RFQ #: C043779

Medical Director and Physician Support Staff Services

Questions and Answers Posted August 7, 2026

Question #	Question	Answer
1.	Is a 4% annual increase within expectations?	The Bidder is encouraged to base proposed increases on the current Consumer Price Index rate. Any increase proposed must be included in your bid form (Attachment B) to be considered.
2.	What historical monthly hours have been worked by the incumbent Medical Director?	This is not relevant for submission of a bid in regards to this RFQ. The requirements of this RFQ in regards to hours and availability are defined in Section 4, Scope of Work.
3.	What are the expectations for after-hours availability?	See Section 4-Scope of Work. Medical Directors, Physicians and Advanced Practice Providers are expected to be on-call.
4.	Is 24/7 on-call coverage required?	Yes. See Section 4-Scope of Work. 24/7 on-call coverage is required.
5.	Will calls be routed directly to the Medical Director or facility nursing leadership first?	Calls will be routed to nursing leadership then to contracted medical on-call and then medical director as needed.
6.	How often has after-hours physician consultation historically occurred?	After-hours consultation has historically been required almost daily
7.	Will the Medical Director be required to perform chart reviews?	Yes.
8.	Is peer review oversight required?	Medical Director role involves peer review and oversight of providers. Peer review of co-workers is not required, but is acceptable.
9.	Will the Medical Director participate in surveys conducted by DOH or CMS?	Yes. See Section 4-Scope of Work.

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10.	Is participation required during Immediate Jeopardy investigations or complaint surveys?	Yes.
11.	Are Physician Support Staff expected to be: MDs, Dos, NP or PA?	Primarily NP and PA however, additional Physician Services (by MDs and DOs) may be beneficial to assist with required visits and coverage
12.	What is the average daily census?	217 of 242 beds. See Amendment 1.
13.	What is the average annual admission volume?	13 a month. See Amendment 1.
14.	What is the average annual discharge volume?	10 a month. See Amendment 1.
15.	What is the current annual spend for Medical Director services?	Last fiscal year (4/1/25-3/31/26) the annual spend for Medical Director services was: $49,094.75.
16.	What is the current annual spend for physician or APP support services?	Last fiscal year (4/1/25-3/31/26) the annual spend for physician/ APP support services was: $211,996.00.
17.	How many providers currently support the facility?	State: 1 FT NP, 1 Per Diem MD Current Contractual:1 PT Medical Director, 1 PT NP, 1 PT PA, and After Hours On-Call
18.	Is there an incumbent contractor?	Yes.
19.	Will incumbent providers be permitted to participate?	Yes.
20.	Is there an annual escalation provision?	There is no written provision within the RFQ. Any annual escalation is solely up to the bidder and must be included in their bid form (Attachment B).
21.	Will rates remain fixed for the entire five-year term?	The rates submitted in the bid form (Attachment B) will be the only allowed rates throughout the life of the contract.
22.	Are there census adjustment provisions if resident population increases materially above 60?	No. The census is currently at about 90%. There are plans to reach 95% as described in Section 4C, during the 26-27 fiscal year which is only an increase of 12 residents.
23.	Is there a mechanism for renegotiation due to regulatory changes?	No, the rates submitted in the bid form (Attachment B) will be the only allowed rates throughout the life of the contract.
24.	Who is the incumbent vendor?	The incumbent is Mobile Physicians Services PLLC.
25.	Can vendors bid on only Physician Support Staff Services, or must all positions be proposed?	All positions must be bid upon, however not all positions made be awarded.

