

AMENDMENT TO RFP ISSUED DECEMBER 19, 2019 ADDING THE PRIMARY SERVICE AREA FOR SALEM MEDICAL CENTER, REDUCING AND CLARIFYING THE SCOPE OF SERVICES, CLARIFYING PAYMENT TERMS, FEES AND EXPENSES AND AMENDING THE EVALUATION CRITERIA

The New Jersey Health Care Facilities Financing Authority seeks a consultant to perform an analysis of the current and future hospital needs of residents of the cities of Bayonne, Salem¹ and Trenton. The consultant should prepare this analysis and offer innovative solutions to meet these identified needs that may include new types of health care delivery, including, but not limited to, critical access hospitals; a “micro-hospital”, an outpatient-only facility, and a right-sized general hospital. The analysis will include a review within the city limits of Bayonne and Trenton and within the primary service area of Salem Medical Center of the following: current and projected demographics of these areas; the health status of the population; the available hospital services; and the current use of hospital services.

**AMENDED REQUEST FOR PROPOSALS
TO ASSESS NEED FOR HOSPITAL SERVICES
IN BAYONNE, SALEM AND TRENTON**

INTENT:

The New Jersey Health Care Facilities Financing Authority (the “Authority”) is seeking a consultant (“Consultant”) to evaluate the current population’s need for hospital services² located in the cities of Bayonne, Salem and Trenton (the “Cities”). The evaluation is not a traditional planning exercise and should focus on the discrete populations and services available within the Cities. Specifically, the evaluation should include an inventory of currently available hospital services in each City’s geographical limits; the origin of each City’s acute care facilities’ patients; and an analysis of where patients in each of the Cities are going for hospital services and, if a substantial number are going elsewhere, what hospital services are they seeking elsewhere.

The purpose of the evaluation is to determine what hospital services are needed by the population of each of these Cities, where those needs are currently being met, and to propose innovative solutions to meet those needs. The evaluation will be used by stakeholders in the area, State and local officials and the public at large to assist in implementing innovative solutions that continue and enhance needed access to hospital services but acknowledge the changing landscape of the delivery of health care. As the Department of Health (the “Department”) is charged with the responsibility for the development and administration of the State’s policy with respect to health planning, hospital and related health care services, the results of this report will be presented to the Commissioner of the Department and the Executive Director of the Authority no later than April 30, 2020.

¹ For the purposes of the evaluation, the term City of Salem shall include the primary service area of Salem Medical Center, which may include, but not be limited to, Elmsboro, Mannington, Pennsville, Salem and Woodstown.

² For purposes of the evaluation, the term “hospital services” shall mean all services performed by the hospitals identified under the paragraph entitled “SCOPE” below, including primary care, ambulatory care, emergency services, outpatient care, imaging, radiology, dialysis, clinics, inpatient care, tertiary care and quaternary care, as the case may be.

SCOPE:

The facilities to be evaluated pursuant to this engagement shall include, but not be limited to: (i) the following hospitals/facilities: Bayonne Medical Center, Robert Wood Johnson Satellite Emergency Department – Bayonne, St. Francis Medical Center, Capital Health – Helene Fuld and Salem Medical Center.

ENGAGEMENT SPECIFICATIONS:

The Consultant is expected to complete the following tasks:

1. Assess the current inventory of hospital services in each of the Cities;
2. Assess the current health diagnosis and disease prevalence of patients in each of the Cities;
3. Identify what hospital services patients are seeking in each of the Cities;
4. Identify what hospital services patients in each of the Cities are seeking at health care facilities outside of each of the Cities;
5. If a substantial number of patients in each of the Cities are going outside of the Cities, identify the locations the patients are going to and what services they are accessing;
6. Identify any unique or sensitive health care services provided by the hospitals in each of the Cities;
7. Identify any significant issues of access to health care in the Cities.
8. Assess the opportunities for innovative solutions to the health care needs of each of the Cities that may include new types of health care delivery, including, but not limited to, critical access hospitals; a “micro-hospital”, an outpatient-only facility, or a right-sized general hospital;
9. Assess the financial impact of these innovative solutions, including the adequacy of revenues and the effect on third party reimbursement, potential cost savings and the need for capital expenditures in each of the Cities;
10. Discuss how the Consultant’s recommendations would improve access to health care for the residents of each of the Cities; and
11. Provide at least three updates, scheduled roughly equally over the engagement period, to the Department and the Authority on the progress of the engagement.

The Consultant shall prepare a written draft report of its research and analysis for the Commissioner of the Department and the Executive Director of the Authority no later than April 30, 2020. The Consultant will meet with staff from the Department and the Authority at least once after the report is complete to summarize findings, limitations encountered (if any) and field questions from staff.

