



Although this template is a request for proposal (RFP) for anesthesia services, it can be tailored to answer a general request for business proposal. This template may be modified to develop a request for information (RFI) or RFP for resources such as equipment or other vendor services.

DELETE THIS BOX AND ANY UNNECESSARY CONTENT WHEN CREATING YOUR RFP/RFI

**[Facility Name]
Request for Proposal for Anesthesia Services**

[Insert date]

Proprietary and confidential



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[Facility Name]

Request for Proposal (RFP) for Anesthesia Services

Purpose

The purpose of this RFP is to solicit proposals from qualified anesthesia providers / groups to provide anesthesia services to the **[Facility]**. The target term for the proposed services is **[start date]** through **[end date]**, subject to negotiation of a final agreement.

Introduction and Background

- Location
- Mission
- Vision
- Goals for the delivery of anesthesia services

Confidentiality

- Information that is deemed confidential or proprietary from the respondent should be clearly marked when submitted
- Describe terms of confidentiality agreement
- Describe data that the facility is willing to provide (e.g., total procedures by specialty, payer mix) and confidentiality considerations

Contact Information

Any questions regarding RFP requirements, proposed format, or contractual terms and conditions, may be directed in writing to:

Name	
Email	

Selection Timeframe

The following is the RFP distribution, review, and selection timeframe.



Event	Responsible Party	Date
Email RFP Distribution	[Facility]	
Submit Questions	Respondents	
Facility Response to Questions	[Facility]	
Proposal Submission (Due Date)	Respondents	
Proposal Evaluation	[Facility] / [Specific Committee]	
Selection Announcement Date	[Facility]	

Planned method of notification of selection outcomes: Email

Late Response

Any proposal received after the required time and date specified for receipt will be considered late and will not be evaluated.

Preparation Costs

Any and all costs incurred related to the development of proposals, presentations, demonstrations, or any other activity related to this RFP are the sole responsibility of the anesthesia provider/group.

On-Site Visits, Interviews or Presentations

The [Facility] may invite or require respondents to schedule a facility visit in order to conduct an on-site inspection of the facility, participate in interviews, make oral presentations, or provide an opportunity to clarify their proposals.

Proposal Signature

The response must be signed by an official authorized to bind the anesthesia provider/group. By signing the proposal, the anesthesia provider/group affirms that all information provided in the RFP is true and complete to the anesthesia provider/group's best knowledge and that the [Facility] may rely on this information.

Proposal Preparation and Submission Guidelines

Format

Email the proposal in an electronic format to [contact email]. The required email submission format should be a Microsoft Word Document or PDF file format.

Executive Summary

Include an executive summary providing an overview of the purpose and scope of the proposal and a high-level synopsis of the anesthesia provider/group responses to the RFP.

Requested Information/Deliverables

- Insert facility specific requirements that you would like the respondent to address. Provide a description of any circumstances or requirements unique to your facility/department, etc. The items below are only a suggestion for an RFP for anesthesia services and do not represent a comprehensive list.
1. Goals of **[Facility]**
 - a. Describe how the anesthesia provider/group will work with the **[Facility]** administration and staff to meet its goals?
 2. Information about anesthesia provider/group
 - a. As applicable, provide the following information about yourself/your anesthesia business:
 - i. Official registered name.
 - ii. Business address, telephone and fax numbers.
 - iii. Website.
 - iv. Names and contact information for key contacts.
 - v. Legal business entity and ownership, state of incorporation, and parent company, if any.
 - vi. Mission, vision statement.
 - vii. Describe any major achievements of the group (e.g., growth, increased coverage, increase OR efficiency).
 - viii. Number of full-time equivalent anesthesia providers by licensure.
 - ix. Provide financial statements from the past **[number]** years, annual reports or other similar evidence of financial stability.
 3. Disclosure of current business for conflict evaluation
 - a. What are your or your anesthesia group's current employers? Are these exclusive contracts?
 - b. Are you or your anesthesia group subject to any non-compete agreements?



4. Anesthesia provider recruitment

- a. Include recruitment and retention statistics.
- b. What resources do you provide to your anesthesia providers to ensure satisfaction and retention?
- c. Describe the procedures for screening anesthesia providers including processes for confirming the license, training, experience, background checks and reference checks.

5. Governance

- a. Describe the groups governance structure.
- b. Provide evidence of insurance.
- c. Describe the process for addressing concerns with anesthesia providers.
- d. Has there been any litigation filed against you / your group in the past **[number]** years related to anesthesia services?
- e. