

**Q&A**  
**Pediatric Intensive Care Services**  
**RFP 2018-012**

1. Provide some additional detail on the scope of practice and schedule you may be requesting.  
Answer: Daily rounding on patients with Pediatric Residents. Time depends upon census. Average daily census is 1.5 patients/day. Based on average daily census this would be approximately 1-2 hours onsite daily. On call coverage is 24/7 needed to respond to residents questions/discussions on patients. Additional daily onsite coverage maybe needed based upon patients' acuity and admissions.
2. Can a locum's agency bid or is this for temporary services?  
Answer: Yes, locum's agencies can bid.
3. Do you intend to make multiple awards?  
Answer: No, intent of contract is to have one company supply the coverage detailed in the scope.
4. Can you supply a sample contract for us to look at?  
Answer: There is a sample contract in the RFP.
5. Since the duties of the Contractor and the Provider are separate and distinct, especially as Contractor does not itself provide medical services, it is important that Providers not be incorporated into the definition of Contractor—can this be reworded?  
Answer: Definitions will be included in contract.
6. Our locums staffing services contracts are "best efforts" and it is company policy not to enter into any contracts in which the vendor is subject to damages for failure to deliver the service. Would you be willing to delete this clause in a potential contract?  
Answer: The clause will remain.
7. Can language changes be made? (indemnification, insurance, venue, etc)?  
Answer: Some language may be modified in negotiation, but not all.
8. Will awardees be allowed an opportunity to negotiate the terms of the contract prior to signing?  
Answer: Yes.
9. If awarded, should there be contract terms we are unable to accept, is there a penalty for not signing a contract? Example: monetary damages.  
Answer: If a proposal is accepted, but no contract entered into, there is no penalty.  
By submitting a response, are we automatically agreeing to a contract and its terms? Or if there are terms & conditions we cannot agree to; can we decline the contract if awarded?  
Answer: Contract must be fully executed to be binding.
10. If we have exceptions to the Terms and Conditions on the RFP, should we include in our proposal?  
Answer: Yes.

11. The agreement doesn't include any locum-specific language; may we propose an addendum to the agreement where we could incorporate some locum-specific terms?

Answer: Yes.

12. For the last year, can you break down the utilization history (total staffing hours) for each position identified in this RFP?

Answer: Approximately 1820 hours/year.

13. As a locum tenens agency, our providers are considered independent contractors and not employees, can this wording be amended?

Answer: Please include any amendments in your proposal.

14. How many patients per day would you estimate the provider would see?

Answer: The average daily census is 1.5 patients per day.

15. What was last year's spend for these services for this contract?

Answer: No prior contract was in effect.

16. Are candidates required with our proposal?

Answer: No.

17. Are there any small business subcontracting requirements associated with this RFP?

Answer: All requirements are set forth in the RFP.

18. What are the current challenges/obstacles in meeting its staffing and recruitment goals for these positions?

Answer: There are no challenges. Recruitment goals include New York State Board Certified Pediatric Intensivists in good standing.

19. If a contract for the proposed services is in place, what areas of improvement over the existing contract would you like to see?

Answer: There is no existing contract.

20. Are there penalties incurred if unable to fill any of the openings?

Answer: If openings or gaps exist and patient care is affected penalties may apply.

21. Is there an incumbent and current contract for this service? If so, can you please provide the vendor name and current contract rate?

Answer: There is no current contract.

22. How many hours were billed per specialty in the last 12 months?

Answer: There was no prior contract, therefore no billable hours only salaried physician actual work hours.

23. What is the estimated time frame of notice before a need becomes available?

Answer: Approximately end of November 2018.

24. Will you allow multiple physicians to fill the need or are you requiring that one physician fulfill the need?

Answer: Yes, multiple physicians are allowed.

25. Please provide a forecast for the number of hours of locum tenens services, by specialty, for the term of the contract.

Answer: This is not intended to be a locum contract but a contract to provide services described in the RFP. The term would be a minimum of one year with additional options to renew.

26. Based on historical usage, how long was the typical locum tenens assignment? And is that same assignment length anticipated during this contract term?

Answer: This was not previously covered by any contract.

27. What is the expected process and timeline for notifying vendor of needs, reviewing candidates, scheduling providers, etc.?

Answer: Contractor is expected to cover the scope at start of contract including scheduling of providers to ensure 24/7 coverage of the unit.

28. May we add a locums to perm conversion fee to our pricing?

Answer: All proposals will be reviewed.

29. Will price adjustments be allowed for the renewal years? Can we submit a rate increase with each option year?

Answer: Yes to both questions and should be included in proposal.

30. Do you want an all-inclusive rate?

Answer: Yes

31. Can we submit an hourly rate or a rate range as opposed to a yearly dollar amount?

Answer: No.

32. Is there a specific pricing/rate form to include?

Answer: There is no specific pricing form. All bids should include cost to cover scope of RFP.

33. Locum tenens physicians are Independent Contractors and as such are not employees. Therefore, Worker's Compensation insurance would not be applicable. Will you waive these requirements for physicians?

Answer: Workers compensation coverage must be in place.

34. Will you consider \$1M per occurrence/\$3M aggregate insurance limits?

Answer: All proposals will be reviewed.

35. What is the expected time for the completion of credentialing for an accepted candidate?

Answer: Credentialing timeframe is dependent upon submission and verification of documents back to us. Once completed and received in full, the internal time frame is approximately one to two months.

36. Are background screenings required? Will the facility be handling this requirement or are you expecting the vendor to complete?

Answer: Background checks are not required by the vendor. The vendor is expected to provide qualified physicians.

37. What are the Disclosure of Contacts and Disclosure of Non-Responsibility Determinations forms for? Do we have to complete and submit?

Answer: The Disclosure forms are self-explanatory, and must be completed.

38. Do we have to complete the M/WBE Utilization Form? Are there any M/WBE Utilization requirements?

Answer: Yes; the requirements are stated in the RFP.