

Request for Proposal for Emergency Department Medical Services

ANNOUNCEMENT

Titus County Hospital District d/b/a Titus Regional Medical Center (hereinafter referred to as “TRMC”) hereby invites proposals from qualified interested parties (hereinafter referred to as “Agency”, “Proposer” or “Proposers”) to provide Emergency Department Medical Services to TRMC, pursuant to the terms and conditions hereinafter set forth in or referred in this Request for Proposal (“RFP”).

The award shall be made at the sole discretion of TRMC to the Agency that best provides evidence of satisfactory qualifications and displays responsibility to fully meet the requirements as set forth by TRMC. Evidence of qualification and responsibility shall be furnished by the Agency as described in this RFP and will be reviewed by TRMC. The award shall not be made until TRMC has completed its review and verification of the Agencies qualifications.

TRMC reserves the right to reject any or all proposals and also reserves the right to decline the award to any or all Agencies. The submission of a proposal by any Agency does not by implication or expression commit TRMC to enter into an agreement with that Agency, or any other Agency. No agreement shall occur until a resolution formally approving such agreement has been enacted by TRMC and a written agreement has been executed.

TRMC will not be responsible for any costs incurred by an Agency in preparing, delivering, or presenting responses to this RFP. Once submitted, Agency responses will be the property of TRMC and will not be returned.

By submitting an information package, the Agency represents that they have read and understand the RFP and are capable of fulfilling all requirements.

Proposals, subject to the terms and conditions stated herein, must be sent via email to the Key Contact listed below by September 1, 2022, at 17:00 CST. The subject line should include “Emergency Department Medical Services”.

Please email Reese Arnett as soon as possible to indicate your intent to submit a proposal.

Key Contact Information

Reese Arnett
Director of Materials Management
reese.arnett@titusregional.com
903-577-6161

Background

Titus Regional Medical Center (TRMC) is a 174 licensed bed (8 ICU beds), Level IV Trauma Center located in East Texas. Average daily medical census is approximately 70-90 (seasonal) including an 8 bed ICU that runs an ADC of 4-6, with occupancy increasing due to the recent addition of a cardiac cath lab, a certified stroke program, a primary heart attack center and has been achieved a Leapfrog A rating. additional primary care providers. TRMC also provides maternal and pediatric services, inpatient rehabilitation and geriatric behavioral health services that are not a part of this RFP. TRMC is a Level IV Trauma Center seeing approximately 25,000 patients per year, with an inpatient admission rate of approximately 18%. Approximately 950 babies are born at TRMC each year and our community has the largest volume pediatric practice in the region.

Total Visits past 12 months	21,350
Total Visits Jan-March	5,103
Total Visits Jan-March 2021	4,858
2022 Increase over 2021 (3 months)	5.04%
Average Daily Visits Previous 12 Months	58.6
Visits by Level (Previous 12 months):	
Level – 1 Unstable Highest	0.68%
Level -2 High Risk	12.4%

Level-3	60.9%
Level 4	19.6%
Level 5	1.1%
Admitted on Average	7.6%
Transfer from ED to Another Facility	4.2% or 75 per month
Average Door to Room	30 min
LWBS %	5.2 % (Impacted by severe LWBS #'s during COVID)
AVG Door to Doc Time	45 min
Arrival to Discharge LOS Average	324 min
Most Common Presenting Complaints	Abdominal Pain 9.1 % Shortness of Breath 6.6% COVID 6.3% Chest Pain 5.9% Fall 4.8%
Most Common Reason for Transfer	Nephrology Gastroenterology Psychiatry Neurosurgery
Max Capacity	22 Beds

Our Emergency Department is Level IV Trauma Center, on I-30 between Dallas, Texas and Little Rock, Arkansas and has demonstrated an ability to quickly manage the care of injured patients and to provide stabilization to those requiring transport to a higher-level facility through an on-site air medical helicopter. Patient care is provided using an interdisciplinary team in collaboration with our system owned Emergency Medical Services (“EMS”) serving Titus County, Emergency Department, private employed and community physician consultants and other essential departments within the hospital.

This RFP is intended to cover Provider Medical Services provided in the Emergency Department. A second RFP will be posted concurrently but separately to cover the Hospitalist and Intensivist provider services. Proposals may address either RFP or both RFPs.

