

Date: February 20, 2018

To: Potential Offerors

From: Gary L. Callahan, Senior Contracts Manager

Re: **Solicitation Addendum # 2 to RFP #18-0202 / East Hawaii Region
Emergency Department Physician Services**

This correspondence serves as Addendum # 2 to the subject Request for Proposals (“RFP”). Your response to this RFP should be governed by the content of the original RFP and the revisions / corrections / additions / clarifications provided in this addendum notice.

Please note that the “Submission Deadline for Proposals” remains:

Wednesday, February 28, 2018; 2:00 PM, HST

The Request for Proposals # **18-0202** for Emergency Department Physician Services for Hale Ho’ola Hamakua facility, a part of the East Hawaii Region of the Hawaii Health Systems Corporation shall be amended as follows:

1. How many patients do they see on average per day and/or per hour?
It’s not a clinic position so it will fluctuate. Hale Ho’ola Hamakua has an average of 25 admits a month and may experience as many as 4 per day. These all need orders, chart reviewed and admit documentation completed. We probably have 2-8 discharges a week - again all paperwork must be completed these.
In addition to that, the facility has been running with full 11 patient census on CAH which requires at least weekly visits along with a minimum of 33 patients in Long Term Care each needing monthly progress notes. The physicians would also need to be on-sight for any other medical issues intermittent visits.
2. Do we have to manage patient billing?
Patient billing will be handled by the facility. It will not be the responsibility of the Contractor.
3. The pricing schedule is monthly- would they accept an hourly rate?
As the call services are to be available 24/7/365, we preferred vendors show their pricing as monthly.
4. What are the shift times?
Typical hours for on-sight are 8:00 AM – 4:30 PM, as most admits and patient visits are during that time as well as family and Interdisciplinary Treatment Team meetings. But on-call hours as specified in RFP are 24/7 with occasional on-site during on call for significant medical issues or deaths.

5. How many hours per week do they need covered?
We view the hospitalist position as a 40-hour onsite position - in order to see all patients and complete all required documentation, meetings etc. other hours are on call as specified in RFP. Firms that include pricing for Solicitation Addendum # 1 and intend to provide both ER and hospitalist services may be able to provide admits to SNF/ICF on weekends which would serve to enhance the quality and availability of services for the facility.
6. Does our rate need to include travel?
You may include any necessary travel expenses in your rate. However, please note on page 33, General Conditions, Paragraph 19, Cost and Expense Reimbursement, restrictions regarding travel expenses. These guidelines will be included in the final contract and travel expenses that do not comply with this section will not be paid.
7. Section 2.4. It appears from the wording in this section the responsibility is not time delineated. Please clarify if the weekend on call hospitalist accepts 24/7/365 responsibility of the patient during the length of the patient's stay.
Weekend on call must be able to admit observation status and acute status patients, but you could "transfer care" to the hospital/hospitalist MD once your weekend coverage ends. You would have to provide appropriate hand-off. For firms who bid on the hospitalist addendum, however, this becomes a moot point, as they would be taking on the acute/SNF hospital coverage.
8. Section 2.5. Is the intent to add the performance of admissions to the weekend on call hospitalist?
It was not our intention to add weekend admissions for SNF/ICF level patients at this time - but obviously if a patient comes through ER on observation status, that patient must be admitted to Observation status or Acute. As the Contractor's staff are providing the on-call coverage during the weekend, they will need to admit the patient to the appropriate level of care at that time. We cannot have the patient sit in ER over weekend waiting for hospitalist physician to come back to work Monday morning to admit.
9. Section 2.8.2, Is it possible to modify this section to add board certified in emergency medicine?
Yes, it is. Therefore, the current Section 2.8.2 on page 7 of the RFP is hereby deleted in its entirety and replaced with the following:
- "2.8.2 Board certification in emergency medicine, a primary care specialty with recent emergency room experience or the ability to become board certified in either within one (1) year; Medical Director will be board certified in emergency room services;"**