

Addendum #1

Issue Date: February 6, 2023

Project: RFP# EVMSMGCONSULT23-101

This addendum provides the following Offeror Questions and Answers:

1. Will EVMS want us to evaluate and make recommendations related to its hospital partnerships (e.g., hospital partnerships to add, expand or de-emphasize, partnership structures, etc.)?
No
2. Please confirm the scope excludes the academic mission (research, classroom learning, etc.).
Correct
3. Does EVMS anticipate broad participation from all departments throughout the process, or narrow participation focused on EVMSMG Leadership?
Department Chairs will provide the majority of participation at the department level
4. Is there a deadline by which EVMS leadership wants the final report issued?
Four weeks following completion of the evaluation
5. In the fee proposal section, there are two different areas to break out the fee (1) Holistic review of the EVSMG operational financial structure, and (2) Strategic planning. Must the fee submittal be organized in this fashion, or may we have flexibility to align the fee with the Worksteps in the proposed workplan as part of the scope submission?
Offerors should submit pricing as outlined in RFP, such that EVMS is able to compare lump sum total prices for work orders when evaluating competing proposals. However, if offeror wishes to include supplemental detail breaking out worksteps as components of pricing schedule that would be acceptable. Note Attachment G has been published to the EVMS Solicitations page in Excel format for ease of editing.
6. The RFP mentions a holistic review and assistance in developing a strategic plan. Can you provide more specific information regarding this request as well as the expected project deliverables related to the strategic plan support (e.g., confirm vision, identify a set of strategic imperatives, etc.)?
Key elements of the strategic plan will include opportunities to develop a consistent and reliable revenue stream and funds flow, opportunities to expand and support the clinical enterprise and geographic footprint of the Medical Group, implementation of a process to move the governance structure of the Medical Group from its current federated model to a more integrated structure, a

holistic evaluation of the revenue cycle and IT infrastructure of the practice plan and identification of opportunities to reduce costs through centralization, outsourcing, and/or identification of potential synergies. Additional strategic imperatives will become evident during the evaluation process.

7. Are you currently using performance management dashboards that may include provider expectations for the number of clinic sessions, patient contact hours, productivity, staffing ratios and clinical guidelines? If not, is the expectation the consultant will help develop a tool at some future point?

Review current dashboards and provide additional recommendations/dashboards related to physician productivity metrics, staffing ratios and similar expense benchmarks

8. The RFP request that we interview key leadership at EVMS/EVMSMG, Sentara and other strategic/hospital partners as appropriate. How many key external leaders do you anticipate the consultant interviewing (e.g., C suite, physician leaders) through this process?

We would anticipate interviews with approximately 3-4 key leaders at EVMS, 6 leaders at EVMSMG, 10 Department Chairs and 2-3 strategic hospital partner leaders

9. We understand you have a Family Health Center in support of the family medicine residency program. If so, is a full operational assessment of the FHC in scope? We ask given the many RRC requirements for a FHC and want to plan accordingly.

This assessment is not being requested as part of the engagement

10. Beyond the potential integration with Old Dominion University, are there any other factors for issuing the RFP for consultant services? Said differently, why now?

The potential integration with Old Dominion University is unrelated to this RFP

11. Are there any timeline or milestone dates that we should be aware of (e.g., due date for strategic plan)?

The final report including the strategic plan is requested by four weeks following the engagement

12. To what extent do you envision including current or potential strategic/hospital partners in the planning process (e.g., as it relates to service line development, workforce planning)?

This engagement is intended to be internal to the EVMS Medical Group

13. The RFP states that EVMSMG is anticipated to continue its clinical operations as currently structured. As such, can we assume that the component of the consultation focused on “Physician governance and alignment models (federated, fully integrated, hybrid)” is intended to address

the organization of clinical departments within EVMSMG and does not contemplate a potential integration with another physician organization?

Correct

14. Please confirm if the element “payer contracting process with benchmarks” refers to benchmarks for professional fees or to operational benchmarks such as department staffing, structure, and performance, or both.

