



TRI-CITY MEDICAL CENTER
REQUEST FOR PROPOSAL
Designated Pathology
Group for Hospital-based Services

Tri-City Medical Center

CONFIRMATION FORM

for

Designated Pathology Group for Hospital-based Services

If you are interested in this invitation, immediately upon receipt please scan and email or fax this confirmation form to the fax number provided at the bottom of this page.

Failure to do so means you are not interested in the project and do not want any associated addenda sent to you.

VENDOR ACKNOWLEDGES RECEIVING THE FOLLOWING RFP DOCUMENT:

DESCRIPTION: Designated Pathology Group for Hospital-based Services

GROUP MUST COMPLETE THE FOLLOWING INFORMATION:

Company Name: _____

Company Address: _____

City / State / Zip: _____

Name / Title: _____

Area Code/Phone Number: _____

Area Code/Fax Number: _____

Email Address: _____

FAX THIS CONFIRMATION FORM TO: (760) 940-4095

Or EMAIL TO:

**Business Development
Miava Sullivan
(MMSullivan@tcmc.com)**

TRI-CITY MEDICAL CENTER

REQUEST FOR PROPOSAL

Designated Pathology Group for Hospital-based Services

Tri-City Medical Center (TCMC) is soliciting proposals for Designated Pathology Group for Hospital-based Services.

The RFP package is available as follows:

- Pick up – Tri-City Medical Center, Business Development, 4002 Vista Way, Oceanside, CA 92056.
- By Electronic Mail or Mail – Please email a request to Business Development (MMSullivan@tcmc.com) specifying project name and description. Be sure to include company address, phone and fax numbers, email address or call (760) 940-5756

Proposals will be accepted at the Medical Center address specified above and will be reviewed upon receipt. All Proposals are time-stamped upon receipt. No Proposals will be accepted after December 15, 2024.

GENERAL CONDITIONS

Designated Pathology Group for Hospital-based Services

1. TERMS

The term "OWNER," as used throughout this document will mean Tri-City Medical Center. The term "TCHD" as used throughout this document will mean the Board of Directors of Tri-City Healthcare District which is the Governing Body of OWNER. The term "PROPOSER" as used throughout this document will mean the respondents to this Request for Proposal. The term "RFP" as used throughout this document will mean Request for Proposal.

2. INTENT

The OWNER is soliciting proposals for a designated group to provide Pathology Hospital-based Emergency Services and Diagnostic Pathology Panel Services.

3. SCOPE OF PROJECT

Background

Tri-City Healthcare District, located in Oceanside, California, is a public healthcare district organized pursuant to Division 23 of the Health and Safety Code of California and operates a 397-bed acute care hospital.

Purpose

The purpose of this RFP is to identify superior proposers to staff and provide comprehensive hospital-based services for Pathology and Laboratory Medicine, with medical directorship for both.

Expectations of Business Partner

TCMC strives to provide exemplary service to its patients. TCMC therefore has high expectations of its business partners. It is expected that the business partner will provide quality service, but equally as important is the expectation that these services are provided in a manner that exhibits the highest level of ethics and professionalism. It is expected that, as a result of this relationship, the business partner will work with TCMC to ensure that patients receive the best care possible, in as timely a manner as possible, while a patient at Tri-City Medical Center. Scope of Project is attached hereto and incorporated by reference herein as Exhibit A.

4. DESIGNATED CONTACTS

The OWNER's representative will be Business Development, telephone number (760) 940-5756. Questions regarding the selection process for this RFP may be directed to Business Development at telephone number (760) 940-5756.

5. TENTATIVE DATES AND SCHEDULE OF EVENTS

November 24, 2024	Release of RFP
November 24-Dec 10, 2024	Question and Clarification period
December 10, 2024	Deadline for Written Questions
December 15, 2024	Proposal Submission Due Date
December 22, 2024	Proposal Evaluation Completed
December 31, 2024	Selection of Awardee
First Quarter 2025	Anticipated Service Commencement date

6. METHOD OF EVALUATION AND AWARD

OWNER's mission is to provide the highest quality of care to its patients. For continuity of care and other reasons, OWNER will enter into a contract for each component described. (The exception is that an attending physician on OWNER's staff may request any physician to provide a specific procedure or consultation for a patient.)

Once OWNER makes an initial selection, the accepted proposal will undergo review by the compliance department prior to drafting a final agreement. Based upon this process, OWNER will then finalize contract(s) with PROPOSER(S) which will be at existing rates for the next 2 years with Principal Physician(s)/Group and present the contract(s) to the TCHD Board of Directors for approval.

7. SUBMITTAL REQUIREMENTS

The proposal submitted should not exceed 50 pages. Other attachments may be included with no guarantee of review.