The Department and the Authority will facilitate information gathering in order for the Consultant to conduct its work. Audited financial statements for the hospitals for the years through 2018 are available from either the Authority or the Department. Unaudited quarterly financial statements and utilization data through September 30, 2019 are available from the Department.

TECHNICAL EVALUATION CRITERIA

The Authority will evaluate each proposal based on the following technical criteria:

1. Experience in health planning issues;

2. Demonstrated knowledge of issues and policies affecting hospitals' financial performance;
3. Demonstrated knowledge of and experience in working with health care data sources;
4. Demonstrated knowledge of applicable state and federal laws, rules and regulations applicable to health planning;
5. Ability to complete the engagement by April 30, 2020; and

Each criterion will be scored, and each score multiplied by a predetermined weight to develop the Technical Evaluation Score.

EVALUATION OF PRICE

For evaluation purposes, bidders will be ranked from lowest to highest according to the cost of completing the required services as set forth in the bidders' proposed fee and expenses.

EVALUATION OF PROPOSALS

An evaluation committee will complete an evaluation of proposals submitted and will make a recommendation to the Authority for award of the contract to the responsible bidder whose proposal, conforming to this request for proposals, is most advantageous to the Authority, price and other factors considered. The evaluation committee will consider and assess price, technical criteria, and other factors during the evaluation process in making its recommendation to the Authority. The Authority may accept, reject, or modify the recommendation of the evaluation committee.

After evaluating proposals, Authority staff may enter into negotiations with one bidder or multiple bidders. The primary purpose of negotiations is to maximize the Authority's ability to obtain the best value based on the mandatory requirements, evaluation criteria, and cost. Multiple rounds of negotiations may be conducted with one bidder or multiple bidders. Negotiations will be structured by the Authority staff to safeguard information and ensure that all bidders are treated fairly.

INFORMATION TO BE CONTAINED IN THE PROPOSAL

1. Name, address, telephone number, fax number and e-mail address of the firm and primary contact.
2. A brief descriptive statement of not more than two pages about the firm.
3. Name, role, and credentials of individuals who will be assigned to the engagement.
4. A brief description of the firm's experience with similar engagements, including data sources used.
5. Proposed fee and expenses (expenses are to be limited to those expenses directly related to the engagement whose amounts are unknown at the time of the proposal, such as travel related expenses, and should be identified by description and an estimate of the amount of each expense. The proposed fee should include any standard fees the consultant charges as an add on, including cost of information technology or access to data).
6. The proposed approach to the engagement.

7. A description of data not available from existing sources that the firm will need to prepare the report.
8. Whether the firm or any of its owners and employees have any relationships and/or conflicts with the Authority or any of the acute care hospitals or major health care facilities covered in this study. If so, please elaborate. Firms that have done significant work at any of the hospitals in the last five years will be considered conflicted out of the engagement.
9. At least three but no more than five references from prior engagements.

AN ELECTRONIC COPY OF THE PROPOSAL MUST BE RECEIVED BY THE AUTHORITY NO LATER THAN 1:00 P.M. ON Thursday, February 6, 2020 at the following email address:

mhopkins@njhcffa.com

Questions regarding this proposal should be directed to Mark Hopkins Executive Director, at 609-789-5623 between 9:30 a.m. and 5:30 p.m. weekdays.

The Authority reserves the right to reject any and all proposals.

BY SUBMITTING A RESPONSE TO THIS PROPOSAL, THE BIDDER AGREES TO THE PROVISIONS OUTLINED IN THE ATTACHED "STANDARD TERMS AND CONDITIONS."

IT SHOULD BE MADE CLEAR THAT INVOICES SUBMITTED TO THE AUTHORITY NEED TO BE APPROVED BY THE AUTHORITY'S GOVERNING BODY AT A PUBLIC MEETING BEFORE THEY CAN BE PAID. AUTHORITY MEETINGS ARE TYPICALLY (BUT NOT GUARENTEED TO BE) HELD ON THE FOURTH THURSDAY OF EACH MONTH. AS A REGULAR COURSE, BUT NOT GUARANTEED, STAFF SUBMITS INVOICES RECEIVED TWO WEEKS PRIOR TO AN AUTHORITY MEETING FOR APPROVAL. INVOICES ARE TYPICALLY PAID WITHIN ONE WEEK THEREAFTER. THEREFORE, THE PAYMENT TERMS IN THE ATTACHED STANDARD TERMS AND CONDITIONS ARE NOT NEGOTIABLE.