TRMC is currently accepting proposals to provide Emergency Department Medical Services to cover 24/7/365. The current staffing model includes 1 Physician Provider per 12-hour shift and one Allied Health Provider (AHP) covering 10 hours mid-shift.

To date, the contracting agency has provided billing services. TRMC prefers to have the contracting agency provide billing services and be In-Network with all payors In-Network with TRMC.

TRMC has been embarking on an acute medical management model that includes hospitalists, intensivist(s), the Emergency Department providers, and Case Management/Nursing. Important metrics for the service are LOS, timely discharge, readmissions, CMI, HCAHPs, documentation, fiscal accountability, and timely/thorough completion of the patient record. TRMC uses EPIC throughout the health system.

1. Instructions

Scope

Under the proposed agreement, the selected Agency will provide provider support to cover Emergency Department Medical Care 24/7/365. Agency will include in the proposal, collaboration strategies with the Hospitalists, Intensivists, Consultants, and Patient Care Services (Nursing) to support attainment of goals. Proposal of key metrics and targets to be achieved should be clearly outlined in the proposal.

Inquiries

We encourage inquiries and welcome the opportunity to answer questions from potential applicants. Questions submitted in writing will be returned within five business days. Written questions should be emailed to Reese Arnett at reese.arnett@titusregional.com. Any verbal communication shall be considered unofficial and non-binding with regard to this RFP.

Scope of Responses

Interested Proposers must submit their responses to all sections of this RFP and include all requested information. Proposers who wish to send additional materials are welcome to do so, but these materials

may not be considered in the evaluation process. All materials must be converted to one PDF file and submitted via email to reese.arnett@titusregional.com.

Confidentiality

Due to the competitive nature of this RFP, to the extent permitted by law, all Proposer responses will be confidential.

Evaluation of Vendor Responses

TRMC has established a working group to review the documentation received in response to this RFP. During the review process, additional information may be required of the vendors and some vendors may be invited to present directly to the team.

2. RFP Administrative Conditions

Vendor applicants should note the following:

The issuance of this RFP does not imply an offer to do business with any RFP recipient. The right to accept any complete response, or portion thereof, or to accept none of the responses even if all the stated requirements are met is reserved by the requestor. Only the execution of a written contract will obligate the RFP requestor in accordance with the terms and conditions contained in such contract.

Submitted information packages that do not respond to all items in this RFP may be excluded from further consideration and alternative information packages may not be considered.

RFP requestors reserve the right to disqualify any vendor from review in the event the vendor submits the RFP response after the submission deadline.

RFP requestors reserve the right to amend or cancel this RFP at any time prior to the review of vendors, without any liability to the RFP originators if, in its sole determination, such RFP originator believes that its best interest is served by so doing.

RFP requestors will not be responsible for any costs incurred by an organization in preparing, delivering, or presenting responses to this RFP. Once submitted, vendor responses will be the property of RFP requestors and will not be returned.

All responses to this RFP should be clear and concise. Responses of excessive length or containing excessive advertisement are discouraged and may not be reviewed.

By submitting an information package, the vendor represents that they have read and understand the RFP and can fulfill all requirements.

3. RFP Schedule

RFP Schedule	
Deliverable	Date
RFP Launch Date	July 25, 2022
RFP Due Date	September 1, 2022
Notification of Selection	October 8, 2022
Contract Start Date	January 1, 2023

4. Vendor Background and Information

1. Vendor Company

- Company legal name:
- Public/Private held:
- State of incorporation:

2. Vendor Primary Contact

- Name:
- Title:
- Office/Location Address:
- Phone Number:
- E-Mail address:
- Organization's Internet Home Page:

3. Identify the location of the following:

- Corporate Headquarters:
- Field Support Offices:
- Application Support Personnel:
- Programming/Technical Support Personnel:
- Billing Services Personnel:

List the number of employees and providers in your organization by category:

Category	# Employees	Average Number Years with Company
Total Employees		
Executives and Managers		
Marketing/Sales		
Quality and Process Improvement		
Data analysis and Reporting		
Physicians		
Physicians with ED specialty		
Other Clinicians		

