



Spartanburg Regional Healthcare System

REQUEST FOR PROPOSAL

Requirements/Acknowledgement For RFPs

IMPORTANT:

You must acknowledge your intent to reply by emailing: fhoward@srhs.com

Questions, if any, will only be considered if they are sent to the email listed above.

Contact with any Spartanburg Regional personnel regarding this project other than Fred Howard may disqualify your company!!!

Spartanburg Health Services District, Inc. supports the Green Initiative and will only accept electronic copies of the RFPs.

Proposals sent electronically must be submitted to the fhoward@srhs.com

Due to security measures our inbound email is limited to 5MB;

Proposals greater than our limitation must be submitted in zip file, thumb drive, or multiple emails.

(Responsibility falls to the vendor to ensure that Spartanburg Regional Health Services District, Inc. receives your full proposal).

Proposals are due on the specified date below. Proposals received after that time will not be considered!

Thank you for your participation in our RFP.



Spartanburg Regional Healthcare System

Request for Proposal

SUBMISSION OF PROPOSAL SHALL CONSTITUTE AGREEMENT TO HOLD SRHS AND ITS AGENTS HARMLESS, FOR INJURIES AND DAMAGES RELATED TO PERFORMANCE.

EMAIL COMPLETED PROPOSALS TO:
FHoward@srhs.com

REQUEST FOR PROPOSAL

Spartanburg Regional Health Services District, Inc. is requesting proposals from qualified vendors for **Inpatient Dialysis Services.**

Note: Questions shall be addressed to **Fred Howard**. Vendors are prohibited from asking questions of or interacting with any other employee of Spartanburg Regional Health Services District, Inc. during the proposal process.

Late, incomplete, or unsigned proposals not conforming to the requirements of this RFP will not be considered.

Requirements for submitting proposals are outlined in the attached document. Spartanburg Regional Health Services District, Inc. reserves the right to reject any and/or all proposals submitted as may be in the best interest of the institution.

SUBMITTED BY:

Spartanburg Regional Hospital System 101 East Wood Street, Spartanburg, SC 29303

(Company Name) (Street or PO Box) (City & State) (Phone)

BY _____ TITLE _____ DATE _____
(Signature)

INSTRUCTIONS FOR RESPONDANTS

Electronic submissions must be submitted to **Fred Howard**. Any questions regarding the RFP must also be submitted to this email address. Note: There is a 5MB inbound email limitation so electronic submission via thumb drive is an acceptable alternative.

IMPORTANT: PRICING MUST BE SUBMITTED SEPARATELY FROM THE CONTENT AND RESPONSE TO OTHER PROPOSAL REQUIREMENTS

1. Pricing, amendments thereto or withdrawal request must be received prior to the proposal due date. It is the contractor's sole responsibility to ensure that these documents are received by the Spartanburg Regional Health Services District Inc. Purchasing Department prior to the response due date reference herein.
2. When specifications or descriptive paper are submitted with the bid invitation, enter contractors' name thereon.
3. Submit your signed proposal, along with the required forms which must accompany your proposal response. Show RFP number on electronic submission as instructed. Spartanburg Regional Health Services District, Inc. assumes no responsibility for unmarked or improperly marked - electronic submissions. Unsigned offers will be rejected.
4. Contractors must clearly mark as "Confidential" each part of their bid which they consider to be proprietary information that could be exempt from disclosure under Section 30-4-4C Code of Laws of South Carolina, 1976 (1986 Cum Supp) Freedom of Information Act. The State of SC reserves the right to determine whether this information should be exempt from disclosure and no legal action may be brought against Spartanburg Regional Health Services District Inc., or its agents for its determination in this regard.
5. By submission of an offer, you are guaranteeing that all goods and services meet the requirements of the proposal during the contract period.
6. This request for Proposal does not commit the Spartanburg Regional Health Services District, Inc., to award a contract, to pay any cost incurred in the preparation of the proposal response, or to procure or contract for goods or services listed herein.
7. CORRECTION OF ERRORS IN THE REQUEST FOR PROPOSAL DOCUMENTS: No offer shall be altered or amended after specified time for opening.
8. BUYER intends to select a vendor on the basis of proposals received in response to this RFP and any other information it obtains from other sources regarding the software and the vendor. Spartanburg Regional Health Services District Inc. intends to hold onsite vendor demos with selected finalists. BUYER reserves the right to make this final decision independent of any or all of the above factors.