All proposals must be submitted in a sealed envelope plainly marked with the name and address of PROPOSER and the RFP. No responsibility will attach to OWNER or any official or employee thereof, for the pre-opening of, post-opening of, or the failure to open a proposal not properly addressed and identified.

Alternatively, electronic submissions via E-mail will be accepted. Within 24 hours of electronic submission, an email response verifying receipt will be provided to the PROPOSER. However, the PROPOSER carries responsibility for confirming receipt of the verification. Failure to provide documentation of the submission verification, if requested, will result in disqualification from the RFP process.

The following are detailed delivery/ mailing instructions for proposals:

Hand Delivery:

Tri-City Medical Center

Business Development

4002 Vista Way

Oceanside, CA 92056

Pathology Hospital-based Emergency Services and Diagnostic Pathology Panel Services.

U.S. Mail Delivery:

Tri-City Medical Center

Business Development

4002 Vista Way

Oceanside, CA 92056

Pathology Hospital-based Emergency Services and Diagnostic Pathology Panel Services.

Express Delivery:

Tri-City Medical Center

Business Development

4002 Vista Way Oceanside, CA 92056

Pathology Hospital-based Emergency Services and Diagnostic Pathology Panel Services.

E-mail Delivery:

MMSullivan@tcmc.com

Regardless of the method used for delivery, PROPOSER(S) shall be wholly responsible for the timely delivery of submitted proposals.

Proposals can include a group of providers from the same practice or an aggregate group of providers from multiple practices that have agreed to cover the entirety of the requested services.

8. REJECTION OF PROPOSAL

OWNER reserves the right to reject any and all proposals received by reason of this request.

9. PROPOSAL COSTS

There shall be no obligation for the OWNER to compensate PROPOSER(S) for any costs of responding to this RFP.

10. ALTERNATE PROPOSALS

Alternate proposals are defined as those that do not meet the requirements of this RFP. Alternate proposals will not be considered.

11. ADDENDA AND INTERPRETATIONS

If it becomes necessary to revise any part of the RFP, a written addendum will be provided to all PROPOSER(S) in written form. OWNER is not bound by any specifications by OWNER's employees, unless such clarification or change is provided to PROPOSER(S) in written addendum form from the Purchasing Analyst.

12. PUBLIC RECORDS

The OWNER is a public agency as defined by state law, and as such, it is subject to the California Public Records Law (Government Code Section 6254). Under that law, all of the OWNER's records are public records (unless otherwise declared by law to be confidential) and are subject to inspection and copying by any person. However, in accordance with TCHD's Administrative Policy No. 8610-278, a proposal that requires negotiation or evaluation by the Owner may not be disclosed until the proposal is recommended for award of a contract. PROPOSER(S) are advised that once a proposal is received by the OWNER, its contents will become a public record and nothing contained in the proposal will be deemed to be confidential except proprietary information. PROPOSER(S) shall not include any information in their proposal that is proprietary in nature or that they would not want to be released to the public. Proposals must contain sufficient information to be evaluated and a contract written without reference to any proprietary information.

If a PROPOSER feels that they cannot submit their proposal without including proprietary information, they must adhere to the following procedure or their proposal may be deemed unresponsive and will not be recommended to the TCHD for selection:

PROPOSER(S) also agrees to fully indemnify the OWNER if the OWNER is assessed any fine, judgment, court cost or attorney's fees as a result of a challenge to the designation of information as proprietary.

13. PROPOSALS ARE NOT TO CONTAIN CONFIDENTIAL / PROPRIETARY INFORMATION

Proposals must contain sufficient information to be evaluated and a contract written without reference to any confidential or proprietary information. PROPOSER(S) shall not include any information in their proposal that they would not want to be released to the public. Any proposal submitted that is marked "Confidential" or "Proprietary," or that contains materials so marked, will be returned to the PROPOSER and will not be considered for award.

14. EVALUATION CRITERIA

Proposals should contain the following information:

A. Organizational Information

1. Provide your organization's name, address, internet URL (if any), telephone and fax numbers, include the name, title, direct phone number and address, and email address of the individual who will serve as your organization's primary contact.
2. Provide a brief description of your organization.
3. List the names of all physicians associated with your organization.
4. List the names, specialties and locations of all physicians who will be providing services under this agreement.

5. Provide a Curriculum Vitae for each such physician. Include current activity at Tri-City Medical Center beyond staff privileges, i.e. committee memberships, teaching, etc. and include membership in national organizations and committee membership on the national level. This can be an abbreviated CV.
6. List all actions required to be reported within the last ten (10) years.
7. List any other factor known to PROPOSER that could materially impair the ability of PROPOSER to carry out its duties and obligations under this Agreement or that could materially affect Owner's decision.
8. List all medical facilities for which any of the physicians listed in sections 3 or 4 hold a medical staff position or department directorship.
9. All firms may indicate if they are a minority-owned business, women-owned business, physically-challenged business, or a small business.

