



**VIRGIN ISLANDS GOVERNMENT
HOSPITALS AND HEALTH FACILITIES CORPORATION**

**No. 4007 Estate Diamond Ruby
St. Croix US Virgin Islands 00820-4421**

**SOLICITATION
GHHFC-RFP-2020-001**

**Request for Proposals – Negotiation
Professional Services – ESRD Hemodialysis**

**MODIFICATION NO. 3
Date: November 10, 2020**

**RESPONSES TO
QUESTIONS AND REQUESTS FOR CLARIFICATION**

Notice is hereby given of the following responses to submitted questions and requests for clarification regarding Solicitation GHHFC-RFP-2020-001:

- Q1.** Are the tangible assets of the current ESRD programs on St. Croix and St. Thomas/St. John (the “Programs”) available for purchase? If so, will you provide a complete listing of such assets, including all expected useable inventory of dialysis supplies available for sale?
- A1.** JFL Hospital is not planning to sell any dialysis resources. SRMC is willing to negotiate the sale of some tangible assets with the successful bidder. In their response to the RFP, Bidders should not count on the purchase of any equipment or supplies from either hospital.
- Q2.** Is there a listing (on a de-identified basis) of all the Programs’ current patients including their respective insurance (or lack thereof) available for review?
- A2.** The table below shows the current situation for the 103 patients receiving outpatient dialysis services. There is no guarantee this will remain the same in the future.

	JFL Primary	JFL Secondary	SRMC
CIGNA	4	1	1
United Healthcare	1		
AARP		9	
Primary & Secondary coverage			41
Medicaid	6	14	10
Medicare	30		6
No Coverage	0	17	4
Total	41	41	62

Q3. Is there a listing of all the Programs' current employees (without name) by job title and full or part time status, available for review? Will CVs be available at some point in the RFP process?

A3. Draft Response: The following information is provided for SRMC only.

SCHNEIDER REGIONAL MEDICAL CENTER Hemodialysis Staff
 FTEs Staffing Estimated Wages
 1 Administrator
 1 Clinical Care Coordinator
 10.5 Hemodialysis Technicians \$520,000
 4.5 Licensed Practical Nurses \$239,000
 3.5 Registered Nurses \$288,000
 1 Unit Secretary
 21.5 (26 employees) All staff licensed or certified for their roles
 SRMC anticipates CVS may be made available to the successful bidder.

Q4. Section 1H requests that respondents provide list of notices from CMS or Renal Network to include corrective action plans, systems agreements, etc. Is the expectation for Provider to provide this documentation for each clinic they have?

A4. As part of the Respondent's proposal, all submissions must include a summary of any regulatory issues, corrective action plans, systems agreements for provider locations. During bid review, we reserve the right to ask bidders to provide copies of corrective action plans, systems agreements, and other relevant documentation relating to any regulatory claim or proceeding.

Q5. Section 3.b.iii requests a list of all locations, addresses, contact information, and ESRD patient volumes for all locations where relevant services are provided. Does this question apply to all Provider's locations or only those providers who operate an established dialysis unit in USVI?

A5. All providers and their locations

Q6. The RFP requests for a proposal to provide "limited inpatient" services. In order to provide a proposed fee schedule, we would need the following information: (Q6- a to l)

Qa. Please clarify the anticipated scope of "limited" services for inpatients? What do you envision being the responsibility of the dialysis provider and the hospital related to inpatient dialysis services?

Aa. The intent of the RFP is to solicit providers for outpatient dialysis services. Any provision of inpatient services will be negotiated with the successful bidder.

Qb. Approximate volume of dialysis procedures per year?

Ab. From January 1, 2020 to September 30, 2020, SRMC provided 9,271 services. JFL indicated that typically patients received dialysis treatment 3 days a week.

Qc. Is there a dedicated area in the hospital for inpatient dialysis services that allows several inpatients to be dialyzed simultaneously?

Ac. This varies by hospital. JFL has a dedicated area for inpatient dialysis services with 4 dialysis stations. For SRMC, inpatient dialysis is primarily provided in the patients' bedside. Several patient rooms were plumbed to accommodate dialysis services.

Qd. If yes, how many dialysis "stations" are in this area?

Ad. JFL Hospital has 4 dialysis stations in the dedicated inpatient area. SRMC does not have a designated area. SRMC has the following capacity of inpatient rooms equipped to provide dialysis:

- Medical Unit – 6 rooms equipped to dialyze up to 10 patients.
- Surgical – 2 rooms equipped to dialyze up to 3 patients.
- HID Unit – 6 rooms equipped to dialyze up to 11 patients.
- ICU – all 8 rooms are equipped with operable dialysis stations.
- 3rd floor annex - 2 dialysis stations.