GENERAL PROVISIONS

1. Spartanburg Regional Health Services District, Inc. reserves the right to reject any and all offers, to cancel a solicitation, and to waive any technicality if deemed to be in the best interest of Spartanburg Regional Health Services District, Inc.
2. Not Applicable PROHIBITION OF GRATUITIES: Amended section 8-13-700 and 706 of the 1976 Code of Laws of South Carolina states: “ Whoever gives or offers to any public official or public employee any compensation including a promise of future employment to influence his action, vote, opinion, or judgement as a public official or public employee or such public official solicits or accepts such compensation to influence his action, vote, opinion or judgement shall be subject to the punishment as provided by Section 16-9-210 and Section 16-9-22”
3. WAIVER: Spartanburg Regional Health Services District, Inc. reserves the right to waive any Provisions, General or Special Conditions, or specifications deviation if deemed to be in the best interest of Spartanburg Regional Health Services District, Inc.
4. COMPETITION: This solicitation is intended to promote competition. If any language, specifications, terms and conditions, or any combination thereof restricts or limits the requirements in this solicitation to a single source, it shall be the responsibility of the interested contractor to notify Spartanburg Regional Health Services District, Inc. Purchasing Office In writing within (5) days prior to the proposal due date. The Request for Proposal may or may not be changed but a review of such notification will be made prior to the award.

GENERAL CONDITIONS

1. DEFAULT: In case of default by the contractor, Spartanburg Regional Health Services District, Inc, reserves the right to purchase any or all items or services in default in the open market, charging the contractor with any excessive costs. Should such charge be assessed, no subsequent business will be considered nor purchase orders issued to the defaulting contractor until the assessed charge has been satisfied.
2. NON-APPROPRIATION: Any contract entered into by Spartanburg Regional Health Services District, Inc. resulting from this Request for Proposal shall be subject to cancellation without damages or further obligation when funds are not appropriated or otherwise made available to support continuation of performance in a subsequent fiscal period or appropriated year.
3. PUBLICITY RELEASES: Contractor agrees not to refer to award of this contract in commercial advertising in such a manner as to state or imply that the products or services provided are endorsed or preferred by the User. The contractor shall not have the right to include Spartanburg Regional Health Services District, Inc.’s name in its’ published list of customers without prior approval.

4. S.C. LAW CLAUSE: Upon award of a contract under this proposal, the person, partnership, association or corporation to whom the award is made must comply with the laws of South Carolina which require such person or entity to be authorized and/or licensed to do business with this State. Notwithstanding the fact that application statutes may exempt or exclude the successful contractor from requirements that it be authorized and/or licensed to do business in this State, by submission of this signed response, the contractor agrees to subject himself to the jurisdiction and process of the courts of the State of South Carolina as to all matters and disputes arising or to arise under the contract and the performance thereof, including any questions as to the liability for taxes, licenses, or fees levied by the State.
5. ASSIGNMENT: No contract or its provisions may be assigned, sublet, or transferred without the written consent of the Procurement Manager.
6. AFFIRMATIVE ACTION: The successful bidder will take affirmative action in complying with all Federal and State requirements concerning fair employment and treatment of all employees, without regard or discrimination by reason of race, color, religion, sex, national origin or physical handicap.
7. CONDITION OF PRICE: All costs and offers submitted shall remain effective for a minimum period of 90-days or until evaluation of bids is complete and award is made. Thereafter, the contract prices shall remain effective for the term of the contract.
8. PAYMENT TERMS: Payment will be made within thirty (30) days after acceptance of completed order/project. The preferred method of payment to contractors is via electronic invoice and wires. Early payment discounts, if available, will be calculated from date of acceptance. Application for payment shall reflect services completed through the last day of the month.
9. DEVIATIONS FROM REQUIREMENTS: Any deviation from requirements indicated herein must be clearly pointed out; otherwise, it will be considered that items offered are in strict compliance with these specifications, and successful contractor will be held responsible. Therefore, deviations must be explained in detail on separate attached sheet(s). The listing of deviations, if any, is required but will not be construed as waiving any requirements of the specifications. Deviations found in the evaluation of the bid and not listed may cause for rejection. Contractors offering substitute or equal items must provide information sufficient to determine acceptability of item offered.
10. DRUG-FREE WORKPLACE: By submittal of this bid, you are certifying that you will comply with Title 44, Code of Laws of South Carolina, 1976, Section 44-107-30.
11. BIDDER'S QUALIFICATIONS: Consideration will be given only to the Providers who can produce conclusive evidence that they can meet the following requirements:
 - 11.1 Adequate capital and credit ratings sufficient to complete all operations under this contract in a satisfactory manner.

