

**UNIVERSITY MEDICAL CENTER OF SOUTHERN NEVADA**  
**RFP No. 2013-07**  
**Neurosurgery On-Call Services**  
February 21, 2013

**ADDENDUM NO. 1**

**Questions / Answers**

A. Question and Answers

1. In 'Exhibit A- Scope of Project, Section I, number 1,' it states that the Principal Physician must hold a current licence from the American Board of Neurological Surgery and the backup physician must be board certified or board eligible as well. In 'Attachment E- Delineation of Trauma Neurosurgery Privileges, Minimal Formal Training,' it states that board certification by American Board of Neurosurgery or equivalent by the American Osteopathic Association or the Royal College of Surgeons in Canada is acceptable. Can the backup physician be board certified under a different board? Please clarify the RFP requirement?  
**A: DO certification is also acceptable.**
2. In 'Exhibit A- Scope of Project, Section III, number 6,' it is stated that the Provider will encourage participation of other physicians in the community to assist Provider in the provision of services outlined in the agreement. It is possible that a neurosurgeon would request to be included in the call schedule, then would arrange to have the majority of his/her call obligation covered by another neurosurgeon. This would result in a transfer of call days disproportionately to one or more surgeons which would deprive other neurosurgeons the opportunity to serve their community on an equal basis. This would violate the spirit of the community provision of neurosurgical services in the RFP. Should a participant who consistently takes less than the majority of the call days assigned to him/her in any two months be removed from the call schedule for one calendar year?  
**A: The provider awarded this contract shall be in charge of creating and monitoring the on-call schedule. How the call schedule is administered is the discretion of the Principle Physician. The awarded provider may add more neurosurgeons as needed to ensure full coverage. New neurosurgeons shall obtain and maintain proper credentialing.**
3. In the process of including community physicians in the provision of services, should it be required to reimburse the community physicians the same rate as stipulated in the neurosurgical contract less a five percent administrative fee for the administrating RFP Provider?  
**A: Any additional neurosurgeons that are added shall be employee or sub-contractors to the awarded provider. How the call schedule is administered is the discretion of the Principle Physician.**
4. There is no mention of spine call services in this RFP, does the term 'neurosurgery' imply the inclusion of spine services in the contract?  
**A: Yes**
5. Will neurosurgeons be compensated for and have the ability to take spine call? If not, how was the decision determined?  
**A: Neurosurgeons may take call for spine.**

6. Can you advise on the estimated volume that the on call providers will see monthly?

A: Neuro consults: ~300/year, Neuro emergent responses: ~22 (data from July 2011 – Jun 2012)

7. Do they have access and assistance from PA's (physicians assistants)?

A: All consults and procedures shall be accomplished by a doctor. PA's may assist but the attending doctor must be present.

**Changes**

None

**Issue by**

Should you have any questions, please contact me at (702) 207-8846 or via email at [robert.maher@umcsn.com](mailto:robert.maher@umcsn.com).

Issued by:

Rob Maher  
Sr. Contract Management Analyst  
UMC

**Acknowledgement**

***\*\*All Proposals submitted shall include a signed copy of this addendum acknowledging receipt and understanding. Addendums shall not count towards the page limitation.***

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

Date Received: \_\_\_\_\_