- Qe.** If yes, approximately what percentage of patient treatments are done in the inpatient dialysis suite vs. in the ICU or patient bedside?
- Ae.** 100% at JFL. As described in the answer to Q6 d & e, this is not applicable to SRMC.
- Qf.** If yes, is there a stationary/centralized water treatment system (RO) and delivery system that supplies the inpatient dialysis suite?
- Af.** JFL Hospital – Yes; SRMC - No
- Qg.** How many dedicated dialysis staff are working in each hospital? What is the mix of licensed vs. unlicensed staff in dialysis?
- Ag.** Please see the answer to Question 3 above.
- Qh.** What is the average hourly rate for dialysis RN and unlicensed staff?
- Ah.** Please see the answer to Question 3 above.
- Qi.** Are dialysis services available 24/7? If so, what are the normal operating hours for inpatient dialysis, and what is the “on-call” responsibility of the staff?
- Ai.** Both JFL and SRMC have 24/7 capability to provide inpatient dialysis services.
- Qj.** Are non-nephrology physicians or physician extenders authorized to order inpatient dialysis procedures?
- Aj.** The response from SRMC is no. JFL indicates that physicians and physician extenders must be credentialed at JFL before they can provide services at JFL.
- Qk.** Are any other renal replacement modalities offered in the hospital(s) besides hemodialysis (i.e. peritoneal dialysis (PD), continuous renal replacement therapy (CRRT), slow low efficiency dialysis (SLED))?
- Ak.** Neither hospital offers the listed renal replacement modalities.
- Ql.** Are apheresis services provided in the hospital currently (i.e. plasma exchange, etc.)?
- Al.** Neither hospital provides apheresis services.
- Q7.** Given the proposed limited term of 5 years, does the GHHFC intend to retain their current CMS provider number and certificate of need OR will the GHHFC be completing

a change of ownership? Given the required infrastructure to sustain a viable and quality dialysis program, a fixed 5 year minimum term would be required.

A7. No determination has been made.

Q8. Will the provider awarded the contract have the option to retain staff currently providing services at the established dialysis unit to include Registered Nurses, Patient Care Technicians, Biomed Technicians, Social Workers, and Registered Dietitians?

A8. Both Hospitals are interested in helping their current staff providing dialysis services remain employed. Both hospitals have job openings that current staff may choose to transfer to. The staff providing dialysis services are unionized and are interested in preserving their current salaries, benefits, seniority and other employment rights. Bidders should plan to be competitive with current employment compensation provided.

Q9. Will the provider awarded the contract to provide **outpatient dialysis** have the option to acquire any existing dialysis equipment within the established units? This would include dialysis machines, water treatment, and major or minor medical equipment. Please note, that in the provision of inpatient dialysis, the contracted provider generally owns the dialysis machines and water system. Major and minor equipment (including dialysis chairs/beds) would be provided by the hospital.

A9. Please refer to the response to Question 1.

Q10. To assist in assessing long-term viability, please provide any available information regarding the following:
(Q a to e)

Qa. Patient payer mix (primary and secondary) and current reimbursement for outpatient dialysis services;

Aa. Please refer to the response to Question 2.

Qb. % uninsured, underinsured, indigent, and undocumented currently receiving outpatient dialysis;

Ab. This may change at any time. Currently the number of uninsured, underinsured, indigent and undocumented persons receiving outpatient dialysis is:
JFL – 0
SRMC - 4

Qc. Staff wages by position;

- Ac.** Information for SRMC is provided in the answer to Question 3 above. We do not have this information for JFL to provide.
- Qd.** Most recent cost report data;
- Ad.** At SRMC total wages approximate \$1.26M annually. We do not have this information for JFL to provide.
- Qe.** Should the answer to question 6 be yes, information regarding the age of existing equipment would be required.
- Ae.** This can be provided to the successful respondent.
- Q11.** Will the provider awarded the contract be able to access any funds currently designated by GHHFC for dialysis services?
- A11.** Any requests for funding will be negotiated with the successful respondent.
- Q12.** What objective measures will the selection committee use to assess “Quality of Patient Care and Patient Satisfaction?”
- A12.** The selection committee will assess the quality of patient care and patient satisfaction based on CMS’ ESRD quality improvement program measures. Below are the quality measures:
- a.** Patient and Family Engagement/Care Coordination Measures
 - In-Center Hemodialysis Survey Consumer Assessment of Healthcare Providers and Systems (ICH CAHPS) measure of patient satisfaction
 - SRR measure of unplanned patient readmissions to the hospital
 - b.** Clinical Care Measures
 - Adequacy of Dialysis (Kt/V)
 - Vascular Access Type
 - Hypercalcemia Clinical Management
 - Anemia Management
 - c.** Patient Safety Measures
 - Blood Stream Infection Rates
 - d.** Reporting Measures (In CROWNWeb)
 - Anemia Management
 - Serum phosphorus levels
 - Healthcare Personnel Influenza Rates
 - e.** Other Measures
 - Ultrafiltration Rate
 - CMS or other regulatory agency reports

- Overall Quality Improvement Program Total Performance Score

Q13. Can the GHHFC provide a sample of the standard required contract?

A13. Professional Services Contract Template will be provided

Q14. In lieu of immediate mobilization of the existing patients in St. Croix, would the GHHFC consider a management agreement for outpatient services currently provided in modular units (trailers) until the permanent facility was constructed?

A14. This is not under consideration.