- 11.2 An efficient office force with satisfactory record in expediting delivery of materials to field force, and capable of fulfilling proper liaison service with mechanical trade.
 - 11.3 An adequate and efficient field force with extensive knowledge of all types of work involved under this contract.
 - 11.4 A record of amicable relations with labor.
 - 11.5 An adequate supply of applicable equipment in good operating condition to fulfill the contract.
- 12 LICENSES, PERMITS, INSURANCE, and TAXES: All costs for any required licenses, permits, insurance, and taxes shall be borne by the Contractor.
- 13 INSURANCE (as applicable to the project)
- 13.1 The amount and types of insurance required should be reasonably commensurate with the hazards and magnitude of the undertaking, but in no event of lesser amount nor more restrictive than the limits of liability and schedule of hazards below described. Without limiting its liability under the contract agreement, the Provider shall procure and maintain, at its expense during the life of this contract, insurance of the types in the minimum amounts stated below:

<u>Schedule</u>	<u>Limit</u>
WORKERS COMPENSATION	Statutory
As required by the State of South Carolina.	
COMPREHENSIVE GENERAL LIABILITY	
Premises Operations (Single Limit)	\$300,000
Contractual Liability	
Independent Contractors	
Personal Injury	
Products - Completed Operations	
AUTOMOBILE LIABILITY	
All Owned, Non-Owned, and Hired (Combined)	\$ 1,000,000
EXCESS/UMBRELLA LIABILITY	
Each Occurrence	\$ 1,000,000

Proposal Requirements

Scope of Service: Dialysis Services

Spartanburg Regional Health Services District, Inc. is requesting proposals from qualified companies for dialysis Services. The company will provide treatment services for patients requiring routine and extended dialysis services due to severity of illness and patient acuity.

Dialysis services will be available at the following facilities: Spartanburg Medical Center (Church Street Campus and Mary Black Campus), Pelham Medical Center and Spartanburg Hospital for Restorative Care.

* Spartanburg Regional Health Services District, Inc.

* Spartanburg Regional Health Services District, Inc. Affiliates

Nature and Experience of Work

The company should:

- Have a minimum of ten (10) years of experience in performing dialysis services in private or public sector hospitals, please provide supporting documentation.
- Have operated and managed dialysis services in the preceding five (5) years.
- Provide a copy of each associates signed and dated current job description and an updated signed and dated copy each time modifications are made to the job descriptions (not needed for the RFP, only if selected).
- Provide proof of ongoing associate competency, basic life support (BLS), advanced cardiac life support (ACLS) and arrhythmia (not needed for the RFP, only if selected).
- Provide evidence of fit testing to include type of respiratory protection (n95 or PAPR) upon hire and annually (not needed for the RFP, only if selected). Date of annual requirements to be determined by both parties.
- Provide evidence of required vaccination/titer status per SRHS requirements within 10 days of hire and annually (not needed for the RFP, only if selected).

Requirements for submitting proposals are outlined in the attached document. The District reserves the right to reject any proposals submitted as may be in the best interest of the institution.

The District Particularly interested in the performance standards and criteria that the Vendor proposes in all areas listed below: The Vendor shall specifically address **EACH** of these elements in their proposal.

1. Service/ Resources

- 1.1. What hemodialysis (HD) services do you offer?
- 1.2. What renal replacement services do you offer?
- 1.3. What intensive care unit (ICU) based renal replacement services do you offer?

- 1.4. What peritoneal dialysis (PD) services do you offer?
- 1.5. What are your hours of service for dialysis treatments, including holidays and weekends?
- 1.6. Will an associate be available twenty-four (24) hours a day, seven (7) days a week?
- 1.7. What is your response time and call-in process?
- 1.8. In the event of an emergency, what is your guaranteed response time for an associate to be on-site to administer emergency care dialysis services from the time of notification.
- 1.9. What are your standard operating procedures for administering dialysis services?
- 1.10. Provide examples of your specific policies and procedures related to patient care.
- 1.11. What facilities do you currently service and which services do you provide?
- 1.12. What is the size and number of dialysis clinics in?
 - 1.12.1. Spartanburg, SC
 - 1.12.2. Greenville, SC
 - 1.12.3. Cherokee, SC
 - 1.12.4. Union, SC
 - 1.12.5. Landrum, SC
 - 1.12.6. Blue Ridge Mountains, NC
 - 1.12.7. Asheville, NC

2. Equipment

- 2.1. Is an ultrasound used to access a fistula?
- 2.2. What equipment will you be responsible for, including set-up and maintenance?
- 2.3. What equipment will SRHS be responsible for, including set-up and maintenance?
- 2.4. Which dialysis machines do you use?
- 2.5. How many dialysis machines will you dedicate to each facility?
- 2.6. What is your preventative maintenance program for water treatment and dialysis machines, who is responsible for the cost and what is the turnaround time to share reports with SRHS?