Evaluating current contract negotiations process and benchmarking professional fees and reimbursement to regional/national data

15. As part of the benchmarking process, should we plan to assess existing contracts (i.e., modeled rates against benchmarks) and key contract business terms? If so, approximately how many agreements make up the majority (approximately 80%) of EVMSMG’s commercial, Medicare Advantage, and Cardinal Care (Medicaid) net revenue?

Please see #14. Additional information will be shared at the time of engagement

16. Should the master plan focus on clinical spaces, educational spaces, and/or administrative spaces, or all current (and proposed) space assets?

Space planning will not be part of this engagement

17. Can you clarify the difference between “Investment Priorities” under Capital Asset Management and “Capital Prioritization” under Strategic Planning?

Evaluation/prioritization of strategic program development opportunities as well as direct investment of current and future working capital

18. Can you clarify your expectations on the timing of the master plan in relation to the strategic plan (i.e., should this scope occur parallel to or follow the strategic plan)?

The master/strategic plans should be a consolidated end product of the engagement

19. Can you clarify what type of outputs you are looking for when you state “ROI”?

ROI refers to financial and programmatic success of the various elements and stages of workforce, capital and infrastructure development among others

20. With regard to the services requested, what are the organization’s top 1-2 long-term, strategic objectives (e.g., retain or increase independence, expand reach and patient access, expand areas of scientific leadership)?

See #6

21. What are the timing goals for completion of the holistic business assessment (deliverable 1) and strategic plan development (deliverable 2)?

See #4

22. What is the approximate count or mix of EVMSMG physicians by specialty and status (faculty, fellow, resident, etc.)? [to the extent this guidance can be shared at this stage]

EVMS MG is a not-for-profit physician group supporting EVMS with more than 150 physicians at over 20 locations. Our physicians specialize in family and internal medicine, obstetrics, medical and surgical specialties, as well as radiation oncology, laboratory and pathology services. Our physicians directly support undergraduate, graduate and fellowship education in each of these disciplines

23. Does EVMSMG currently outsource any key functions listed for assessment (RCM, payer contracting, etc.), or are all functions currently handled in-house?

These functions are currently managed in house

24. EVMSMG is an 'affiliate' of EVMS – can you describe the legal construct? Is it a separate entity? Subsidiary corporation? Does EVMSMG have a governing board that is separate from that of EVMS? If so, what is the composition of that board?

EVMS currently operates as an independent 501c3 organization with an independent governing board composed of our Dean, Department Chairs and Community leaders. It maintains a direct affiliation agreement with EVMS

25. Do EVMSMG financials consolidate to EVMS?

EVMSMG financials are independent of EVMS but do roll up into EVMS' consolidated financial statements.

26. What are the relative numbers of primary care providers and specialists in EVMSMG?

Approximately 150 primary care and specialist providers

27. Of the 40 APPs, how many are involved in primary care and in specialty care?

Approximately 50/50 mix

28. What is the membership status of APPs in EVMSMG?

Full time employees of EVMS/EVMSMG

29. Do different categories of membership in EVMSMG exist? If yes, what are the different categories of membership?

No

30. What Electronic Health Records are used at primary / secondary teaching hospital affiliates?
EPIC is the primary EHR currently utilized at the primary teaching affiliates. EVMS MG utilizes Allscripts as it's EHR platform
31. How does EVMS define 'current deficiencies' in EVMSMG? Are these related to Financial, Operational, Patient Experience, and/or other areas?
EVMSMG seeks opportunities to improve all aspects of its patient experience while simultaneously redefining and enhancing its organizational structure, operational function and financial performance
32. How soon after proposal submission does EVMSMG anticipate having orals and making a final decision on proposals?
Four to eight weeks
33. Is it possible to provide a comprehensive set of bidder questions and answers for this solicitation?
Yes, this Addendum 1 provides all questions and answers.
34. When does EVMSMG anticipate the work beginning?
Work will commence upon contract execution.
35. What is the anticipated duration of the project? This is of relevance since EVMSMG would like to have the strategic plan informed by the assessment.
TBD in part based upon the level of resources committed to the engagement by the consultant
36. Given that the FY begins July 1, does EVMSMG want this work completed by the beginning of the Fiscal Year?
Yes
37. We understand that the SWaM form is worth 10 points out of 100. How does the bidder score these points? If a bidder secures less than the minimum 42% spend with SWaM businesses, does it receive a partial number of points?
If offeror is an SBSD certified SWaM business, full points are awarded. Partial points are awarded for SWaM plan showing 42% SWaM subcontracting spend.
38. What is the current governance structure for the practice plan? What roles do department chairs, clinical faculty, and community members play?

