

UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA
BID NO. 2010-29
Emergency Medical Services

December 8, 2010

ADDENDUM NO. 2

Revised RFP Document

1. Section 18.A.5 Organizational Information – Delete 18.A.5 in its entirety and replace with the following:

List teaching experience and emergency medicine residencies administered.

2. Exhibit A Scope of Project. Add the following to Section III – Duties-General

12. Emergency Medicine Residency Program Support

- a. University of Nevada School of Medicine (UNSOM) has an Emergency Medicine Residency Program (EMRP) with twenty-four (24) residents that is supported by provider of emergency medical services at UMC.
- b. Provider shall make available qualified physicians in sufficient number and for sufficient time periods to provide necessary faculty in accordance with ACGME guidelines to staff the EMRP.
- c. Provider's physicians shall be faculty of the UNSOM Department of Emergency Medicine in accordance with ACGME guidelines. Such physicians must be approved and accepted by UNSOM. UNSOM shall grant faculty appointments to provider's physicians with the Department of Emergency Medicine and will be employed pursuant to a Letter of Appointment at a percentage of full-time equivalent as determined by UNSOM in accordance with the needs of the EMRP.
- d. Provider physicians, in their capacity as UNSOM faculty, will cooperate fully in formal didactic education of non-emergency medicine residents (e.g., internal medicine, pediatric, family and community medicine, surgery) as well as quality improvement activities, including but not limited to, morbidity and mortality conferences and clinical pathways.
- e. Provider shall prepare an annual budget to be submitted to UNSOM to support the EMRP.
- f. Provider's physicians will bill for patient care when the physicians are providing services as employees of provider. Provider's physicians will not bill for patient care during UNSOM support educational time, unless UNSOM is the billing party. This will be verified by work logs, physician call schedules and any other relevant documentation.
- g. The 2010-2011 Program Letter of Agreement, Attachment H to the Master Affiliation Agreement between UMC and UNSOM concerning the commitment to the Emergency Medicine Residency Program is attached as Exhibit 1.

3. Section 18. Evaluation Criteria. Add the following subsection to be addressed in your proposal to UMC.

- C. Account Management

6. Provide a proposed staffing model / matrix to assure adequate coverage for an average of 220 adult ED patients per day, including 24/7 trauma coverage, pediatric ED coverage (average 100 patients per day), and coverage to meet all residency education requirements.

Questions / Answers

Q1 Please provide the payor mix breakdown by volume, not collections, for both the adult and pediatric ED's.

A1

2007-2010				
Carrier Name	Total Charges	Pt Pmt	Ins Pmt	Number of Accts
Self Pay Total	\$313,657,328.39	\$ (6,887,419.62)	\$ (5,356,402.81)	123,791
Medicaid Total	\$109,890,000.15	\$ (94,467.51)	\$ (10,091,390.05)	65,295
Managed Care Total	\$156,343,826.90	\$ (4,669,581.67)	\$ (41,339,312.81)	54,171
CCSS Total	\$ 55,003,390.55	\$ (531,921.40)	\$ (38,884,006.48)	21,533
Medicare Total	\$ 41,099,220.16	\$ (218,789.24)	\$ (4,665,488.01)	12,779
MVA Total	\$ 64,486,887.90	\$ (4,159,970.86)	\$ (13,628,748.43)	8,092
Workman's Compensation Total	\$ 20,000,202.16	\$ (130,120.78)	\$ (3,919,526.43)	6,585
Other Governmental Total	\$ 22,441,507.17	\$ (337,764.48)	\$ (3,185,927.14)	5,943
Pending Medicaid/CCSS Total	\$ 11,491,049.29	\$ (103,747.05)	\$ (2,023,146.19)	4,522
Commercial Ins Non Contracted Total	\$ 5,493,452.21	\$ (507,978.10)	\$ (1,712,155.67)	1,818
Grand Total	\$799,906,864.88	\$ (17,641,760.71)	\$(124,806,104.02)	304529

