



Written Questions and Answers

KD-0166-25

Teleneurology Services

Closing Date: 05/14/2025

Today's Date: 05/06/2025

No.	Question	Answer
1	What will be the start date?	First or Second quarter FY 26.
2	Regarding accreditation through a separate healthcare quality accreditation agency (JCAHO) requirement (Section 7.1) - As we will complete all credentialing and privileges through your Med Staff Offices and using your credentialing and quality control processes, we have not found a need for a separate third party accreditation to run a separate process like some others do. In addition, the AmplifyMD software platform is SOC2 Type 2 certified, and we employ board-certified (vascular and neuro-critical care) neurologists licensed in every state they are providing clinical coverage, and that will be part of your local hospital medical staff once privileges are approved. We also align our clinical quality and KPI's with the AHA Stroke guidelines and your individual hospital SLA's. Given the above, we just want to make sure we are aligned with your RFP requirements on healthcare quality, so please confirm we are good to proceed as a qualified offeror?	That is in alignment with the requirements. We would prefer JCAHO accreditation but this is not required.
3	Can you provide a more specific breakdown regarding the volume and type of consults	Previous 12 month average at UK KD: Emergent Stroke: 110 teleneurology consults /month

	<p>projected per location (UKKD and UKOH)?</p> <p><u>Emergent</u></p> <ul style="list-style-type: none"> Expected volume: Hours of service: Expected response time: <p><u>Non-Emergent</u></p> <ul style="list-style-type: none"> Expected volume: Hours of service: Expected response time: <p><u>EEG Reads</u></p> <ul style="list-style-type: none"> Expected volume: Adult or Pediatric? Hours of service: Read types: Expected response times: <p><u>Outpatient Clinics</u></p> <ul style="list-style-type: none"> Hours of service: Days of service: Any further information on reasons for consult, types of patients, adults vs peds, etc? 	<p>Emergent Non-stroke: 20 consults /month</p> <p>Nonemergent: 1 consult /month</p> <p>EEG reads: did not use this service</p> <p>OP clinic: did not use this service</p> <p>Most of the consults occur in our emergency department but consults can be initiated in our IP units if there would be a need arise. We have a neurohospitalist on call 8am-5pm that typically handles consults so the majority of consults would occur outside of these hours. However, we would like the availability to use the service in the event that our in house person is not available due to other urgent consults. Expected response time varies dependent on the type of call. Please include your companies response times in your proposal based on the urgency/type of consult/triage level of the patient. Typical response times would be 15 minutes or less for stroke patients in window for intervention.</p>
4	<p>Is this RFP considered “financial” or “technical”, under the Proposal Submission guidelines (Section 3.6)?</p>	<p>Both, one proposal for the Technical Offer, and one proposal for the Financial Offer.</p>
5	<p>When are tele-neurology services expected to start (ie target go-live date)?</p>	<p>First or Second quarter FY 26.</p>
6	<p>Please confirm that all pricing information that will be presented in the RFP will remain confidential and proprietary, as sharing that</p>	<p>Refer to section 6.23 Confidentiality or RFP KD-0166-25</p>

	publicly would certainly create an unfair advantage to current or future competitors?	
7	<p>Does the Professional Service Rate Schedules (mentioned in Section 6.25) apply to any portion of this RFP?</p> <p>If so, how specifically?</p>	<p>Does not apply.</p> <p>N/A</p>
8	<p>Regarding Section 6.26: We provide both the virtual care platform and clinical services needed for the desired coverage. All services are proprietary; no intellectual property or confidential information is transferred or considered a work made for hire as a result of our services. Please confirm this is aligned with how you are thinking about this RFP/our services?</p>	<p>This is in reference to the UK KDMC Brand.</p>
9	<p>Please confirm each individual site will be providing their own hardware at the point of care? What specific telemedicine hardware (specs to share would be ideal) will be provided onsite?</p>	<p>We currently use leased hardware provided by our telehealth provider. We would prefer to continue in this manner, but this is not a requirement for submission. In the event that we would need to purchase hardware, we will work with the Teleneurology company to determine the appropriate specifications for equipment and this will be mutually agreed upon.</p>
10	<p>Do you need telehealth carts, or do you already have legacy equipment?</p> <p>If so, what type?</p>	<p>Yes we would need carts. See #9.</p>
11	<p>Do you need a video platform, or do you already have zoom, caregility, vidyo, etc?</p>	<p>We currently use the platform provided by our Teleneurology vendor for this service. However, we do use other video platforms in</p>

