

Language Services Q&A
RFP 2015-034

1. What was spent in dollars for onsite interpreting for the past 12 months?
On-site interpreting is done in-house by NHCC Medical Interpreters.
2. How many assignments per week has the system averaged over the past 12 months?
Please refer to RFP for call volume.
3. Does the system currently pay a two hour minimum along with mileage and travel time and parking?
No
4. For language group B, is Maay-Maay the same as Mai Mai language but just spelled differently?
Yes
5. On page 19, 1. (a), what are NHCC billing/payment procedures? Also what documentation is considered satisfactory?
Vendor bills monthly invoice and NHCC will pay monthly invoice.
6. Page 24, JC Standards - We do not require physical exams for employment. If we do Onsite services the ICs will provide current immunization records. Is this acceptable?
Yes
7. What was spent in dollars for onsite interpreting for the past 12 months?
\$15,170 YTD September for ASL On-Site Interpretation only.
8. How many assignments per week has the system averaged over the past 12 months?
Please refer to RFP for call volume.
9. Who is your current vendor(s) for telephonic interpreting, and what are their rates?
Language Line at 69 cents per minute.
10. Who is your current vendor(s) for VRI (video remote interpreting), and what are their rates?
Currently No VRI
11. Who is your current vendor(s) for translation services, and what are their rates?
Translation services primarily done in-house.
12. Do you currently use in-person interpreting services at all? If so, who is the vendor and what are their rates?
In house interpreters employed by NHCC, only use in-house outside vendors for ASL interpretation.
13. What is the anticipated and/or historical usage volume for translation services?
Data unavailable. Done in-house.

14. What is the anticipated and/or historical usage volume for VRI (video remote interpreting) services?
Currently no VRI.
15. Are the average connection time requirements on page 5 of the RFP for telephonic interpreting, VRI, or both?
Over the phone interpreting.
16. Is it your intention to select multiple vendors, or will you be contracting with one vendor to provide all services?
One vendor.
17. Who is your current language services provider?
Language Line
18. What are the anticipated volumes of translation services, desktop publishing, on-site interpreting, and ASL?
Translation services done in-house
19. The RFP asks that we provide an implementation strategy to orient employees to the interpreting service. Would you prefer on-site implementation and training?
Yes
20. The RFP asks that we use adequate/effective/unobtrusive technology to permit provider focus on patients rather than interpreter, e.g., dual handset telephone to permit confidentiality and HIPPA compliance. The RFP also asks that we provide compatibility and utilization of existing NUMC equipment; CISCO IP Phone 997. Does NUMC's current usage of the CISCO IP Phone 997 provide adequate OPI/VMI capabilities and satisfy confidentiality and HIPPA compliance? Or are you looking for a provider to expand/improve upon NUMC's existing technology?

Vendor should provide its own phone interpretation solutions as well as utilize current CISCO Phone sets to use for interpretation needs throughout the hospital.
21. What is the estimated value of this contract?
At least \$400,000
22. Is there an incumbent vendor for these services? If yes, who is the vendor(s)?

Language Line
23. What is the historical volume of each service required in this RFP?
Please refer to RFP
24. What is the historical spend of each service required in this RFP?

Primary spend is on over the phone interpretation with calls costing 69 cents per minute.

25. Is there a primary reason for this RFP? For example: existing quality concerns, reduction to current price, or general contract terms requiring renewal?

General contract terms requiring renewal.

26. Would the vendors own internal testing/qualification process be comparable to interpreters possessing certifications/accreditations?

Yes

27. Can we bid on one or more of the services listed in the RFP or is it a requirement to provide all services?

Provide all services.

28. Is it your intention to award to multiple vendors or one vendor providing all services?

One vendor

29. If multiple vendors are selected, how will the work be divided and what does your current disbursement strategy look like?

One vendor will be awarded

30. How will cost be evaluated for rating offerors?

Lowest cost for over the phone interpretation.

31. Are there base and option years in the contract terms?

To be determined.

32. How will pricing be evaluated if there are base and option years?

To be determined.

33. Will cost be evaluated on the base year or total including option years?

To be determined

34. Will the unit cost be used or the unit cost times the quantities provided to come up with a total cost?

Cost per minute.

35. What percentage or weight does cost carry in the overall RFP?

80%

36. Is there an evaluation template that will be used? If so, can it be provided?

Yes. Evaluation template has not been made yet.

