



**Request for Proposal
for
Emergency Department Medical Services**



ANNOUNCEMENT

Northeastern Health System Sequoyah (hereinafter referred to as “NHSS”) hereby invites proposals from qualified interested parties (hereinafter referred to as “Agency”, “Proposer” or “Proposers”) to provide Emergency Department Medical Services to NHSS, 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 NHSS to the Agency that best provides evidence of satisfactory qualifications and displays responsibility to fully meet the requirements as set forth by NHSS. Evidence of qualification and responsibility shall be furnished by the Agency as described in this RFP and will be reviewed by NHSS. The award shall not be made until NHSS has completed its review and verification of the Agencies qualifications.

NHSS 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 NHSS 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 NHSS and a written agreement has been executed.

NHSS 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 NHSS 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 April 15, 2024, at 17:00 CST. The subject line should include “Emergency Department Medical Services”.

Please email Stephanie Six as soon as possible to indicate your intent to submit a proposal.

Key Contact Information

Stephanie Six, Administrator
213 E Redwood Street
P.O. Box 505
Sallisaw, OK 74955
(918) 744-1100



Background

Northeastern Health System Sequoyah (NHSS) is a 41 licensed bed, Level IV Trauma Center located in rural east Oklahoma. Average daily medical census is approximately 12-23 (seasonal). The following are relevant NHSS statistics:

Total Visits: 2024	11,106
Total Visits 2023	11,945
Average Daily Visits (ED)	31
Average Daily Census (Hospital)	9-19

LWBS %	≥ 6.6 - trending upward toward end of year
Most Common Reason for Transfer	Surgery Gastroenterology Psychiatry Cardiac
Most Common Reason for Admission	CHF COPD Sepsis Pneumonia UTI
Number of Beds	(6) beds



1. Instructions

Scope

Under the proposed agreement, the selected Agency will provide physicians to cover Emergency Department Medical Care 24/7/365. Agency will include in the proposal, collaboration strategies with the Hospitalists, 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. Written questions should be emailed to Stephanie Six, Administrator at ssix@smhok.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 will not be considered for decision making.

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

NHSS 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	
Deliverables	Date
RFP Launch Date	April 7, 2025
RFP Due Date	April 30, 2025
Notification of Selection	May 21, 2025 or Sooner
Contract Start Date	July 1, 2024

4. Vendor Background and Information

1. Vendor Company
 - Company legal name:
2. Vendor Primary Contact
 - Name:
 - Title:
 - Office/Location Address:
 - Phone Number:
 - E-Mail address:



5. Physician Staffing/Coverage

- Applicant shall provide professional, in-department (not “on call”) Emergency Department Medicine provider 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.
- Applicant shall appoint, subject to the approval of NHSS 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 NHSS.

6. Physicians/Practitioners-Standards of Care

- Staff must strive to improve morbidity and mortality rates in NHSS Emergency Department regarding patients seen by providing a level of emergency medicine care that enhances and improves patient outcomes.
- 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.



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.
- 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 NHSS with improvement of patient experience and performance ratings using results from NHSS' patient survey for services performed in Hospital.
- 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 NHSS and the NHSS' medical staff.
- Cooperate with the NHSS' administration in effective management of the Department.
- Consistently utilize NHSS 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 NHSS.

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 Oklahoma 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 Oklahoma, 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.	How long has your company been in the business of providing Emergency Medical services?	
b.	Please provide organizations that currently or previously utilize your <i>full time</i> (non-locums) Emergency Medical services.	
c.	What has been the length of your longest client relationship?	
d.	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 NHSS.	
Ref ID	Category/Criteria – Emergency Services Providers	Description
2.1	Providers/Process	



a.	What is your proposed staffing model?	
1.	Max hours per shift	
2.	Max shifts per month	
3.	Ratio by license BC-ED, Residents BC-Other, All other M.D. or D.O.	
b.	What is your ability to flex staffing and subsidy requirements based on patient census fluctuations?	
Ref ID	Category/Criteria	Description
3.	Clinical Leadership and Support	
	What are the roles/responsibilities of the Medical Director?	
	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 client? With what frequency?	
b.	Describe your risk management program and the metrics used to assess physician performance.	



Ref ID	Category/Criteria	Description
5.	Financial	
a.	Describe your financial models and terms?	
1.	Billing Professional component by NHSS- cost \leq \$125,000 per month.	
2.	Billing Professional component by Proposer cost \leq \$50,000 per month.	
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.	If Proposer is willing to bill professional component.	
1.	Describe technology and interfaces needed to complete the billing process.	
2.	Describe your professional billing expertise and capabilities. How many patients do you bill for annually? Describe systems used and support infrastructure.	
3.	Describe your managed care contracting and credentialing process and policies.	
d.	Describe your capabilities to manage costs in the Emergency Department and outcomes of those efforts.	
e.	Describe your group's compliance programs.	



	<p>Provide a detailed financial model or models for the program including:</p> <ul style="list-style-type: none">• Proposed fee schedule or compensation model for services.• Any total estimated annual fee charged to NHSS 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.	
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Attachments

Please also include the following with the completed RFP Response:

1. A copy of your standard contract
2. Dashboard or other method of reporting
3. 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: _____