5. Physician Staffing/Coverage

- Applicant shall provide professional, in-department (not “on call”) Emergency Department Medicine physician coverage 24 hours a day; 7 days per week (including holidays), throughout the term of this agreement. Applicant is responsible for coordinating schedule to guarantee adequate coverage.
- Applicant must be willing and have the ability to provide additional, in-department and/or on-call physician services as deemed necessary, from time to time, to meet department patient demands. In no event, shall the number of in-department Emergency Medicine physicians be less than one (1). Applicant is responsible for the coordination of schedules and assignments of physicians to insure adequate coverage.
- The minimum staffing levels are expected to be met through the service of the Applicant’s Emergency Medicine physicians. The Applicant may, *in addition to* physicians, assign Allied Health Professionals to assist physicians in providing Emergency Medicine services at TRMC.
- Applicant shall appoint, subject to the approval of TRMC and in accordance with its Medical Staff Bylaws, an emergency medicine physician as the Medical Director of the Department (“Director”). Payment for services of the Director shall be at the Applicant’s sole cost and expense and are included in the compensation to be paid to the Applicant by TRMC. Unless the TRMC Medical Staff Bylaws provide otherwise, the Director will be responsible for the operations and administrative duties of the Department.

6. Physicians/Practitioners-Standards of Care

- All staff must agree to provide medical services within the standard of emergency care and adhere to TRMC established standards and policies for providing good patient care and in addition, ensure that its Member Physicians shall also operate & conduct themselves in accordance with the standards & recommendations of The Joint Commission, all applicable National Patient Safety Goals, the Bylaws, Rules and Regulations of the TRMC Medical Staff, CMS Conditions of Participation, & any Medical Staff Physician's Code of Conduct, as may then be in effect.
- All staff must agree to, upon request and in emergent situations, be prepared to perform difficult procedures (i.e., emergency intubation, chest tube, etc.) in other patient care areas outside of the Emergency Department. ED Physician is required to respond to calls/codes throughout the hospital and is expected to lead the code.
- All staff must work with specialists and/or services to provide appropriate follow-up care for all patients once they are discharged from Emergency Department. All referrals or transfers must be made in accordance with state and federal laws and regulations.
- Staff must strive to improve morbidity and mortality rates in TRMC Emergency Department regarding patients seen by providing a level of emergency medicine care that enhances and improves patient outcomes.

7. General Performance Expectations

- Provider shall maintain professional demeanor and engage in positive and proactive communication with colleagues and all members of the care team/organization.
- All staff must agree to actively participate, as needed, on hospital committees or on initiatives related to continuous quality improvement, which may include participation in corrective action plans, case management, utilization review, process improvement, risk management and patient relations.
- All staff shall assist TRMC with improvement of patient experience and performance ratings using results from TRMC's patient survey for services performed in Hospital.
- Provider shall work in the development and maintenance of key clinical protocols to standardize patient care.
- Work with hospital to make recommendations to promote efficient operation of the Department in areas such as budgeting, purchasing of supplies, community relations, process improvement and other areas of quality improvement.

- Provider agrees to keep abreast of advances in emergency medicine procedures & techniques and be proactive in recommending changes to improve facilities, equipment, policies, and procedures.
- Develop and maintain strong/open communication with the other departments of TRMC and the TRMC's medical staff.
- Cooperate with the TRMC's administration in effective management of the Department.
- Consistently utilize TRMC electronic medical record (EMR) for clinical documentation and orders relative to patient care.
- Applicant will contract with and be in network with ("when applicable") the same payors as TRMC.

8. Licenses/Certifications/Liability

- At the time specified by the deadline for submission of proposals, the Applicant must have and maintain any professional licenses and permits required by federal, state, and local laws for performance of this contract. Applicant's that do not possess required licenses at the time of RFP deadline will be determined non-responsive. Copies of any licenses or certifications must be included with proposal.
- Professional and educational qualifications as required by the State of Texas for professional licensing of all employees and subcontractors of respondent's entity who will render the proposed services.
- All licensures, permits, and certifications, as required by the State of Texas, for the responding entity and all employees and subcontractors who will render the proposed services.
- Applicant shall maintain at all times throughout the term of this Agreement, Professional Liability insurance in an amount not less than One Million Dollars (\$1,000,000) per occurrence and Three Million Dollars (\$3,000,000) in the annual aggregate which covers company and all Physicians/Practitioners employed by company.
- Applicant must maintain and supply a W-9 Request for Taxpayer Identification Number and Certification.
- Statement of Criminal History and Misconduct Registry Checks and drug test for all of Applicant's employees who will render the proposed service is required.

