ADDENDUM NUMBER TWO

THE UNIVERSITY OF NEW MEXICO HOSPITALS
Purchasing Department
933 Bradbury Dr. SE Ste 3165
Albuquerque, New Mexico 87106

Date: July 2, 2019
Proposal Number: P409-19
Name of Procurement Specialist: AnnaMarie Cox
Due Date: July 15, 2019 @ 2:00 pm MST/MDT

Notice to all respondents:

Amend the Proposal: RFP P409-19 Neuormonitoring Services

This addendum becomes part of the Proposal Documents and modifies, as noted below, the original Bidding Documents.

WRITTEN RESPONSES – QUESTIONS AND ANSWERS

1. How many surgeons at each facility utilize neuromonitoring?

   UNMH / SRMC Response:

   UNMH: 13 physicians

   SRMC: 2 physicians

2. Do you anticipate utilizing IOM services, or even clinical studies at the Neuroscience and Cancer center?

   UNMH / SRMC Response:

   It is not the intent to utilize IOM services at the Neuroscience and Cancer Center.

3. **(Page 3, Section 1.1)** states, "This service would supplement UNMH's permanent staff." Does this mean this RFP is seeking a backup vendor for UNMH's in-house neuromonitoring program?
   - If yes, please clarify the number of cases vendor would be covering on nights or weekends. For example, some hospitals that contract for backup IONM service utilize their in-house staff for most Monday-Friday daytime cases while the vendor primarily covers nights and weekends.
   - If yes, is the 221 cumulative cases the estimated volume for the vendor, or does it represent cases by both the in-house permanent staff and the vendor?

- If yes, if the 221 cumulative cases are total volume for both vendor and in-house program, please clarify the neuromonitoring case volumes intended for the vendor as opposed to the in-house permanent staff.

UNMH / SRMC Response:

It is the intent of this RFP to have vendors bid based on proposed case volume of 221.

4. **(Page 3, Section 1.1, Paragraph 3,** states that "The Neurophysiologist must be a licensed physician, board eligible or certified in Nuerology by the American Board of Psychiatry and Neurology (ABPN) or the American board of Neuorphysiologic Monitoring (ABNM)".
   - Can this requirement be revised to include Audiologist who have specific training and experience with Intraoperative Neurophysiology?

UNMH / SRMC Response:

Yes, it can include Audiologists who have specific training / experience with Interoperative Neurophysiology.

5. **(Page 3, Section 1.1)** states, "Offeror must be available 24/7/365 for emergent cases."
   - Please clarify whether the expectation is for dedicated call service to be available for both UNMH and SRMC or just one person on call for both sites.

UNMH / SRMC Response:

The expectation would just be for one person to be on call for both sites.

6. **(Page 3, Section 1.1)** states, "Vendors are to issue a response mirroring the current state."
   - Please provide further context regarding this statement
   - Please clarify the number of technicians currently providing IONM service at UNMH and SRMC.
   - Please clarify the number of provider organizations (including in-house and vendors) currently selected to cover these services.

UNMH / SRMC Response:

It is the intent of this RFP to have bidders bid based on proposed case volume of 221. UNMH is seeking one primary external vendor for its neuromonitoring services.

7. **(Page 3, Section 1.1)** states that vendors will provide "real-time professional oversight."
   - Please confirm that vendors would be permitted to bill third-party payers for the professional oversight of IONM cases.

UNMH / SRMC Response:

Currently UNMH and SRMC have not made up their minds as to whether the vendor would be permitted to bill third-party payers for the professional oversight of IONM cases. Please provide pricing with and without billing a third party as an option.

8. **(Page 22, Section 5.1.11)** states**,** how many sites have the solution(s) you are proposing; and how long has each site been "up and successfully running" with the solution?
Provide three active client references for each of the solution(s) proposed that you have extended into an agreement within the last three (3) years who can verify the quality of service your company provides. Indicate if the agreement(s) are still active and if not, why not? Company name, address, contact person and title, phone, contract period and scope of work must be included. **One (1) of the three (3) references shall be similar in size to UNMH and scope of work as called for in this RFP. Please indicate which of the references is similar in size.** Academic Medical Centers are preferred.

- Need further context for this specific section?
- Is the inquiry regarding how many current customers the IONM provider/offeror currently services at, and the tenure of these accounts? If yes, this list would be extensive. May we single it down to accounts in the surrounding region of New Mexica, Arizona, and Texas.

