Answer to Questions for RFP 23021TM

Emergency Medicine Services

- 1. Do you have a selected address you can share? We do have a site selected at the corner of state roads 29 and 92 in Union City. The address has not been assigned.
- Can you kindly share the projected adult and pediatric volume from projected mid 2026 opening date to anticipated steady state volume (preferably in month over month format)? We don't have our exact opening dates, so still working in years. Year 1 – Adult 13,500 and Peds 4,500 Year 2+ - Adult 18,000 and Peds 6,000
- 3. Can you share the projected payer mix (in as much detail as possible all known plans) for both the adult and pediatric volumes in #2 above? We do not have projected at the plan level. By payor group, we have estimated the following:

Adults – Year 1

Self-Pay – 32% Other 10% Medicare Managed Care – 5% Medicaid Managed Care – 11% Medicaid – 9% Commercial – 27% s – Vear 2

Adults – Year 2

Self-Pay – 28% Other 11% Medicare Managed Care – 4% Medicare – 6% Medicaid Managed Care – 11% Medicaid – 9%

Commercial – 30%

Peds Year 1 and 6

Self-Pay – 4% Other – 4% Medicare Managed Care – 0% Medicaid – 10% Commercial – 14%

- 4. What will be the required minimum qualifications of the ED providers? **SEE ATTACHMENTS.**
- 5. Please also specify if there is a requirement for Pediatric ED physician credentials: SEE ATTACHMENTS.

- 6. What is the anticipated case mix index for the facility? We have not calculated a case mix.
- 7. In the introduction of Firm section, how detailed should the disclosure of names/titles of affiliated or employed people be? Please list the system leadership and those involved in the project.
- 8. In the Project Team section, what format is preferred for the organizational chart? Is a table listing the core project team with titles/roles acceptable? Yes.
- 9. What type of references are you expecting for this type of proposal? Locations/systems/hospitals where you have provided the services.
- **10.** As the RFP only solicits staffing for Physician and APP, confirm that Grady will provide all other ancillary staffing to include nursing, techs, MAs, radiology staff, EVS, etc. Yes, Grady will provide these services.
- **11.** Will ambulance/transport services be provided and managed by Grady? Will there be a helipad on site? Yes, and yes.
- 12. Do you have volume projections to support the planned operating size of 16 beds? See question 2.
- **13.** Are there pediatric-specific volume projections that support the pediatric bed complement? See question 2.
- 14. Is the staffing firm permitted to manage their own professional billing and coding operations or will this flow through OneGrady? We are planning on OneGrady.
- **15.** Will financial counseling services, including Medicaid enrollment, be available and provided by Grady staff? Yes.
- 16. Is the expectation that a physician will be present 24/7 vs. an APP? MD needs to be present 24/7. If we determine that is not necessary after opening, then we can revisit; to start we need MD presence.
- 17. Is Emergency Medicine board certification required for physicians? If not, what specialties/certifications will be allowed to staff the facility? EM certification required. I don't think we can make an exception to what we require at main Grady.
- **18.** For the fee proposal, is there an expected timeframe for to be covered? For example, should it be the proposed cost over 5 years or should it be the annual cost plus any applicable inflation factors? Annual plus cost inflators.
- **19.** What security assets will be in place to ensure the safety of patients, staff and providers? Patient entry will have a weapon screening system. Security will be on site. The remainder will be planned during facility design.
- 20. Will the CT services be available 24/7? Yes
- 21. Who will the physicians and APPs report to for QA and other GHS management needs? The physicians/APPs will report to the CMO. This is an "extension" of Grady's ED and will follow the same structure.