

Radiology Services Request for Proposal

Response Submitted By:	
Representing:	
Submission Date:	

1. **Key Contact Information**

Holy Cross Hospital – Key Contacts			
Name	Title	Email	Phone
Bill Patten	CEO	bpatten@taoshospital.org	575-751-5714
Steve Rozenboom	CFO	srozenboom@taoshospital.org	575-751-5713
Jeff J. Schenck	AVP Anc Svs	jschenck@taoshospital.org	575-751-5872

2. **Holy Cross Medical Center Information:**

Holy Cross Medical Center (HCMC) is the central hub for health care in north central New Mexico. It is home to over 80 physicians, covering a variety of ever-expanding specialties that include internal medicine, family practice, wound care, dermatology, obstetrics and gynecology, orthopedics, general surgery, urology, pediatrics and a fully-staffed emergency department.

Incorporated in January 1980 as a 501(c)(3) private, non-profit charitable organization, Taos Health Systems became the parent company of Holy Cross Hospital. We are in the process of becoming Taos Health Systems, dba Holy Cross Medical Center. Holy Cross Medical Center has since grown to include the Women’s Health Institute, Taos Surgical Specialties, Physical Rehabilitation Services, and Primary and Integrative Care (including Pediatrics). Holy Cross Hospital was established in 1936 and today the hospital is a not-for-profit 25 bed, critical access, full-service facility that is DNV accredited and ISO 9001:2008 certified.

The current fiscal year for HCMC is June 1 – May 31. For our most recently completed fiscal year, 5/31/17, we reported the following results:

- Volumes
 - IP admissions: 1,513
 - Average daily census: 13.3
 - Newborns: 200

- OP patient visits: 46,210 (not exams)
 - Lab tests: 193,169
 - Diagnostic X-Ray: 15,981
 - CT scans: 5,993
 - MRI scans: 1,918
 - Ultrasound scans: 6,604
 - Mammograms: 2,573
- ED visits: 14,928
- Surgical procedures: 2,916
- Clinic visits: 36,540
 - Taos Surgical Specialties: 5,826
 - Women's Health Institute: 6,603
 - Center for Physical Health: 12,910
 - Primary Care: 3,626
- Financial results
 - Consolidated gross revenues: \$126,229,075
 - Consolidated net operating revenue: \$59,030,156
 - Operating Expenses: \$59,439,393
 - Payroll: \$26,958,939
 - FTEs: 365 (Hospital & Clinics)
 - Benefits: \$5,171,483
 - Net operating gain / <loss>: <\$409,237>
 - Days cash on hand: 29.0

Scope of Radiology Services

Under the proposed agreement, selected Radiologist and/or group will provide the following services on an agreed upon fee arrangement:

1. Provide a qualified and fully credentialed Radiologist on site at the hospital at least Monday through Friday, five (5) days per week, from 8 a.m. to 5 p.m. to timely interpret all ongoing imaging studies conducted at the hospital and to perform selected interventional procedures at the hospital;
2. Provide interpretation of radiological procedures in all modalities including general diagnostic x-rays, ultrasound, CT, nuclear medicine, mammography, MRI, interventional procedures, and all future non-cardiac imaging modalities offered at the hospital with final diagnostic reports for each examination or procedure;
3. Establish a schedule for service availability with a sufficient amount of time for the review of each exam or procedure, discussion of interpretation with the ordering clinician as requested, and performance of on-site procedures for which a Radiologist must be present;