UNMH / SRMC Response:

To clarify, the RFP's intent is to receive references from three clients. UNMH and SRMC would like to see references regionally and of hospital systems of similar size, as well as AMC's with 500+ beds or more.

Additionally, please provide how many customers you currently have. You do not need to provide references for each customer -- three is sufficient.

9. **(Page 22, Sections 5.1.15 through 5.1.19**
   5.1.15 Has your company ever failed to meet Federal, State, local or industry requirements for your type of Software and required equipment? If yes, explain. If not, explain what you are doing to prevent it from occurring?
   5.1.16 How many clients have uninstalled the proposed solution(s)?
   5.1.17 What experience do you have with academic medical centers and academic medical groups using your solution(s) enterprise-wide? Please describe the results your academic clients have documented.
   5.1.18 Is your system(s) hosted in a SaaS or Cloud Environment?
   5.1.19 What awards has your solution received, if any?
      - Seems to have been written for sales of a software product, not procurement of a clinical service. Can UNMH please revise or omit these provisions to be more clear in intention?

   UNMH / SRMC Response:

   All above questions are applicable to the equipment that is being utilized by the vendor. Whichever vendor that is chosen will have access to private health information (PH) and management of that information needs to be protected. Please answer the questions accordingly.

10. **(Page 24, Section 5.3.1)** suggests that EEG service could be required.

- Is EEG service currently covered by a vendor-provided technician part of the current state (per 1.1, page 3)?
- How many EEG cases are covered in the OR? How many in other departments?
    a. How many of these EEG cases are routine services?
    b. How many are long-term or continuous? What is the average length of long-term of continuous EEG cases?
- Would the provider / offeror be supporting ambulatory, in-patient, and and/or emergent EEG requests?
- Would the EEG Support be solely for technical services or is there a need for Professional (physician) support as well?
- Give the differences in the IONM and EEG service delivery, does UNM intend on requesting a separate contract and pricing schedule for these services?
- Is this referencing vascular cases?

UNMH / SRMC Responses:

If the vendor is to provide a full-time IONM tech, UNMH requests that he/she also be REEGT so that person can fill in when no OR cases and EEG demands are required. If PRN, then REEGT not required.

11. **(Page 24, Section 5.3.4)** states, In the event you have covered a case on a patient on one instance, and hospital stall will be covering on another case on said patient, please provide information on how to ensure continuity of care?
- Need further context for this scenario?

UNMH / SRMC Response:

Procedure 1 monitored by vendor – case 2 scheduled for in-house IONM. Previous vendor IONM report should be made available for in-house tech monitoring subsequent procedure(s).

12. **(Page 24, Section 5.3.6** states, Do you have the ability to cover in-house monitoring for awake craniotomies?
    a. Are you asking the remote neurologist or technologist to do language interpretation?

UNMH / SRMC Response:

No – attending neuropsychologist will complete language testing – technologist should be proficient and qualified to complete mapping for interpretation: SEPs, EMG & TCeMEPs, as usual, but also direct cortical stimulation, sensorimotor mapping and subcortical mapping.

13. **(Page 24, Section 5.3.7)** states, Are you certified to provide coverage for Auditory Brainstem Implants (ABI)? If so, please provide proof of certification.
- Confirming this requirement is speaking to Auditory Brainstem Implants (ABI) or Auditory Brainstem Responses (ABRs)?

UNMH / SRMC Response:

This requirement is speaking to ABI.

14. **Request for Pricing Worksheet**
    - **Total Cases** – Please clarify the maximum and average concurrencies of cases per day.
    - **Total Cases** – Please clarify the rolling 12 average number of cases covered after hours.
    - **Hourly Case Rate** – Please clarify the average number of hours per case.
    - Need confirmation the following numbers and descriptions are correct?

Item Number	Description	Volume
214856	DISP KIT	1
MVMZ	PROBE	1

UNMH / SRMC Response:

Volumes have been provided in the RFP.

For the item numbers and descriptions, please provide clinical supply cross references. If no clinical supply cross is available, please provide an applicable alternative.

15. Can you provide peak and average volumes by facility, by day?

UNMH / SRMC Response:

Peak and average volumes vary depending on the season and case volume.

16. What are the average case lengths?

UNMH / SRMC Response:

The average case length also varies depending on the season and case volume.