Reponses to Questions for RFP Anesthesiology Services (2015-20)

To all proposers:

i. The submission of proposals for the RFP for Anesthesiology Services is extended to August 3, 2015 at 3:00 P.M.

ii. Please carefully review RFP for scope of services and financial model.

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1. What is your current total number of Full-Time Employees, inclusive of the 4.5 FTE NHCC Anesthesiologists and 1.0 FTE CRNA mentioned in the RFP?
   a. There are 14 full-time attending physicians, plus one full-time chair, for a total of 15 attending physicians, with an additional two sessional physicians. There are 3 CRNA’s, for a grand total of 16.3 FTE’s.

2. Are the 4.5 Anesthesiologists the Residents, or are the Residents separate? If so, how many Anesthesia Residents do you have and how do they fit into your current staffing?
   a. No Residents

3. What is your total number of OR cases per year (separate from GI)? Can we have a copy of your OR utilization profile for 2014, including case mix by specialty?

   a. Utilization Profile: Data not available.
   b. Case mix by specialty: Data Not Available.

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4. What is your current payer mix?

<table>
<thead>
<tr>
<th>NHCC Payer Mix</th>
<th>Volume</th>
</tr>
</thead>
<tbody>
<tr>
<td>CARE</td>
<td>3,780</td>
</tr>
<tr>
<td>BX</td>
<td>1,414</td>
</tr>
<tr>
<td>CAID</td>
<td>3,975</td>
</tr>
<tr>
<td>WORK COMP</td>
<td>131</td>
</tr>
<tr>
<td>SELF</td>
<td>589</td>
</tr>
<tr>
<td>OTHER</td>
<td>21</td>
</tr>
<tr>
<td>CHAMPUS</td>
<td>28</td>
</tr>
<tr>
<td>COMMERCIAL</td>
<td>302</td>
</tr>
<tr>
<td>NO FAULT</td>
<td>754</td>
</tr>
<tr>
<td>H.M.O. - MEDICARE</td>
<td>1,319</td>
</tr>
<tr>
<td>H.M.O. - COMMERCIAL</td>
<td>2,132</td>
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<tr>
<td>H.M.O. - MEDICAID</td>
<td>6,127</td>
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<tr>
<td>H.M.O. - BLUE CROSS</td>
<td>0</td>
</tr>
<tr>
<td>PRISON</td>
<td>145</td>
</tr>
<tr>
<td>COUNTY</td>
<td>13</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>20,730</td>
</tr>
</tbody>
</table>

5. Are your 4.5 FTE Anesthesiologists part of the regular on-call schedule and vacation schedule, or are they day-time workers? Does your CRNA take call?
   a. **The 4.5 FTE Anesthesiologists are regular on-call. CRNA’s are not on-call.**

6. Is there a restriction regarding the number of physician providers vs. number of extender providers that we can hire?
   a. **As per NYS regulation.**

7. Can OB be covered by a CRNA?
   a. **As per NYS regulation.**

8. Do you currently have a chronic pain service?
   a. **No**
9. Is there a flouroscopy suite set up for chronic pain procedures?
   a. No

10. If so, what was your chronic pain case volume in 2014?
    a. Not Applicable.

11. Can you disclose the nature of your dissatisfaction with your previous provider?
    a. All proposals will be considered, refer to RFP.

12. Please clarify the number of locations to be covered?
    a. Refer to RFP.

13. Please provide the number of operative patient encounters undergoing anesthesia for either a fiscal year or most recent two quarters. By using patient encounters instead of procedures we hopefully eliminate double counting of patients that come to the OR and have more than 1 operative procedure during a single encounter.
    a. See response to question #4.

14. Percent of patients receiving epidural analgesia for labor.
    a. Data not available.

15. Please provide:
    a. OR patient payer mix – N/A, see total PAYER MIX in Question #4
    b. OB patient payer mix - N/A, see total PAYER MIX in Question #4
    c. GI patient payer mix - N/A, see total PAYER MIX in Question #4
    d. Case type by surgical specialty: See question #3.

16. Are there an anticipated changes in either case volume, OR needs, utilization (i.e. if you want more endoscopy or radiology coverage for example).
    a. Refer to RFP.

17. Please provide comprehensive compensation information for current physicians/CRNAs that you expect the new group to retain, beyond the FTE resources defined in the RFP, so that we can keep them whole in their current compensation should the Hospital wish us to keep the members of the current team.
    a. Compensation is to be reimbursed dollar-for-dollar.

18. Current Call team complement?
    a. We welcome creative staffing solutions providing they meet all regulatory coverage requirements

19. What are the expectations for educational services?
    a. Refer to RFP.

20. Is there an anesthesia residency program? NO
    a. If so, how many residents are in the program? N/A
    b. What are the hours of coverage provided by the residents? N/A

21. What is their % of same day cancellations (same day = within 24 hours)?
    a. Not applicable.

22. Does the hospital operate a Pre-Operative Assessment Clinic? Yes.
a. If so, how is it staffed? **Staffed by the Department of Medicine.**

23. Does the hospital have any multi-specialty co-management agreements in place for collaboration among service lines to improve patient care and hospital metrics?
   a. All proposals will be considered. Refer to RFP.