Total Charges - reflect billed charges

Synopsis by Service Area					
2007-2010					
Carrier Name	Service	Number of Accts	Total Charges	Pt Pmt	Ins Pmt
Self Pay	EMR	89966	\$ 218,682,112.87	\$ (3,488,336.08)	\$ (636,733.98)
	ER TRAUMA	8287	\$ 61,526,550.61	\$ (2,319,778.81)	\$ (4,497,074.39)
	PEDS ER	25538	\$ 33,448,664.91	\$ (1,079,304.73)	\$ (222,594.44)
Self Pay Total		123791	\$ 313,657,328.39	\$ (6,887,419.62)	\$ (5,356,402.81)
Medicaid	EMR	15415	\$ 41,750,298.92	\$ (39,544.82)	\$ (3,945,063.40)
	ER TRAUMA	1057	\$ 8,293,392.13	\$ (19,419.03)	\$ (750,397.77)
	PEDS ER	45926	\$ 54,881,124.02	\$ (33,197.19)	\$ (4,917,458.67)
Medicaid Total		62398	\$ 104,924,815.07	\$ (92,161.04)	\$ (9,612,919.84)
Managed Care	EMR	27209	\$ 79,609,071.97	\$ (2,027,389.73)	\$ (19,479,570.12)
	ER TRAUMA	5311	\$ 43,935,270.76	\$ (1,407,433.32)	\$ (10,871,509.56)
	PEDS ER	24548	\$ 37,764,669.25	\$ (1,237,065.09)	\$ (11,466,703.34)
Managed Care Total		57068	\$ 161,309,011.98	\$ (4,671,888.14)	\$ (41,817,783.02)
CCSS	EMR	20769	\$ 51,270,137.56	\$ (346,046.09)	\$ (36,381,266.49)
	ER TRAUMA	644	\$ 3,520,116.63	\$ (183,385.60)	\$ (2,348,193.99)
	PEDS ER	120	\$ 213,136.36	\$ (2,489.71)	\$ (154,546.00)
CCSS Total		21533	\$ 55,003,390.55	\$ (531,921.40)	\$ (38,884,006.48)
Medicare	EMR	11726	\$ 32,401,491.86	\$ (158,004.48)	\$ (3,764,174.15)
	ER TRAUMA	1035	\$ 8,654,140.12	\$ (60,467.05)	\$ (894,854.22)
	PEDS ER	18	\$ 43,588.18	\$ (317.71)	\$ (6,459.64)
Medicare Total		12779	\$ 41,099,220.16	\$ (218,789.24)	\$ (4,665,488.01)
MVA	EMR	1246	\$ 3,573,108.01	\$ (425,511.57)	\$ (836,066.54)
	ER TRAUMA	6132	\$ 59,648,375.04	\$ (3,615,507.06)	\$ (12,376,257.36)
	PEDS ER	714	\$ 1,265,404.85	\$ (118,952.23)	\$ (416,424.53)
MVA Total		8092	\$ 64,486,887.90	\$ (4,159,970.86)	\$ (13,628,748.43)

Workman's Compensation	EMR	3921	\$ 7,220,881.56	\$ (71,898.59)	\$ (1,296,501.82)
	ER TRAUMA	2618	\$ 12,718,283.85	\$ (56,113.26)	\$ (2,609,847.44)
	PEDS ER	46	\$ 61,036.75	\$ (2,108.93)	\$ (13,177.17)
Workman's Compensation Total		6585	\$ 20,000,202.16	\$ (130,120.78)	\$ (3,919,526.43)
Other Governmental	EMR	4575	\$ 14,484,519.09	\$ (110,152.81)	\$ (1,448,652.61)
	ER TRAUMA	847	\$ 7,002,012.54	\$ (204,710.36)	\$ (1,435,276.69)
	PEDS ER	521	\$ 954,975.54	\$ (22,901.31)	\$ (301,997.84)
Other Governmental Total		5943	\$ 22,441,507.17	\$ (337,764.48)	\$ (3,185,927.14)
Pending Medicaid/CCSS	EMR	4235	\$ 10,585,262.83	\$ (97,712.47)	\$ (1,959,352.49)
	ER TRAUMA	136	\$ 724,497.59	\$ (4,158.66)	\$ (63,490.45)
	PEDS ER	151	\$ 181,288.87	\$ (1,875.92)	\$ (303.25)
Pending Medicaid/CCSS Total		4522	\$ 11,491,049.29	\$ (103,747.05)	\$ (2,023,146.19)
Commercial Ins Non Contracted	EMR	1120	\$ 2,594,643.66	\$ (277,702.90)	\$ (706,975.57)
	ER TRAUMA	295	\$ 2,196,415.19	\$ (138,965.90)	\$ (799,508.20)
	PEDS ER	403	\$ 702,393.36	\$ (91,309.30)	\$ (205,671.90)
Commercial Ins Non Contracted Total		1818	\$ 5,493,452.21	\$ (507,978.10)	\$ (1,712,155.67)
Grand Total		304529	\$ 799,906,864.88	\$ (17,641,760.71)	\$ (124,806,104.02)