37. What is the estimated start and end date of the contract terms?

1/1/15-12/31/18

38. What are the estimated annual minutes required for telephonic services?
Please see RFP
39. What is the average length of a call for telephonic interpretation?
5 minutes
40. What are the volume estimates per language for telephonic interpretation?
Please see RFP
41. What are the estimated numbers of words needing translation?
Translations primarily done in-house
42. What are the volume estimates per language for translation?
Translations primarily done in-house
43. What is the average length of a VRI assignment?
VRI not utilized currently.
44. What are the volume estimates per language, including ASL, for VRI interpretation?
VRI not utilized currently.
45. Connection fulfillment times for OPI are stated within 12 seconds for Spanish and 20 seconds for Haitian Creole, Portuguese, and French. Would Nassau Health consider the industry standard of 30 seconds for Spanish and 60 seconds for Creole, Portuguese, and French?
Yes
46. Under the connection fulfillment times statement within the RFP it mentions “to meet the needs of Broward Health”. As Nassau Health is requesting these services and issued the RFP, could you please clarify if this is a discrepancy/typo, or what is the participation of Broward Health within this RFP?
That was a discrepancy/typo.
47. Under Contractor Professional Qualifications it states that a contract must “Ensure that Contractor billing form is acceptable to Medicaid or other payers that compensate for interpreters”. Will Nassau Health be responsible for communication regarding said billing or invoicing requirements to the contractor?
Yes
48. The RFP states that the contractor must provide superior telephone systems; as well as adequate technology such as dual handset telephones – please confirm that Nassau Health requires no physical equipment from the vendor?
We require physical equipment from the vendor.

49. The RFP states that the vendor must provide a “call center supporting rapid hook-up”. What is “rapid hook-up” referring to?

Connection time to remote interpreter.

50. Under qualifications of medical interpreter it mentions that additional specialized training may be required. Please expand on this training and if it will be mandatory, provided by Nassau Health, or mutually agreed upon with the vendor.

Additional training will depend on the circumstance.

51. The qualifications of the interpreters asks a question if the contractor has the option to assign a male/female interpreter based on the patient’s preference – is this a requirement or will more preference/weight be given to a vendor who offers this?

This is a requirement. Some patients may feel uncomfortable speaking to an interpreter of the opposite sex. In order to be culturally sensitive to our patient population, this component will be mandatory.

52. Under Patient Care/Contact – the RFP states that contractor is subject to a background investigation. Could Nassau Health confirm that this applies only to interpreters coming into contact on-site with a patient and does not apply to over the phone, translation, or VRI linguists?

Yes.

53. Do we have to provide all services in order to bid the proposal or can we bid on just translation and over the phone interpretation for example?

Over the phone interpretation and translation is what we are primarily looking for.

54. We certify, test and train our own interpreters as well they have various industry certifications. However is there a particular certification you are looking for?

CMI certified.

55. What is the estimated volume of translation services

The number is low as we do many translations in-house.

56. Is there a current contract and if so who is the incumbent?

Language Line

57. What are the current rates for the services listed?

69 cents per minute for over the phone.

58. Page 7 of the RFP shows the total historical minutes of call volume. Please let us know what percentage of these calls require: 1) Spanish; 2) Haitian Creole; 3) Korean; and 4) Mandarin (note: your current language vendor can easily provide you this info)

92% is Spanish, 5% Haitian Creole, .2% Korean and .3% Mandarin.

59. Page 3 of the RFP mentions NuHealth needs us to bid on Over-the-Phone Interpreting, VRI, Document Translation and In-person or VRI for ASL patients. What is the approximate annual spend for each of these services? (current vendors can provide this info)

\$650,000 for over the phone interpretation. We currently do not utilize VRI and document translation is primarily done in-house.

60. Page 6 of the RFP states: "Provide written document of authenticity for written document translations". Is this a general certification the vendor makes for all document translation or is it required for each translated document?

General certification

61. Page 13-14 of the RFP mentions that vendors are encouraged to subcontract with MBEs and WBEs. Is this a requirement of this RFP? If so, how will the use of MBEs/WBEs be factored into the scoring when deciding which vendor to select?

Not a requirement

62. Will we be able to get answers to these questions no later than November 25th? (Note: with the Thanksgiving holiday really shortens the time to properly respond based on the answers you provide).

Yes

63. What has been the biggest challenge for fulfilling services under this contract, or if this is a new contract, are there any challenges that you anticipate?

Cost.

64. What is the expected volume of this contract per vendor/interpreter? Will there be primary/secondary vendor status?

Please see RFP for usage trends.

65. Is there any historical data for telephone, translation, on-site ASL and VRI services?

Please refer to RFP

66. Is this RFP open to out of state vendors? Is it necessary to have a New York business license?

Yes

67. Is this a multiple source award contract?

No

68. The policy of no minimum payments for services (usually 2 hour minimum for on-site interpretation) is contrary to the industry standard. Will NuHealth System consider allowing minimum charges?

We are looking primarily for over the phone interpretation.

69. Would you like resumes only of key personnel, or of linguists as well? We can provide several sample interpreter and translator resumes—would that be acceptable?

Key Personnel.

70. The RFP asks for a list of all projects completed or in progress within the last 18 months. This would amount of hundreds of contracts; may we provide an abbreviated list that is most applicable to NuHealth's needs?

Yes

71. Are you accepting bids for ASL services only?

No.

72. Exhibit JC outlines requirements for vendors, including New Employee Orientation. Are these requirements for interpreters? If so, will you pay for interpreters to attend any required orientations?

Not applicable to remote interpreters.

73. What are the estimated number of annual hours for ASL services?

Data unavailable.