		other capacities, including Teams, WebEx, and Vido.
12	What EHR does each hospital use?	EPIC
13	Do they use an AI imaging solution for radiology and will the Teleneurology provider have access to these images?	Yes, we use Viz.ai and will grant access to the Teleneurology providers credentialed for our health system.
14	You mention that Teleneurology is used primarily for after-hours at Kings Daughters, is that the coverage you want or do you need 24/7 at that location?	At the Ashland location, we will primarily use the service from 5p-8am but would like the ability to use the service as needed during the day for overflow emergent consults. At the Portsmouth, OH location we will need services 24/7.
15	The RFP mentions that services may be used at other facilities associated with Kings Daughters? Can we get an idea of these types of facilities and which type of consults (emergent/non-emergent/EEG) will they required? And are any of these sites in West Virginia?	At the Ashland location, we will primarily use the service from 5p-8am but would like the ability to use the service as needed during the day for overflow emergent consults. At the Portsmouth, OH location we will need services 24/7. These will be emergent consults. No sites in WV.
16	Who currently provides the Teleneurology services? If internal, does UK physicians want to continue to take some of the consults?	Access Telecare provides our current service.
17	It appears your also requesting non-acute neurology consults would that be for the Emergency Department only or Inpatient neurohospitalist rounding? What would those volumes be?	See #3

	Was that included in the volume you provided?		
18	Can you specify anticipated stroke volume and EEG read volumes?		See #3
19	<p>Are you able to provide greater detail into the level of coverage? The RFP describes the need for Routine Neurology, Emergent Neurology and EEG coverage. Are all consults included in the volumes provided? If so, are you able to provide the breakdown of the level of consults?</p> <p>Confirmation of scope of coverage and consult volume:</p>		See #3
20	Please confirm the requested functionality and technical requirements for the patient video system. The requirements elude to use in an outpatient setting with required cellular connectivity requirements as well as multiple patient connectivity requirements with a virtual waiting room. This is not a typical requirement for acute hospital-facing Teleneurology utilization as well as use on tablets and hand-held devices which do not meet minimal standards of care for acute Teleneurology services.		The requirement is for IP emergent/non-emergent consults. We do have the potential to have more than one emergent consult at a time and would want the successful agency to be able to care for multiple patients in our work que based on patient need/acuity.
21	How many beds/patients are going to be covered at each facility, total?		UK KDMC is a 465-bed facility.

22	<p>What is the desired format for the technical and financial proposals?</p> <p>Is the technical proposal - Criteria 1,2,4,5, transmittal letter, signed authentication, executive summary?</p> <p>Are you looking for technical diagrams? The financial proposal - criteria 3, 6.22, and a sample contract?</p>	<p>No specified formatting for proposals.</p> <p>Yes</p> <p>Not specific, 6.22 is upon request.</p>
23	<p>Per RFP Page 33-34: 7.1 Technical Requirements</p> <p>If the provider would plan use the hospital's EHR and no integration is required, would EHR login access to provided to the tele-neurology team?</p>	<p>Yes, access to the EHR is given to the providers.</p>
24	<p>Per RFP Page 12: 3.1 Key Event Dates</p> <p>What is the expected start of services date?</p>	<p>First or Second quarter FY 26.</p>
25	<p>The way I read the RFP, you are looking for the awardee to provide carts/platform/support in addition to professional services (Neurologists). Is that the case?</p>	<p>That would be preferred but not required.</p>