3. Customer Service/Quality

- 3.1. What is your company's "Standard of Conduct/Behavior" for associates?
- 3.2. What are your clinical reporting and quality management programs? Please provide examples of daily/monthly data, Quality Assurance and Process Improvement (QAPI) Metrics Report and chart audits.
- 3.3. How do you track data and share with your customer?
- 3.4. How do you measure patient and hospital satisfaction?
- 3.5. How do you track infection prevention (IP) measures and how do you share IP reports with customer?

- 3.6. What patient/family and staff education programs do you currently have in place, can you provide examples?
- 3.7. What is your disaster planning and training process?
- 3.8. What is your policy for inclement weather for acute care facilities?
- 3.9. What/how many dialysis treatment procedures will you render to indigent patients at no cost to SRHS?
- 3.10. What is your process for collecting and reporting adverse events?
- 3.11. What is your invoicing and billing process?
- 3.12. What is the orientation process for your new associates, who is responsible for orienting your new associates and what is the cost associated with orientation?
- 3.13. What is your nurse to patient ratios?
- 3.14. What is the skill mix of staff and how is it determined?
- 3.15. How do you validate staff competency (skills, electronic documentation, etc.) and how often is it validated?
- 3.16. Can you provide dedicated acute dialysis associates for SRHS program?
- 3.17. How is your medical director involved in evaluation of and participation in your program, including oversight, management and support of evidence-based practices and bundle compliance?
- 3.18. What is your staffing contingency plan to ensure services are provided timely and efficiently?
- 3.19. How do you ensure SRHS has access to associate files?
- 3.20. What is your leadership structure?
- 3.21. What are the minimal qualifications of your leaders?

4. Innovation

- 4.1. What and how often do you currently present business reviews to your clients to discuss issues or maintain quality standards?
 - 4.2. How can you reduce costs and assist in decreasing patient length of stay?
 - 4.3. How can your company assist in discharge planning to minimize re-hospitalizations?
 - 4.4. What is your company's ability to integrate electronic medical records with hospital systems?
 - 4.5. Do you have an information technology (IT) department? If so, how are they involved in QAPI, customer satisfaction, etc.
5. All proposals will be reviewed and scored according to the enclosed weighting scale.
 6. Your Invoicing methods. Note: Itemized detailed billing (To include all manifests, etc.) is required for each move. **IMPORTANT: All invoicing must be completed within sixty (60)**

days of service. SRHS will not be financially liable for invoices for services not presented within sixty (60) days of service. Vendor must specially acknowledge acceptance of this requirement as a part of their proposal response. Any delinquent invoices will be handled on a case-by-case basis and Vendor must resolve any outstanding issues to ensure that Accounts Receivable does not exceed the sixty (60) day threshold.

7. Your Documentation & Reporting Practices. Note: Quarterly summary reporting of all activity is required to be reported to the Director and Procurement Manager of Materials Management.

In addition, the Vendor shall provide with their Proposal copies of Proof of Insurance as stated in paragraph six Page 4.

Vendor shall include, as part of your proposal, information pertaining to the following:

PROVIDER REQUIREMENTS

Scope of Work

Spartanburg Regional Health Services issues this Request for Proposals (RFP), requesting written proposals from qualified companies to operationalize dialysis services, including but not limited to coordination, scheduling and management of 24/7 dialysis services at selected Spartanburg Regional Health Services facilities.

Award Criteria / Evaluation

Responses will be evaluated based on the following criterion:

<i>CRITERION</i>	<i>MAXIMUM POSSIBLE POINTS</i>
<i>Total Cost:</i> The proposal that provides the overall best financial value to the District inclusive of pricing, rebating, commission, and GPO collaboration.	40%
<i>Customer Service/ Quality</i>	20%
<i>Services/Resources</i>	15%
<i>Equipment</i>	15%
<i>Innovation</i>	10%

1. Liability Insurance Rates
2. Rates for other costs associated with hemodialysis services.
3. Discounts and Net Pricing, including contract number and appropriate tier activation.
4. Sample of standard and detailed itemized invoicing.
5. Sample of process improvement report.

