

Pima County Health Department

Radiology Interpretation Services
For TB Program

Notice of Request for Quotation

Solicitation #PCHD2013-01

Due Date: August 14, 2013

Submit to:
Pima County Health Department
TB Program
2980 E. Ajo Way
Tucson, Arizona 85713
OR
FAX to 520-791-6574

Please call Brad McKinney with any questions regarding this solicitation at 520-243-8458

Introduction/Scope

This is a Request For Quotation for a radiologist to review and interpret digital chest radiographs performed at the Pima County Health Department’s Tuberculosis (TB) Program clinic, and to serve as a radiology consultant for clinicians working in the TB Program. The TB Program provides services 4 days a week (Monday, Tuesday, Wednesday, and Friday) and captures approximately 750 digital chest radiographs annually as part of its screening and diagnostic activities.

Minimum Requirements

- Licensed Radiologist in the State of Arizona.
- All chest films are reviewed by radiologists with post-graduate fellowship training specifically in cardiothoracic imaging.
- Ability to receive electronic transmittal of digital images and provide interpretation of digital chest radiographs.
- Ability to provide a written interpretation report within one business day of receipt
- Ability to provide a written interpretation within two hours for STAT requests.
- Available by phone during business hours to address specific questions of the Program’s clinicians regarding urgent/emergent findings.
- Continuing education support to the Program’s clinicians related to chest film interpretation to include access to ongoing patient care conferences on cardiothoracic disease.
- Can describe an established peer reviewed quality assurance process.

Preferred Requirements

- Follow up low dose CT with interpretation available for patients who require further evaluation.

Evaluation and Award

Recommendation for award shall be to the Offeror who meets the terms, conditions and specifications and scores the highest on the following:

Fees for interpretation	25%
Turnaround time for interpretation reports (within one business day)	30%
Turnaround time for interpretation reports for STAT interpretation reports (within two hours)	20%
Radiologist availability to answer clinician questions regarding interpretation and provide educational component for TB clinicians	20%
Radiologist’s ongoing peer reviewed quality assurance program	5%
	100%

Acceptance

Acceptance of work shall be upon approval of the Pima County Health Department.

Invoice for Payment

Invoices for payment are to be submitted on a monthly basis to the TB Program and due by the 15th of the month for the previous month's services. All invoices must have a signature of the

provider for payment and include the following:

- Provider name
- Date of service
- Patient name and date of birth
- Number of interpretations for the previous month
- Number of STAT interpretations for the previous month
- Total amount due

Sample Agreement

A sample copy of the agreement is attached for your review, including a HIPAA Business Associate Agreement. Each candidate, by submitting a proposal is certifying that the agreement is acceptable as written, unless exceptions are taken and specific alternate language proposed. Exceptions, which include language unacceptable to Pima County, may be cause for disqualification. Pima County also reserves the right to negotiate any terms and/or conditions if it is deemed to be in the best interest of the County.

Note: The agreement will be written to accommodate an initial one-year term and (4) one-year extensions (as needed), for a total of 5 years for radiological interpretation.

PROPOSAL FOR RADIOLOGICAL INTERPRETATION SERVICES
PIMA COUNTY HEALTH DEPARTMENT
TB PROGRAM

Name of Company:

Account/Billing Contact:

Address:

Phone:

Email:

Name of Radiologist(s), Arizona License Number(s), and Expiration Date(s):

Availability or hours of operation:

Fee per routine interpretation:

Fee per STAT interpretation:

Turnaround time for providing interpretation reports:

Process and availability of radiologist(s) to provide STAT interpretation (within one hour):

Process and availability of radiologist(s) to answer clinician questions regarding interpretation:

Please describe your peer reviewed quality assurance program:

Signature:

Date:

Return this Proposal to:
Pima County Health Department, TB Program
c/o Brad McKinney
2980 E. Ajo Way, Tucson, Arizona 85713
OR
Fax to 520-791-6574
Due by 5:00 PM on August 14, 2013