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March 11, 2021

REQUEST FOR STATEMENT OF ANCILLARY SERVICES QUALIFICATIONS FOR TELERADIOLOGY SERVICES (HS-1128) ADDENDUM NO. 4

This Addendum No. 4 to the Request for Statement of Ancillary Services Qualifications (RSASQ) contains the County's responses to written questions received regarding the RSASQ.

A table listing the written questions received and the County's responses to the respective questions begins on page number 2 of this Addendum.

This Addendum is posted on the Department of Health Services (DHS) Contracts and Grants' website at http://dhs.lacounty.gov/wps/portal/dhs/cg/.

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FOR
TELERADIOLOGY SERVICES
(HS-1128)
ADDENDUM NO. 4
COUNTY'S RESPONSES TO WRITTEN QUESTIONS

Below is a table containing the County's responses to questions received regarding the RSASQ.

Ref. No.	Vendor's Question	County's Response
1.	A. Do you know the approx. volume of cases per month you need help with professional reads? This will help in our analysis.	CT: 2.7k/month US: 1k/month XR: 10k/month MRI: 300-400/month The above reflect upper limits of monthly aggregate workload volumes. Evening/nights/weekends are primary needs. Daytime needs are evolving. Current daytime volumes range from approximately 13,485 to 26,970. Mammography services are not currently referred to Contractors. However, Contractors are encouraged to include their mammography services rate(s) in the event the County of Los Angeles Department of Health Services (hereafter referred to as "County") makes referrals for these services at a future date.
1.	B. Says due by Feb 22 that is not much time to submit if we are interested is there an extension?	RSASQ Addendum No. 3 revised Vendor's Initial Response Due Date and Time to March 24, 2021 by 1:00 p.m. (Pacific Time).
1.	C. What modalities and what is the volume per modality for professional readings per day/week/month	County's workload volumes fluctuate, however, approximate average monthly volumes by exam type are provided in County's response to question 1.A above; and County's annual workload referred out to Contractor by exam type and by facility are provided in the revised RSASQ Appendix H which can be found at the end of this table. Also, the County's total aggregate workload from August 10, 2018 through August 14, 2021 are provided in the revised RSASQ Appendix I which can be found at the end of this table. Additionally, Addendum Attachment I (Radiology Report – January 2021) is a

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		Microsoft Excel file which provides approximately 80% of the County's aggregate total normal workload volumes (includes all workload volumes, not just workload volumes sent out to Contractors; and also reflects the COVID workload downturn). The file contains a pivot table which can be utilized to model workload volumes by hour(s) and facility(ies) in order to better understand the County's workload case mix. In addition, Addendum Attachment 2 (Radiology Procedures) lists all of the procedure codes and their respective descriptions the County utilized over the past year.
1.	D. Are you looking for teleradiology for 1 hospital or all your hospitals?	County is seeking teleradiology services for all of its hospitals. Currently only 3 of our hospitals and 2 Ambulatory Care Network clinics use contracted teleradiology services.
1.	E. Is this for overnight professional reads or during normal business hours?	Approximately, 60% are for evening/night for non-holiday Mondays through Fridays from 5:00 p.m. to 7:00 a.m.; and 10-20% for weekends and holidays from 5:00 p.m. on the preceding night to 7:00 a.m. of the next business day; and 10-20% daytime reads for non-holiday Mondays through Fridays from 7:00 a.m. to 5:00 p.m. However, needs may vary by facility: for instance OVMC has onsite coverage until 11:00 p.m. and LAC+USC has 24/7 onsite radiologists.

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1.	F. How long do you need help for readings?	The County is seeking a long-term relationship with teleradiology vendor(s) for evening, overnight, and weekend coverage as well as daytime relief because there are significant IT time and costs requirements related to establishing IT integration and physician credentialing.
1.	G. What is the - start date you are looking for readings.	County anticipates utilizing as needed Teleradiology Services after the Master Agreement is awarded to Contractor(s).
1.	H. What are your IT interface requirements?	IT Interface requirements are in RSASQ Appendix F (Statement of Work), Attachment 3 (Picture Archival Communication System (PACS)/Electronic Medical Record (EMR) Integration).
2.	A. I wanted to question the last 3 graphs in the document - Volumes by modality - The first graph "Exhibit H", the second graph, also "Exhibit H" and the last "Exhibit I". I'm not sure if the first two are the same years? The totals are different, so I'm deducing the first "Exhibit H" maybe 2017-2018? The second 2018-2019?	RSASQ Appendix H was revised to reflect the correct Fiscal Year and corrects totals. Please see revised RSASQ Appendix H which can be found at end of this table.
2.	B. Then the "Exhibit I" is intended to be 2019-2020 (and not 2018-2020)? (pages 151-153 of the HS-1128 - RSASQ.pdf).	RSASQ Appendix H only reflects the County' Department of Health Services (DHS) radiology image reads that were performed by teleradiology Contractors in Fiscal Years 2018-2019 and 2019-2020. RSASQ Appendix I reflects DHS' total aggregate radiology image read workload (includes reads performed by County personnel and referred out to Contractors) for the period from August 10, 2018 thru August 14, 2020.

