

Request for Proposal: Emergency Department Physician Services

Fayette County Memorial Hospital (FCMH) is a county owned hospital that serves Fayette and the surrounding counties. FCMH is currently designated as a Critical Access Hospital (CAH), is accredited by The Joint Commission (TJC), and provides 24/7 Emergency Department services to the area.

FCMH is releasing this request for proposal (RFP) for physician staffing, physician management, and quality oversight of the Emergency Department. FCMH is seeking to stabilize the physician staffing, improve the quality of care provided, improve the customer service and community perception, and expand the services provided by the department.

All physician and other professionals providing services must be Board Certified, eligible to participate in federal health care programs, and knowledgeable in TJC and EMTALA requirements.

The Emergency Department currently has approximately 17,000 patient visits per year and has a payer mix of 27.8% commercial insurance, 25.7% Medicare, 26.2% Medicaid, 14.8% Medicaid Advantage, and 5.5% private pay.

The response to this RFP should include the following information at a minimum:

1. Name of your group including address, the primary contact person, telephone and fax numbers, and email address.
2. Description of your executive management team and organizational structure.
3. Detailed description of the ownership including all related entity(s) or contractual relationships relevant to your proposal.
4. Define the Business Model including the extent to which emergency physicians practicing at the Hospital are owners, employees, and/or independent contractors of the Group.
5. Describe the physician compensation / incentive model you propose to utilize at the Hospital.
6. Describe your program to recruit and retain qualified physicians. FCMH prefers physicians staffing the Emergency Department to be dedicated to the Hospital and community. (Strong consideration will be given to those proposals when the Group can recruit and retain a core group of physicians based in the community).
7. Describe your vision of an Emergency Department Medical Director, including examples of duties and responsibilities. (The Hospital must approve the physician recommended by the Group to service as the Medical Director.)
8. Describe the model to be utilized for peer review and performance measurement.
9. Describe how you assure and measure Medical Staff satisfaction with ED physician services.

10. Define your risk management program.
11. Specify your current insurance coverage. (This must meet the current Hospital requirement of \$1,000,000 / \$3,000,000.)
12. Please describe the group's experience with TJC and EMTALA.
13. Provide the group's proposed billing plan for emergency medicine professional services.
14. Describe any other "value added" services your group may offer.
15. Provide a list of facilities including addresses, telephone numbers, and contact persons as references.
16. Provide a clear statement of the financial terms of the proposal.
17. Provide a transition plan and timeline for the initiation of this service if you are the successful provider.

FCMH will be glad to provide you with any additional information that you require to complete this proposal with the understanding that all information is confidential and to be used only for the preparation of this proposal.

For further information, contact the FCMH Administration office at 740-333-2705. Send bids to Fayette County Memorial Hospital, Attn: CEO, 1430 Columbus Avenue, Washington Court House, OH 43160 to be received by *12:00 Noon on January 12, 2018*. Bids will be opened in the FCMH CEO office on *January 12, 2018 at 12:01 PM*. This notice and service information sheet are posted at www.fcmh.org on the home page under Public Notice.

**Fayette County Memorial Hospital
Emergency Department
Information Sheet**

Payor Mix	2015 # of ED Visits	2015 % of ED Visits	2016 # of ED Visits	2016 % of ED Visits	Annualized 2017 # of ED Visits	Annualized 2017 % of ED Visits
Self Pay	1157	7%	1546	9%	1631	10%
Medicare	2513	15%	2819	16%	2581	15%
Medicare HMO	1297	7%	1169	7%	1177	7%
Medicaid	1089	6%	842	5%	581	3%
Medicaid HMO	7387	43%	7254	42%	7097	42%
Major Payer 1 - United Healthcare	1262	7%	1085	6%	1213	7%
Major Payer 2 - Anthem	807	5%	881	5%	908	5%
Major Payer 3 - Med Mutual	372	2%	363	2%	346	2%
Misc Commercial	859	5%	850	5%	870	5%
Workers Comp	566	3%	560	3%	511	3%
Total	17309		17369		16915	

Frequency % of Visit Levels (By CPT Code)	2015	2016	YTD Oct 2017 Annualized
99281	1.63%	3.61%	5.71%
99282	30.03%	22.21%	16.45%
99283	38.30%	39.26%	36.69%
99284	18.95%	22.16%	28.32%
99285	10.08%	11.87%	12.22%
99291	1.01%	0.89%	0.63%

# of Admissions from ED	1180	914	1128
# of Transfers to other Facilities	956	768	1019