work that you would like assistance with from your broker. **Our hospital currently utilizes a risk management committee that works in conjunction with the claims committee. Proposer needs to make its own assessment.**
- iii. Estimate of the number of certificate of insurance that is issued annually. **The number of certificates of insurance issued varies but approximately 25-30 per year.**
- iv. Estimate of the number of contracts that are review annually. **N/A**

- v. A copy of your current schedule of insurance (with or without premiums). **Please see page 3 of 29 for our current schedule of insurance.**
- 19. Please provide a detailed scope of the required actuarial services, including a list of deliverables. Please include anticipated due dates for each deliverable. **Actuarial services review is required semi-annually, and as needed.**
- 20. Which firm currently provides these services? **Seeking new proposals.**
- 21. What are the fees for the services? **Seeking new proposals.**
- 22. Are prior actuarial reports available for review? **No.**
- 23. Is detailed historical exposure information, including occupied beds, ER visits, outpatient visits, etc., available? **For statistics, see website for 2016 budget report.**
- 24. Is detailed historical physician information, including employment date, termination date (if applicable), specialty, FTE status, etc. available for all physicians insured under NHCC's insurance program? **Information will be provided post award.**
- 25. Who is the current claim administrator and for how many years has this administrator been administering NHCC's claims? **Seeking new proposals.**
- 26. Are historical loss runs available in Excel format, valued as of year ending 2015 and going back at least five years? **Seeking new proposals.**
  - I. What is the current form of coverage (claims made versus occurrence)? **Current form of coverage is claims-made for hospital professional liability.**
  - II. What are the current deductibles/self-insured retentions, in addition to the limits of coverage? **Seeking new proposals.**
  - III. Which insurance carriers are currently providing coverage? **Seeking new proposals.**
- 27. Insurance program description: Coverages, limits, reinsurance.
  - i. From financials it looks to be Hospital professional, Employee benefits and General liability, please confirm. **Correct.**
  - ii. Also confirm if Employee Benefits is Employee Benefits Liability coverage as traditionally found with a General Liability coverage or Employee Benefits (Health/dental). **Seeking new proposals.**
- 28. Other key service providers: auditor, claims administrator, actuary. **Claims administration, actuarial and legal.**
- 29. Frequency of financial reporting required. **Semi-annual also (year-end).**
- 30. Number of board meetings per year. **Two to three meetings per year.**
- 31. Any other special servicing requirements? - **Seeking new proposals.**
- 32. Copy of recent actuarial report. **Not available.**

33. Copy of recent audited financial statement = specific to the captive. **See Corporate Financial Statements on website.**
34. Can you confirm if the insurance for this DSRIP is handled by NHCC and is expected to be included in the RFP. (if so, please include these policies in the schedule of insurance requested above). **No, NQP is outside the RFP.**
35. Why are you doing the RFP ? (service related, diligence , strategic ).  
**Seeking new proposals.**
36. What would be a successful outcome for you and NuHealth thru this process?  
**Seeking new proposals.**
37. Can you send us a schedule of insurance? **Please see RFP, page 3 of 29.**
38. What are the KPI you use to measure the effectiveness of existing service providers? **Seeking new proposals.**
39. In addition to yourself who else is part of the decision making committee? **N/A**
40. Are you taking any risk bearing arrangements currently? **N/A**
41. How long has the current actuary provided services? **N/A**
42. What was the annual cost for each of the last three years for actuarial services? **Seeking new proposal.**
43. How many actuarial reports per year are requested by NUMC? **Semi-annually and as needed.**
44. Are previous actuarial reports available to the new actuary? **No.**
45. When will loss lists, number of bed information be available? **Loss list will not be available prior to award. Bed statistics may be found in the 2016 Budget, see website instructions above.**
46. When will draft and final actuarial reports be required? **Semi-annually and as needed.**
47. Are actuarial services required to opine on reinsurance pricing? **If interviews are scheduled, this will be discussed at that time.**