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		Both RSASQ Appendix H and Appendix I were revised and can be found at end of this table.
3.	A. What is the difference between the two Teleradiology Referrals tables? They both seem to indicate the same Fiscal Year (2019-2020). Can you please verify?	Please refer to County's responses to questions 2.A and 2.B above.
3.	B. My guess is that the first table is mislabed and should be 2018-2019. Can you please verify?	Please refer to County's responses to questions 2.A and 2.B above.
3.	C. What is the approximate wRVUs/volumes that you are looking from a particular practice/group to cover. The RFQ seems to indicate that the workload will be delivered by multiple parties, rather than just one. If so, how should a practice be thinking about the workload that we should be responding to? Or should we respond with the assumption that we are the sole provider of all services?	The County does not normally utilize RVUs in its agreements. Please refer to County response to question 1.C above for County's workload volumes and related information. Due to County contracting requirements, the County intends to execute Master Agreements with multiple Contractors to provide Teleradiology Services. Thereafter the individual County facilities will determine which vendor(s) best meet the facility's services needs (e.g. services hours, types of coverage, etc.).
3.	D. Is your intent to contract with just one provider or multiple for the Teleradiology volume?	See County's response to questions 3.C above.
3.	E. The RFQ indicates the potential for multiple providers. If multiple, how would the work be distributed?	See County's response to question 3.C above.
3.	F. The total number of exams in Appendix H, first table, should be 163,645 rather than 162,587. The number in the second Appendix H	Appendix H was revised to reflect the correct Fiscal Year and correct totals. Please see revised Appendix H which can be found at end of this table.

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	table is also off by 2 in terms of the number of total exams.	
3.	G. What approximate volume of MRI studies are expected, if any?	Please see County's response to questions 1.A and 1.C above.
3.	H. Are there any nuclear medicine needs and if so, could you quantify the volumes for us?	No. At this time, County personnel currently provides for nuclear medicine needs. However, Vendor(s) are encouraged to include their proposed rates for Nuclear Medicine in the event the County makes referrals for those services at a future date.
3.	I. The scope mentions Fluoro. Can you let us know who offers that service currently?	Fluoroscopy and interventional procedures are provided by onsite staff. This service is not currently required by teleradiology contractors.
3.	J. How will the contractor quickly access contact information for referring physicians if there is a need to call in critical results?	Provider lists and facility specific contact phone numbers will be provided along with escalation trees in the event that a primary provider is not available. County will work with the Vendor(s) who are awarded a Master Agreement to ensure reliable and safe lines of communication.
3.	K. Will the contractor be able to access images and reports from prior studies? How?	County hopes to utilize Vendor(s) who shall interpret radiographic images received at Vendor's remote reading site(s) via electronic transmission from County's PACS and EMR, allowing for access to comparison images and reports.
3.	L. Will the contractor be able to access technologist notes for Ultrasound and CT? How?	Yes
3.	M. Can you provide data on the time distribution for these exams, including time of day and day of week??	Please see County's response to question 1.C above.

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Ref. No.	Vendor's Question	County's Response
3.	N. Can you provide data on the distribution of studies across sites of care (ie, OP, ED, IP, ICU)?	Please see County's response to question 1.C above.
3.	O. What is the current internet bandwidth available for radiology at these locations?	10 Gbps
3.	P. What PACS and EMR/RIS do your hospitals and clinics currently use? What voice recognition system(s) do your radiologists use?	PACS = Fuji Synapse EMR = Cerner Millennium Voice Recognition = 3M-Mmodal Fluency
4.	A. We are currently providing teleradiology services to MLK, Jr-OC, Harbor-UCLA, and Rancho Los Amigos and have been providing teleradiology services to County facilities since 2005. Our current internet connection is modeled so that we are on the county platform via thru a secured firewall monitored by DHS IT. The PACS requirements on the on RSASQ pertain to large teleradiology companies that provide services using their own platform in order to provide services to multiple hospitals. Our services and connection allow us to provide services to County Facilities as if we are on-site. The connection that has been established between County and our reading sites for the past 15 years has allow us to provide and meet all the stipulated requirements set forth in the RSASQ because we are in the same platform as a county reading site. With this being said, does this need to be changed?	Vendors who do not currently have a Master Agreement for the provision of Radiology and Teleradiology (MA) with the County will have to coordinate with DHS' Information Technology Group to establish a bi-directional electronic interface and to establish that they are in compliance with both the Communication/Transmission and the Information Security Requirements as identified in the RSASQ. Contractors who currently have an existing MA may continue utilizing their existing electronic interface if they are awarded a new Master Agreement for Teleradiology pursuant to the RSASQ. In the event, their electronic interface becomes non-functional, the Contractor will have to coordinate with DHS' Information Technology Group to establish a new bi-directional interface and establish they are in compliance with both the Communication/Transmission and the Information Security Requirements identified in the RSASQ.