4. At Radiologist or groups' expense, maintain twenty-four (24) hour per day, seven (7) days per week, 365-days per year coverage. This coverage can include a subcontracted teleradiology service after the hours listed in #1 above. Teleradiology coverage shall conform to the requirements as stated in a completed contract;
5. Performance of certain interventional procedures including but not limited to, needle localization for breast biopsies, ultrasound and CT-guided biopsies, thoracenteses, paracenteses, fine needle aspirations, pain management injections, arthrograms, and more;
6. Provide qualified and fully credentialed Radiologists who meet state and federal nuclear medicine standards for the interpretation of all nuclear medicine procedures performed at the hospital, ensure that such Radiologist(s) is named as an authorized user on the radioactive material license, and provide documentation of such authorization (license piece will be requested to the state by the Director of Imaging);
7. Ensure that a Radiologist is available, as necessary and reasonable, to provide consultation concerning the interpretation of an imaging study, when requested by the medical clinician who ordered the study or when the applicable standard of care dictates that such consultation shall occur. Make every effort to ensure that a Radiologist provides a reading on a STAT report as quickly as possible, but in no event later than thirty (30) minutes of being notified by the hospital that a STAT review and report are requested;
8. Provide communication and education with the hospital's medical staff and the public as reasonably requested by the hospital;
9. Select Radiologists who are fully qualified and able to perform the duties as stated above, but within their scope, expertise, and credentials of each individual Radiologist;
10. Ensure all professional services, including teleradiology services, are provided in accordance with the American College of Radiology, Mammography Quality Standards Act of 1992, the practice of Radiology in general, and the hospital's policies, procedures, and corporate compliance program;
11. Be an approved provider for Medicare, Medicaid, and contracted with all payers whom the hospital contracts;
12. Participate in the peer review and quality assurance activities.
13. Comply with all federal and state laws relating to patient care and related activities;
14. Provide "normal" or "standard" templates for dictation and ensure that the Radiologists dictate into the hospital's dictation system reports on all examinations, procedures, and other services performed in the Imaging Department within twenty-

four (24) hours of completion of the service. Exceptions from this 24-hour requirement are (1) interpretations of CT colonography examinations, and (2) interpretations of mammograms which should be read within one week of the completion of the services. Such records shall be made in accordance with the standards set by the American College of Radiology;

15. As requested, attendance at Board and/or other meetings;
16. Actively participates in Holy Cross Hospital Medical Staff meetings and processes;
17. A Radiologist must serve as the Medical Director for all Imaging services performed at HCMC and performs the tasks pursuant to the contract.

3. RFP Timeframe and Requirements

RFP Schedule	
<u>Deliverable</u>	<u>Date</u>
RFP provided to selected vendors	
Deadline for RFP Questions	
Deadline for submission of vendor proposals	
Submitting vendors notified of selection	
Contract negotiations completion	
Contract start date	

- **Response Requirements**

- Two complete sets of proposals replying to all requested information must be submitted to the address below by June 4, 2018 at 4:00PM (Local time and date).

Holy Cross Medical Center
 Chief Executive Officer
 1397 Weimer Road
 Taos, NM 87571

Holy Cross Hospital reserves the right to reject any proposal deemed incomplete or received after the date and time listed above.

- **Questions/Clarifications to RFP**

- All questions and clarifications are to be submitted via email with “Radiology Services RFP Clarification” in the subject line to:

Jeff J. Schenck, AVP Ancillary Services, jschenck@taoshospital.org

- Each vendor’s RFP response shall remain firm for a period of 180 days from the proposal due date.

4. Proposing Radiology Group Information

Radiology Group Name -- Key Contacts			
Name	Title	Email	Phone

Radiology Group Information	
# Radiologists	
# Specialists	
# Support Staff	
# Other Employees	

Key Medical Specialty Leaders		
Name	Title	Specialty

Imaging Centers Owned or Operated		
Imaging Center Name	Address	Phone

- Please provide your group's current leadership structure description and current leaders with titles.
- Please provide a list of all hospital contracts you have won in the last 12 months.
- Please provide a list of all hospital contracts terminated in the last 12 months.
- **Please provide a CV for each Radiologist in your group.**

Proposal of Radiology Services to Be Provided

A. Radiologist Coverage

- Describe how the group proposes to provide radiologist coverage and services to the hospital 24x7x365. Include any 3rd party groups that would be included in the proposed services.
- If the use of “Preliminary Reports” is part of the proposed services, please describe when they are used, who is generating them, the process and timing of generating a “Final Report,” and how the report discrepancies are managed, reported and communicated.
- Describe any areas of sub-specialty provided by your group, and how those services are provided. Please indicate the qualifications used to determine the specialty service.

B. Final Report Turn-Around Times

- Describe contracted Final Report Turn-Around Times based on a 24x7 environment.
- Describe how report turn-around times are measured *and* reported to the hospital.
- Please include (via an attachment) an example of a report that would be used to report turn-around time performances.