Note: Pricing shall remain firm for the duration of the contract period and fluctuations, seasonal adjustments, or additional fuel surcharges are not permitted.

I. Client Background

Spartanburg Regional Health Services District, Inc. is a statutorily created public hospital corporation and a political subdivision of the State of South Carolina, and, as such, is exempt from federal or state income taxes and ERISA requirements related to its Health Plan. Spartanburg Regional Health Services District, Inc. is governed by an eleven-member Board of Directors appointed by the Spartanburg County Council, the primary government. Spartanburg Regional Health Services District, Inc. has a September 30 fiscal year-end and operates a healthcare system consisting of Spartanburg Medical Center- Church Street Campus, Spartanburg Medical Center- Mary Black Campus, Pelham Medical Center, Cherokee Medical Center, Union Medical Center, Spartanburg Hospital for Restorative Care, Beaumont Mills Corporate offices, Woodruff Nursing Facility, Ellen Sagar Nursing Center and multiple individual physician practices and Immediate Care Centers. Accordingly, these affiliated entities are reported as blended component units of Spartanburg Medical Center.

Apella Health Management Services, Inc. (Apella Health) is a not for profit management-type affiliated service group with Spartanburg Regional Health Services District, Inc. under Section 414(m) of the Internal Revenue Code and is subject to ERISA requirements.

Currently, SRHS has a contractual agreement with a company that provides routine hemodialysis and Sustained Low Efficiency Dialysis (SLED). We provided over 6,700 treatments in 2019 for our patients with a total of seventeen (17) Reverse Osmosis (RO) systems and thirty-one (31) hemodialysis machines.

II. RFP Process and Timeline

During the first phase of the proposal, the **Dialysis Services RFP Team** and the Procurement Team will evaluate each potential vendor based on customer service, quality of care, experience, resources, equipment and innovation. Strength of references and the total cost of services, including carve out expenses will also be taken into consideration. The schedule below will give you ample time for a thorough evaluation and presentation period. Final decisions will be made at the end of the evaluation period and a letter of intent will be signed.

RFP Released	February 14, 2020
Vendor Question Deadline	February 21, 2020
Responses to Vendor Questions Deadline	February 28, 2020
RFP Responses Due	March 16, 2020
Onsite Meetings with Top 3 Finalists	April 6-10, 2020
Selected Vendor Notification	April 17, 2020

III. Legal & Compliance

1. What steps or actions are you taking to ensure you comply with HIPAA, DNV, and other legal/regulatory requirements that affect you and your customers?
2. How do you ensure all associates and their files (education, human resources, etc) are prepared for unexpected regulatory surveys?
3. How does your company stay current on federal regulations? How do you educate your clients on changes to regulations?
4. How does your system record employee review of legal or compliance related notices?
5. Outline all liability coverage carried and the limits for each coverage.
6. Describe any legal actions in which you are currently involved as well as any lawsuits in which you have settled out of court or faced fines within the last 3 years?

References

Contractors shall include **as a part of your proposal**, two active references and two terminated references of similar sized companies with one of the active references being one that was implemented within the last 12 months.

Active Reference No 1.

Company Name: _____

Company Address: _____

City, State, Zip Code: _____

Telephone Number/E-Mail Address: _____

Contact Person: _____

Active Reference No. 2

Company Name: _____

Company Address: _____

City, State, Zip Code: _____

Telephone Number/E-Mail Address: _____

Contact Person: _____

Include 2nd Sheet for Terminated References

CERTIFICATE OF FAMILIARITY

The undersigned, having fully familiarized themselves with the information contained within this entire Request for Proposal and applicable amendments, submits the attached offer and other applicable information to Spartanburg Regional Health Services District, Inc., which I verify to be true and correct to the best of my knowledge. I certify that this offer is made without prior understanding, agreement, or connection with any corporation, firm or person submitting a proposal for the same materials, supplies or equipment, and is in all respects, fair and without collusion or fraud. I agree to abide by all conditions of this proposal response and certify that I am authorized to sign this bid. I further certify that this bid is good for a period of ninety (90) days, unless otherwise stated.

Company Name as registered
with the IRS

Authorized Signature

Correspondence Address

Printed Name

City, State, Zip

Title

Date

Telephone Number Fax Number

E-Mail Address

Remittance Address

City, State, Zip

Telephone Number

Toll-Free Number if available

Federal Tax ID Number

SC Sales and Use Tax Number