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Ref. No.	Vendor's Question	County's Response
	We recently started providing services to Harbor-UCLA and should be use as a testimonial to our current connection set-up.	
4.	B. Just a question regarding the submission instructions in Addendum No.2: Is the Vendor's Written Questions Exhibit A-D and will be submitting it to you via email.	RSASQ Addendum No. 2 identified the date and time by when written questions regarding the RSASQ had to be submitted.
4.	C. With regards to pricing – will different vendors be reimbursed differently for the same studies?	The County requests Vendors to submit their proposed rates, which could lead to vendors being reimbursed at different rates. However, pursuant to RSASQ Section 3.2 (Comprehensive Review Criteria) County will complete a comprehensive review of Respondent's proposed rates for services as listed in Appendix D – Rate Schedule. At County's sole discretion, County may opt to negotiate with Respondent for the purposes of reducing the rates to final mutually agreed upon rates for services, which could result in standard rates for all vendors
4.	D. Or is the pricing should be paid out per study the same to all vendors?	See County's response to question 4.C above.
4.	E. Attached are a couple of public information regarding Small Business Association, will this be a consideration in deciding which vendor to grant the contract to?	Master Agreements will be awarded pursuant to the process explained in RSASQ Section 3.0 (Review and Selection Process).
4.	F. We are small business operating out of Los Angeles County. How will the competition with larger teleradiology company affect our chances of being granted a contract?	Please see County's response to question 4.E above.

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5.	A. Who are the incumbents?	The incumbents are: • Echo Tech Imaging, Inc. • Fortino Castaneda, M.D., Inc. • NexxRad Teleradiology Partners, Inc. • Stat Radiology Medical Corporation • U.S. Radiology On-Call, Inc.
5.	B. How many teleradiology providers are currently providing these services vs how many have master service agreements?	County currently has Master Agreements for providing Radiology and Teleradiology Services with five Contractors. However, only four of the Contractors currently provide such services to the County.
5.	C. Are you using multiple teleradiology providers at any of your sites?	Yes. County is currently utilizing 2 Contractors at one hospital; 3 Contractors at a second hospital; and 1 Contractor at a third hospital. Current providers have differing hours of availability and sub-specialization. Where possible, County desires to simplify and standardize with partners with greater sub-specialty coverage and 24/7 operations.
5.	D. How many master service agreements are currently in place?	See County's response to question 5.B above.
5.	E. Can you specify by each location who is currently providing the teleradiology services?	At Olive View-UCLA Medical Center: • StatRad and • U.S. Radiology On-Call (USROC) At Harbor-UCLA: • StatRad • USROC • Fortino Casteneda, MD, Inc (Fortino Casteneda) Rancho Los Amigos National Rehabilitation Center RLANRC):

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		• Fortino Casteneda
5.	F. The contract references NM (Nuc Med) however no volume was provided in appendix H – are you planning to outsource and if so which facilities and at what volume would you approximate?	Please see County's response to 3.H above.
5.	G. MR is listed on the Rate schedule however no volumes are provided - are you planning to outsource and if so which facilities and at what volume would you approximate?	Yes, County plans to utilize Contractors for Magnetic Resonance Imaging (MRI) Teleradiology Services. Average volume ranges 300-400/month. Most services will be for evening/overnight/weekend but County anticipates an ongoing need for daytime support during the week.
5.	H. 4.2.3.2 talks about important but not life-threatening conditions to be communicated and documented – for clarity is there a list of findings that is used internally to determine what is important to your facilities?	Yes. County has a Critical Teleradiology Notification List which can be found in the RSASQ, Appendix F (Statement of Work), Attachment 1.
5.	I. Provide copy of Privacy Policy/notice of privacy practices?	County's Information Security and Privacy Requirements can be found in the RSASQ, Appendix F (Statement of Work), Attachment 4.
5.	J. Contract request to return or destroy all patient information at termination. Would you consider revising to say that we can retain what may be on tape backups and one copy for compliance and legal purposes? (7.6.2)	County may consider revising this at a later date after a thorough review of applicable regulatory compliance and/or legal requirements to ensure any proposed modification will be in compliance with the law and any applicable regulatory agencies. Please submit any such legal or regulatory requirements you must comply with, for verification by the County.
5.	K. Regarding 8.50 would you make this mutual?	No.