General Conditions

10. State the total number of physicians in terms of Full Time Equivalents (FTE's) who will be devoted to the provision of services under this Agreement.
11. Complete and submit the attached Disclosure of Ownership/Principals form and the Disclosure of Relationship form with its proposal.
12. Provide evidence of organizational and financial stability.

B. Healthcare Experience

1. Document your organization's credentials, experience, and involvement in Pathology care and treatment.
2. Detail your organization's experience working with other large Medical Centers and/or Healthcare Systems.
3. List your organization's capabilities to effectively manage care and success at passing on these efficiencies to your patients.
4. Provide a list of four (4) references with contact information, including email addresses.
5. Provide a description of the services pertinent to this proposal that your organization is currently performing.

C. Account Management

This section shall serve to provide the OWNER with the key elements and unique features of the proposal by briefly describing how the PROPOSER is going to provide the services requested in accordance with the Scope of Project.

1. How would your organization service TCMC? What methods of communication would your company propose?

2. What is your organization's implementation plan for providing Pathology services under this agreement? How would your organization propose to ensure timely response and arrival for emergency call?

3. Does your organization have a reference laboratory and if so, please describe the scope?

4. Do your organization have the ability to provide revenue cycle management for professional services and if so, to what extent?

D. Compliance with the OWNER'S Standard Contract

Indicate any exceptions that your firm would have to take in order to accept the attached Standard Contract. PROPOSER(S) are advised that any exception that is determined to be material may be grounds for elimination in the selection process.

E. Other

Other factors the PROPOSER determines appropriate which would indicate to the OWNER that the PROPOSER has the necessary capability, competence, and performance record to accomplish the project in a timely and cost-effective manner.

Exhibit A

Scope of Project

Pathology and Laboratory Medicine Hospital-based Services

Exhibit A SCOPE OF PROJECT

I. Provider and Principal Physician – General Requirements

1. No Member Physician may be an "Excluded Provider" from any federally funded healthcare program.
2. All Member Physicians must be licensed to practice medicine within the State of California. All licenses must be unrestricted and in good standing.
3. The Principal Physician shall act as the liaison with Hospital and its Medical Staff to resolve patient care issues.

II. Provider Staffing

1. All staff must obtain medical staff privileges at Tri-City Medical Center.
2. All staff must carry malpractice insurance coverage at their own expense in accordance with the minimums established by the Bylaws, Rules and Regulations of the Medical and Dental Staff. Said insurance shall annually be certified to Hospital's Administrator and Medical Staff, as necessary.
3. All staff must agree to follow all Tri-City Medical Center's policies and the Bylaws, Rules and Regulations of the Medical Staff.

4. All staff must also meet all legal and licensing requirements set forth by the State of California and San Diego County.

III. Duties – General

1. Provider shall provide professional services in the best interests of Hospital's patients with all due diligence.

2. Provider will provide Services so that a Physician is present when required for delivery of Services to Patients. Provider shall consult with the Medical Staff of Hospital when requested.

3. Provider shall provide Hospital with consultative coverage on a twenty-four (24) hour-a-day, seven (7) day-a-week basis. For this purpose consultative coverage consists of patient examination/assessment, diagnosis, medical/surgical intervention and follow-up care. This coverage includes all Hospital inpatients, Hospital outpatients, Emergency Department patients who are not designated patients of other physicians unless resident coverage has been assigned to another group or physician on a predetermined and agreed upon scheduled rotation.

4. Provider shall provide service on an emergency and Hospital-based basis to meet the needs of Hospital's inpatients and outpatients.

6. Provider shall coordinate the schedules and assignments of the physicians assigned to Services. At no time will Services be without coverage.

7. Provider shall have 30-minute arrival time to TCHD facility.

IV. Duties – Teaching

Provide for the education of Medical Staff and Hospital personnel in a defined organized structure and as the need presents itself.

V. Managed Care Organizations

All Member Physicians must be eligible to be credentialed by and contract with various managed care plans with which Hospital has a contract.

VI. Billing

Successful Provider shall directly bill patients and/or third party payors for all professional components. Hospital shall provide, at Hospital's expense, usual demographic and insurance information to facilitate direct billing. Hospital is not responsible for the billing or collection of professional components.

VII. Independent Contractor

The successful Provider represents that it is fully experienced and properly qualified to perform the class of work provided for herein, that it is properly licensed, equipped, organized and financed to fulfill all requirements. The successful Provider shall act as an independent contractor and not as the agent of Hospital in performing the contract. The successful Provider/Respondent shall maintain complete control over its employees and shall perform all work in accordance with its own methods subject to compliance with the Contract.