24. Can you share with us the main reasons for seeking a change in providers at your facility?
   a. All proposals will be considered. See RFP.

25. Is there a need for cardiac anesthesia services as well?
   a. No services outside of OR are provided. If so what is the annual volume of patient encounters? N/A

26. Document states: “NHCC currently employs 4.5 FTE Anesthesiologists and 1.0 FTE CRNAs. These NHCC employed FTE counts may change over time. The cost of NHCC’s anesthesiologists and CRNA will be the responsibility of NHCC…numbers are also subject to change”
   a. Does NHCC bill for these providers?
      i. See RFP.
   b. Do they share in full call?
      i. Yes.
   c. How many cases do these providers participate in on an annual basis?
      i. Data not available.
   d. Are they included in the 7 room general OR coverage?
      i. Yes
   e. How many rooms do they cover on a daily basis?
      i. Data not available.
   f. Is one of these Physicians the Chairman?
      i. No.

27. Are any of the resources specialty specific?
   a. No.

28. In order to price this service correctly we will need your revenue projections for these resources as their anticipated case volumes and projected revenue will need to be backed out of the total revenue projections for the proposed service.
   a. Not applicable.

29. If a physician is Board Eligible does he/she qualify?
   a. Yes

30. Is the practice required to provide and pay for anesthesia techs and a department secretary?
   a. To be determined.

31. Is the pain management service in conjunction with other NUMC departments requested for acute or chronic pain?
   a. Acute pain

32. The two staffing grids do not seem to match. Does the hospital want to cover 7 or 8 main operating rooms each day or just some days?
   a. 7 daily, Thursdays there are 8.
33. Are the ORs, GI, and OB in contiguous space for medical direction of CRNAs by the physicians, or is OB and/or GI in other parts of the hospital?
   a. Not contiguous.

34. Is 30 min call response time for Trauma cases from home or in-house?
   a. In-house.

35. Is 60 min call response time for all other STAT consult cases from home or in-house?
   a. In-house.

36. How does the hospital want to cover cases outside the Main ORs and OB, like TEE, ECT, interventional radiology, lumbar punctures and closed reductions in the ED? Should these be staffed as an additional location(s)?
   a. Please refer to RFP for coverage locations.

37. Is the separate contract service for Pain Management for Acute or Chronic Pain?
   a. To be determined.

38. Are the CRNAs currently employed by NHCC unionized or employees of NHCC?
   a. 4.5 CRNA’s are employed by NHCC.

39. Will the CRNAs that are hired by the new Anesthesia group or working in conjunction with the new Anesthesia group that is awarded the Anesthesia services contract need to be unionized or can they be employed by the Anesthesia group?
   a. NHCC welcomes all proposals without regard to prior arrangements.

40. Does NHCC allow the hiring and use of AAs/Anesthesiologist Assistants as well as CRNAs or CRNAs only?
   a. To be determined.

41. Who do the 4.5 FTE Anesthesiologists and 1 FTE CRNA that are employed by NHCC report to, NHCC or the new Anesthesia group/vendor?
   a. To be determined.

42. If they are working in conjunction/under the new group, will Nassau be covering their salaries and benefits directly or will the new group pay their salaries, benefits, etc. and Nassau provide additional subsidy to cover these costs?
   a. NHCC will reimburse dollar-for-dollar.

43. The RFP states that the new Anesthesia group/vendor needs to incorporate the 4.5 FTE anesthesiologists and 1 FTE CRNA into the total compliment needed to support the provision of services. Why does NHCC employ these 4.5 FTE anesthesiologists and 1 FTE CRNA? Are they handling all of the academia-related provision of anesthesia in conjunction with the university students?
   a. See RFP.

44. Please provide surgical and other anesthesia procedure volumes broken down by specialty in order for us to do staffing and financial projections.
   a. See questions # 3.

45. Please provide a comprehensive payor mix in order for us to do financial projections.
   a. See question # 4.
46. What does NHCC mean by, “Pain management services in conjunction with other NUMC departments?” Is this an inpatient chronic pain program?
   a. **Inpatient acute pain.**

47. Night Coverage requirements say that NHCC wants, “OB, In-house float.” Is that one, 24-hr, in-house call person that handles both OB and floats for other procedures or is that OB and an additional float person? Can either of these be a CRNA?
   a. **Two night staff required; one each for OB and in-house float.**

48. The RFP states, “Vendors must provide a separate Contract Budget for a pain management service.” Is this a hospital-based, inpatient pain program or inpatient and outpatient pain program? Is this a consult-only pain program, or does it include that actual treatments, including medication management, injections, and/or other pain management therapies? Is space and equipment provided by the hospital for this?
   a. **Inpatient acute pain and consult only.**