C. Support of Medical Staff

- Describe how referring physician consultations are supported. Please include hours of availability, how consultations are re coordinated and access to second opinions.

D. Quality Assurance

- Describe your group’s approach towards ensuring quality.
- Describe your group’s standard approach to “Peer Review” and your peer review process. Please include tools used, “blinding” process, how quality is measured, and the standards levels assessment used.

- Describe how identified quality issues are addressed, tracked, reported, and communicated with the hospital.
- In the event of a quality issue with an identified radiologist, describe the process to address and remove the radiologist from the hospital practice. Please describe any potential impact to the level of service for the hospital as a result of this process.
- Describe your group’s approach toward ensuring that “Critical Findings” are tracked and communicated effectively. Please include tools used, reports tracking, and team staff involved to support this process.
- Describe how Quality Assurance and Critical Findings performance will be tracked are reported to the hospital. Please include an example (via an attachment) of the provided report.
- Provide an example of internal and external surveys conducted to ensure continuous improvement.
- Please provide the name and contact information for your identified quality officer.

E. Report Generation and Editing

- Describe the process and technology used to generate and edit final radiology reports.
- Describe steps taken to ensure report completeness and consistency across the group of individual radiologists.
- Describe any expectations or needs radiology group has for hospital staff in generation of radiology reports (technology, people, integration, etc.)
- Provide a representative sample of your group’s radiology reports:
 - General final reports
 - Sub-specialty reports (if applicable)
 - Preliminary reports (if applicable)
 - Report addendums
 - Revised reports
 - We will use Mmodal’s Fluency for imaging voice recognition (installing Spring 2018).

F. Marketing

- Provide an overview of the group's experience in promoting Radiology Services to the community and referring physicians.
- Describe your group's involvement in assisting the generation of referrals for client hospitals.
- Describe your group's strategy and capacity for growing interventional radiology?
- Provide examples of efforts to work with hospital administration and medical staff to strengthen the fiscal performance of the Radiology Department, including new revenue generation.

G. Metrics

- Describe any utilization reports, performance metrics, etc. that your group will provide the Hospital on an ongoing basis.
- Describe the tools you will use to help us understand how our department is performing and how to optimally grow our business.

H. Operational Support

- Describe any operation support that will be provided to the hospital.
- Please list all requirements for a start-up timeline. Describe how quickly you can initiate service.
- Describe the steps involved in a typical new contract start-up program, including collaboration needed from the hospital in the start-up process and space requirements.

I. Governance Model

- Describe your medical director's duties and expectations.
- Provide the leadership structure used to ensure physician accountability.
- How are operational and strategic decisions made within your group?

- Please list your education and management resources available to group members.

J. Radiologist Staffing And Retention

- What advantages does your organization have in its ability to recruit quality radiologists?
- How are your radiologists compensated and incentivized to achieve performance goals?
- Is it proposed that radiologists assigned will work exclusively at our hospital?
- What is your proposed on-site staffing plan for the Radiology department at our hospital?
- How do you assure that newly hired radiologists are high quality?
- Do you track recruiting and retention metrics? If so, please provide information for the past 3 years.

K. Financial Considerations

- How do you propose to structure this contract financially?
 1. Proposed Medical Director fees, if any?
 2. Proposed group subsidy fees, if any?
- Provide a description of the group's capabilities and experience with separate billing.
- Describe the operations of the billing and collection function (include complaint resolution and interaction with the hospital).
- Provide the name, address, and phone number of the proposed billing service and indicate whether this is an outside service.
- Describe your malpractice insurance program, including provisions for tail coverage and carrier information. Is the premium paid by the group or by the individual radiologists?

L. Clinical Effectiveness Programs

- Describe your group’s clinical effectiveness experience, including but not limited to, information regarding:
 - Imaging protocol development
 - Radiation dose reduction initiatives
 - Review of order appropriateness
 - Development of ordering guidelines/suggestions for referring physicians
 - Reducing variations in practice
 - Measuring outcomes

M. Information Technology

- Describe how your group uses IT to provide your service with emphasis on any components that are superior or unique to your group.

N. Additional Information

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

(Electronic Signature)

Date

Name
Title
Organization

Attachments:

- 1.
- 2.
- 3.
- 4.