9. Discovery

Ref ID	Category/Criteria	Description
1	Company Information	
a.	Has your company acquired or merged with any other organizations in the past three years? If so, please list each organization and the purpose behind such activity.	
b.	How long has your company been in the business of providing Emergency Medical services?	
c.	Please provide organizations that currently utilize your <i>full time</i> (non-locums) Emergency Medical services and a list of clients who have terminated your services.	
d.	What has been the length of your longest client relationship?	
e.	How many MDs does your company have residing in East Texas?	
f.	Describe any services you provide other than Emergency Department Medical Services, how these services work as a group and how this grouping could potentially benefit TRMC.	
g.	Describe any known factors that could impair the ability of your company to carry out its duties and obligations under this agreement.	
Ref ID	Category/Criteria – Emergency Services Providers	Description
2.1	Providers/Process	
a.	What is your proposed staffing model?	
b.	What is your ability to flex staffing and subsidy requirements based on patient census fluctuations?	



c.	Do you operate with a capped patient volume/provider? If so, what is the cap?	
d.	What is the role of the AHP in your staffing model?	
e.	What are the key workflows/daily processes for your providers?	
f.	Describe your company's culture regarding onboarding, leadership, coaching, training, and development?	
g.	Describe how your physicians interact with the ICU, the med-surg units and the case management/patient care/nursing team.	
Ref ID	Category/Criteria	Description
3.	Clinical Leadership and Support	
	What are the roles/responsibilities of the Medical Director?	
	Describe resources, compliance education and training you provide to the Medical Director and other providers to ensure their success.	
	Describe career path opportunities within your organization for physicians/providers.	
	Describe your model of working with providers to improve productivity.	
	Describe resources you have for your providers to ensure engagement and retention.	
	Provide an overview of how you handle scheduling emergencies and limiting or avoiding diversion of patients.	

Ref ID	Category/Criteria	Description
4.	Performance, Quality and Reporting	
a.	What quality and management reporting are provided to the client? With what frequency?	
b.	Can you provide a current (blind) quality and financial metric report for a currently served hospital? Please include Length of Stay, Case Mix Index, Core Measures, Readmission (30 day, all cause), HCAHPS – physician communication, discharge orders timeliness.	
c.	Describe the company’s values regarding the patient experience.	
d.	Describe the company’s values regarding client satisfaction.	
	Describe your risk management program and the metrics used to assess physician performance.	
	Describe how you use evidence-based practice, care pathways, and clinical protocols.	
	Describe your group’s programs to achieve and sustain: <ul style="list-style-type: none"> • Patient experience scores • Patient flow • Provider engagement 	

Ref ID	Category/Criteria	Description
5.	Financial	
a.	Describe your financial model and terms?	
b.	Are you willing to put payment at risk for performance to include metrics such as query response rate, documentation standards, HCAHPS scores, and core measure scores?	
c.	Describe technology and interfaces needed to complete the billing process.	
	Describe your professional billing expertise and capabilities. How many patients do you bill for annually? Describe systems used and support infrastructure.	
	Describe your capabilities to manage costs in the Emergency Department and outcomes of those efforts.	
	Describe your managed care contracting and credentialing process and policies.	
	Describe your groups compliance programs.	
	<p>Provide a detailed financial model for the program including any financial support required from the health system, including:</p> <ul style="list-style-type: none"> • Proposed fee schedule or compensation model for services/deliverables provided in Scope of Services, along with assumptions for professional fees billing and collections. • A list of anticipated potential contingencies and reimbursable expenses, subtotaled for each year of proposed service. • Any total estimated annual fee charged to TRMC for these services, exclusive of any reimbursement collected by Applicant from third party payers. • Description of any additional services not included in the proposed fee. 	

Attachments

Please also include the following with the completed RFP Response:

1. Implementation plan with estimated timeline
2. A copy of your support policies and procedures as applicable to the proposed solution
3. A copy of your standard contract
4. Dashboard or other method of reporting
5. Itemized list of all attachments included with the RFP response

Additional Information

I hereby acknowledge that the above information is accurate and completed to the best of my knowledge.

Name: _____

Date: _____

Title: _____

Organization: _____