Payorsource Legend:

Self Pay - Denied or No Payor Source

CCSS - Approved/Good Medical Assistance Service Card, Clark County Social Service Card

Medicaid- HMO Medicaid, Out of Area Medicaid, FFS Medicaid

Pending Medicaid/CCSS - Application initiated for Medicaid or Clark County Social Services

Medicare- HMO Medicare, PPO Medicare, FFS Medicare

Other Governmental - Tricare, Military Active or Retired, Veterans, Victims of Crime, CC Detention Center, North Las Vegas Jail, City of Las Vegas Jail etc.

Workman's Compensation - Injury - Work Related Insurance, Contracted or Non Contracted

Managed Care - Contracted HMO, PPO, POS Health Insurance Companies

MVA - Attny, Liens, Motor Vehicle Accidents

Commercial - Non-Contracted Insurances

Q2 Please provide the current physician coverage for the current contracted group for both adult and pediatric ED's along with any mid-level coverage, if any.

A2 **Adult ED**

Daily

6 am – 3 pm – 2 physicians

9 am – 6 pm – 1 physician (Rapid medical assessment / triage)

2 pm – 11 pm – 2 physicians

6 pm – 3 am – 1 physician (Rapid medical assessment / triage)

10 pm – 7 am – 2 physicians

Tuesday – 6 pm – 3 am – 1 physician (float)

Monday – 8 am – 6 pm – 1 physician (amb)

Mid-level

Sunday, Monday, Friday, Saturday

8 am – 6 pm – 1 PA or nurse practitioner

6 pm – 6 am – 1 PA of nurse practitioner

Tuesday

12 pm – 9 pm – 1 PA or nurse practitioner

Wednesday, Thursday

9 am – 6 pm – 1 PA or nurse practitioner

Pediatric ED

Sun, Mon, Tues

Pediatric Emergency Medicine Attending – 28 hours (overlapping)

Pediatrician or Pediatric NP – 10 hours

Wed, Thurs, Fri, Sat

Pediatric Emergency Medicine Attending – 24 hours

Pediatrician or Pediatric NP – 20 hours

Trauma

24/7 – 1 physician

- Q3 In Section 6 of the Sample Contract we need some clarity. Do we show / include a fee for the Medical Director or are you, the hospital, going to pay that fee directly to the Medical Director?
- A3 Section 6 of the Sample Contract deals with compensation. This is just a sample as a place holder in the contract. The final compensation section will be negotiated based on the proposals received. As to the question on fee for the Medical Director. UMC will pay the successful provider the fee for the Medical Director compensation on a monthly basis. The Medical Director will be an employee of the success provider.

The RFP Opening date of December 23, 2010; 2:00:00 p.m. remains unchanged.

Should you have any questions, please contact me at (702) 383-3606 or via email at jim.haining@umcsn.com.

Issued by:

Jim Haining, CPSM, C.P.M., A.P.P.
Contracts Management

Attachment(s): Exhibit 1 - Program Letter of Agreement-Emergency Medicine Residency Program

cc: Kim Voss