

## Answers to Questions Regarding RFP 004-2022: Intraoperative Neuromonitoring Services

1. What is the trigger/reason for the RFP being issued now?
  - a. Common reasons for an IONM RFP include: mandatory contractual rebid, need fresh direction on quality program, seeking market info on pricing, surgeon dissatisfaction, or a change in hospital organizational structure (e.g. a merger).
2. What is your internal decision process, timeline, and who's involved?
  - a. We have a mixture of physicians, finance, and legal on our RFP Committee. We meet to review all proposals received and evaluate each one closely.
3. Will there be a presentation required?
  - a. No.
4. What is the anticipated case volume?
  - a. As of 2019, approximately 90% spine cases and 10% neurosurgery cases. 19% of neurosurgery cases are spine and 6% are craniotomy cases.
5. What is the payor mix?
  - a. The 2019 payor mix was 53% Medicaid, 26% Medicare, 17% Commercial, and 2% Other.
6. What types of cases are to be monitored?
  - a. Spine, neurosurgery, and craniotomy cases.
7. When do you need/want the chosen company to be fully operational?
  - a. The term, including the start date, is subject to the approval of the NHCC Board of Directors.
8. What specific types of surgeries are performed at each location that require monitoring? Would all IONM services under this contract be performed at NUMC or would cases need to be covered at affiliates too?
  - a. Nassau University Medical Center is the only location. Spine and neurosurgery cases require IONM services.
9. What is the volume of spine surgeries per week or month? What is the volume of brain surgeries per week or month?
  - a. Approximately 6 spine surgeries per week; 6 brain surgeries in 2019.
10. Please provide a breakdown of case types over 12 months. Please provide a case listing.
  - a. As of 2019, approximately 90% spine cases and 10% neurosurgery cases. 19% of neurosurgery cases are spine and 6% are craniotomy cases.
11. How many surgeries, requiring IONM, are performed simultaneously at each of these locations?
  - a. 3
12. What is the average length of time for each surgery from patient in to close?
  - a. The average duration is 3.5 hours.
13. How many neurosurgeons, orthopedic spine, vascular, cardiac, ENT or other surgeons will require monitoring services?
  - a. 2020 4 Orthopedic Spine Surgeons and 5 Neurosurgeons.
14. Would you be able to supply information regarding the payor mix?

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- a. The 2019 payor mix was 53% Medicaid, 26% Medicare, 17% Commercial, and 2% Other.
15. Do you prefer an hourly rate/per case?
  - a. All proposals will be considered.
16. Are you currently paying for cancellations and if so, what time frame do you have to cancel cases?
  - a. NHCC generally does not pay for cancellations.
17. Are these services currently being provided by outsourced vendor(s), in-house team, or combination?
  - a. These services are currently being provided by outsourced vendor.
18. Please provide the peak and average case volumes by day for 2019.
  - a. 

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	
Peak	4	26	33	11	236	0	7
19. The description of services lists both EEG Acquisition and Processed EEG Acquisition. Please clarify whether the EEG service intended under this RFP is in –OR only and not clinical.
  - a. The EEG service intended under this RFP is in OR and not clinical.
20. Please clarify NHCC’s expectations for ABR and Visual, as these are specialized tests and rarely used nationally. Please provide rolling 12-month breakdown of these case types.
  - a. These case types are very rare. There are no recent cases.
21. Please clarify NHCC’s expectations for Transcranial Doppler Interpretation. Please provide rolling 12-month breakdown of this case type.
  - a. This case type is very rare. There are no recent cases.
22. Please confirm the annual case volumes for call coverage. What is the average frequency of emergency, late night and weekend cases and what types of emergency cases are typical?
  - a. IONM 2019 or R12# of Cases
    - i. Total Annual IONM Volume of cases 317
    - ii. Annual Volume outside of Normal Work Hours (On Call) Low
    - iii. After 5pm Annual IONM volume Low
    - iv. Weekends/Holidays Annual IONM Volume 11
    - v. Emergency cases are typically a result of a trauma case.
23. Does NHCC anticipate awarding one contract or multiple contracts? If multiple, will there be a minimum guarantees to selected vendors?
  - a. All proposals will be considered. NHCC cannot make volume guarantees.
24. If awarded, how long is the award and will there be additional option years to execute?
  - a. The term, including options to renew, is subject to the approval of the NHCC Board of Directors.
25. RFPs for IONM services were issued in both 2018 and 2020. Can NHCC please elaborate on why this is going to RFP again in 2022?

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