See #24

39. What is the relationship between EVMSMG and EVMS supervised GME activities?
EVMS/EVMSMG employed physicians in conjunction with community faculty support the GME functions of EVMS
40. Is there a “Dean’s Tax” or similar defined transfer of funds from EVMSMG to EVMS? If yes, how is the transfer calculated?
Information will be shared with the selected firm at the onset of the engagement
41. What is the involvement of EVMSMG in clinical and translational research? Are there funds within EVMSMG directed to research at the present time?
EVMSMG faculty are engaged in bench, clinical and translational research as part of their employment. Research activities are supported through a variety of resources including Institutional, Federal, State and Industry funding
42. What state funding is available to EVMSMG?
EVMSMG declines to disclose at this time
43. Will you be sharing any relevant data, previous assessments, and anecdotal observations to the awarded consultant that led to this decision for outside consultation?
Please see #31
44. What information will you be providing as part of baseline performance? Will it include what you define as primary and secondary markets including demographics, market share, and quality performance?
Information regarding manpower statistics, operational performance, key indicators, quality measures, demographics and market share will be provided to the consultant
45. Are we at all assessing the Old Dominion University merger as part of this RFP?
No
46. Please elaborate what you mean by EVMSMG is expected to continue conducting its clinical operations as currently structured at this time?
See #24. EVMSMG structure is not expected to be altered as part of the EVMS/ODU merger.
47. Who will be organizing meetings with ODU, Sentara, and other key stakeholders?
This engagement will largely be focused on EVMSMG structure, function and strategic planning. Key outside stakeholders will be engaged as needed to enable the desired deliverables as

described in the RFP

48. Please elaborate what you are referring to for master planning under capital asset management?
Is this master facility planning?

Master planning for EVMSMG growth/development and financial success

49. Under organizational Design/Funds Flow, please elaborate on what you mean by compliance and auditing? Do you mean documentation and coding?

Documentation/Coding/Compliance for providers along with audit function of financial processes within EVMSMG

50. Is the strategic plan considered a separate proposal or included as one with the assessment and recommendations?

Included

51. Do you have a targeted budget or range for this RFP?

TBD

52. Do you have a targeted timeline for this project? Any start by date and end date?

Anticipate that engagement and final report would be provided within 8 weeks of project start date

53. When do you expect to award the project?

Project completion anticipated by July 1, 2023

54. Please provide the most recent financial and statistical information so we determine size and scope for this RFP?

This information will be provided to the successful firm at the onset of the engagement

55. Are the Medical Group revenue cycle functions (access, scheduling, financial clearance, billing) centralized or decentralized? Is any of it outsourced?

Some of these functions are centralized while others are decentralized. Currently none of the listed functions are outsourced

56. What is the size of the IT department (total FTEs, including contractors)?

This information will be shared with the successful consultant at the onset of the engagement

57. What EMR platform(s) comprise the applications portfolio?

See #30

58. What percentage of the applications portfolio is SaaS or cloud-hosted?

EVMSMG IT applications utilize both SaaS and cloud hosted services

59. How much electronic information sharing exists between EVMS/EVMSMG and its hospital partners (e.g., clinical records)?

EVMSMG has direct access to its hospital partners HER. Currently patient records are not interfaced.

Note: A signed acknowledgement of this addendum must be attached to your proposal. Signature on this addendum does not substitute for signature on the original proposal document. The original proposal document must be signed where indicated.

Name of Firm

Signature/Title

Date