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6.	A. Would you approve of me forwarding your request to a colleague of mine.	Yes, the RSASQ and subsequent Addenda may be shared with any parties.
7.	A. Should (BLOCKED COMPANY'S NAME) be responding to this solicitation if we already have an MSA in place? If you would please give us some guidance on how you would like (BLOCKED COMPANY'S NAME) to proceed it would be appreciated.	The County anticipates allowing its current Master Agreements for the provision of Radiology and Teleradiology Services to expire on December 31, 2024. If your Firm desires to be considered for a new Master Agreement award for the provision of Teleradiology Services, your Firm must submit a response to the RSASQ.
7.	B. I am in the process of completing the response to the RSASW Teleradiology Services HS 1128. (BLOCKED COMPANY'S NAME) plans to have a response by the submission deadline. A quick question came up upon review; Aside from submitting the requested documents in the solicitation, are we able to redline the MSA or add terms to the MSA?	No, Respondents to the RSASQ may not make any redline modifications or add/delete any terms in the Master Agreement. Pursuant to RSASQ 4.2 (Terms and Conditions) Subsections (i) the submission of a response to this RSASQ constitutes acknowledgement and acceptance of, and a willingness to comply with, all terms and conditions of the Required Agreement, as such may be modified by County prior to the Master Agreement award, and that the Required Agreement shall serve as the basis for the resultant Master Agreement; and (iii) **the resultant non-negotiable Master Agreement** will constitute a non-exclusive relationship with one or more Contractors for Teleradiology Services.
8.	A. (BLOCKED COMPANY'S NAME) has been providing Teleradiology Services for Department of Health Los Angeles County for over 10 years. HARBOR UCLA Medical Center, Olive View Medical Center and Public Health LA County have technical systems, private secure	Please refer to County's response to question 4.A above.

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	connections and the latest technology for complete reporting into their systems for patient care. Further details can be provided. Please let us know if there is anything else you need.	

(REVISED)

APPENDIX H

TELERADIOLOGY REFERRALS MADE TO CONTRACTORS FOR FISCAL YEAR 2019-2020

Exam Type	Number of Reports For Harbor/UCLA	Number of Reports For LAC+USC Medical Center	Number of Reports For MLK Outpatient Center	Number of Reports For OVMC/UCLA Medical Center and HDH Outpatient	Number of Reports For RNRC	**TOTAL**
Computed Tomography (CT)	24,405	Not Applicable	4,671	3,097	682	**32,855**
Ultrasound	3,915	Not Applicable	5,892	1,380	256	**11,443**
Radiography (XR) Diagnostic	106,529	Not Applicable	12,412	286	120	**119,347**
MRI	2,187	Not Applicable	2,852	186	1,089	**6,314**
TOTAL	**137,036**	Not Applicable	**25,827**	**4,949**	**2,147**	**169,959**

Note: - Identifies the Department's total radiology workload for the period indicated. The above statistics are for informational purposes only and do not guarantee any workload for subsequent years.

- Revisions are shaded in yellow.

(REVISED)

APPENDIX H

TELERADIOLOGY REFERRALS MADE TO CONTRACTORS FOR FISCAL YEAR 2018-2019

Exam Type	Number of Reports For Harbor/UCLA	Number of Reports For LAC+USC Medical Center	Number of Reports For MLK Outpatient Center	Number of Reports For OVMC/UCLA Medical Center and HDH Outpatient	Number of Reports For RNRC	TOTAL
Computed Tomography (CT)	24,494	Not Applicable	4,687	No vendors utilized	616	**29,797**
Ultrasound	4,172	Not Applicable	5,496	No vendors utilized	34	**9,702**
Radiography (XR) Diagnostic	94,009	Not Applicable	13,410	No vendors utilized	1,447	**108,866**
MRI	1,356	Not Applicable	3,109	No vendors utilized	1,204	**5,669**
TOTAL	**124,031**	Not Applicable	**26,702**	No vendors utilized	**3,301**	**154,034**

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(REVISED)

APPENDIX I

DEPARTMENT'S RADIOLOGY WORKLOAD
FROM
AUGUST 10, 2018 THROUGH AUGUST 14, 2020

Exam Type	Number of Reports For Harbor/UCLA	Number of Reports For LAC+USC Medical Center	Number of Reports For MLK Outpatient Center	Number of Reports For OVMC/UCLA Medical Center and HDH Outpatient	Number of Reports For RNRC	TOTAL
Computed Tomography (CT)	85,837	140,252	7,029	57,313	2,261	**292,692**
Ultrasound	40,102	78,760	17,223	53,379	4,806	**194,270**
Radiography (XR) Diagnostic	236,673	320,180	31,282	126,112	17,967	**732,214**
MRI	17,877	30,243	5,909	13,603	3,882	**106,514**
TOTAL	**380,489**	**569,435**	**61,443**	**250,407**	**28,916**	**1,325,690**

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