<table>
<tr><th>Question #</th><th>Question</th><th>Answer</th></tr>
<tr><td>26.</td><td>What provider types qualify as APPs?</td><td>See answer to # 11.</td></tr>
<tr><td>27.</td><td>What is the historical after-hours/on-call volume?</td><td>Historically, an estimated 80 after-hours calls have been received each quarter. See Amendment 2.</td></tr>
<tr><td>28.</td><td>Can the Department provide historical spend or encounter volume for the incumbent contract?</td><td>See answers to #’s 15 & 16. These do not reflect the cost of the current/ incumbent vendor as the incumbent vendor costs would not reflect a full year,</td></tr>
<tr><td>29.</td><td>Service-connected VA Patients who are 70% or greater: Please provide the previous 6-12 months of reimbursed CPT codes by total count of CPT code billed for the selected time period.
Example: Time period 1/1/2026 through 6/30/2026 - 99308 (113 billed CPT codes); 99309 (53 reimbursed CPT codes); 99310 (25 reimbursed CPT codes)</td><td>See Amendment 2.

Time Period: 04/01/2025-03/31/2026
<table><tr><th>CT Code</th><th>Amount Billed</th></tr><tr><td>99305</td><td>23</td></tr><tr><td>99306</td><td>55</td></tr><tr><td>99307</td><td>1</td></tr><tr><td>99308</td><td>152</td></tr><tr><td>99309</td><td>1761</td></tr><tr><td>99310</td><td>91</td></tr><tr><td>99315</td><td>4</td></tr><tr><td>99316</td><td>6</td></tr><tr><td>99497</td><td>66</td></tr><tr><td>99498</td><td>2</td></tr><tr><td>G0438</td><td>24</td></tr><tr><td>G0439</td><td>3</td></tr></table></td></tr>
<tr><td>30.</td><td>Please provide % reported patients falls, antipsychotic utilization, pressure injuries, readmission rate for skilled and long terms care, ED rate for skilled and long-term care</td><td>Number of falls per month is running between 90-110, Antipsychotic % rate (10.8% - 25 residents as of June 30), readmission and ED rate is not available. See Amendment 2.</td></tr>
<tr><td>31.</td><td>Are there any plans for changing the census mix of the facility? (i.e., increase number of % of sub-acute care residents)</td><td>It is expected that the sub-acute % will increase from 2% (5 residents) to 6% (14) by the end of fiscal years 2027.</td></tr>
<tr><td>32.</td><td>What is the current medical services provider staffing model, including the Medical Director (# of hours), physician daily coverage, advanced practice providers (APPs) daily coverage, inclusive of all contracted medical services?</td><td>Medical Director provides 8 hours a week and will also provide physician service during this time, if necessary. Also have a physician 4-8 hours a week, and at least one APP provides 5 days a week (5-8 hours each day).</td></tr>
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Question #	Question	Answer
33.	What historical and anticipated administrative time is allocated to the Medical Director role?	8 hours per week
34.	What are the response time expectations for urgent and emergent calls?	Immediate (no later than 15 minutes). See Amendment 2.
35.	Is telephonic coverage acceptable for routine after-hours issues?	Yes
36.	Are incumbent providers eligible to continue under a new vendor?	The Department does not prohibit current providers continuing services under a new vendor.
37.	What electronic medical record (EMR) system is currently utilized?	The current EMR is ADL Data Systems Inc until 2027. The contract with the current EMR will expire through the life of the contract for Medical Director & Physician Staffing Services contract. This may require awarded bidder to convert to a different in EMR in the event the facility transitions to a different EMR.
38.	Will remote access to the EMR be provided?	Yes
39.	What patient care orders are providers expected to enter into the EMR?	All.
40.	What is the expected transition timeline from contract award to full operational go-live?	The current contract ends on 10/25/2026. Awarded bidder will be expected to start on 10/26/2026.
41.	Will the Department provide access to incumbent workflows, EMR templates, orientation materials, and other transition resources?	Yes
42.	Are there VA specific orientation requirements for medical providers?	Yes. There are forms that must be completed by providers to confirm the care needs of veterans. They have instructions with them.
43.	What percentage of Medicare allowable rates does the Department consider a reasonable benchmark for VA services reimbursement?	The vendor should provide their rates which will be evaluated against other quotes.
44.	What is the payer mix for residents not covered under the VA arrangement (e.g., commercial insurance, Medicare, Medicaid, private pay, or other third-party payers)?	This will vary over time. The vast majority are covered by Medicaid.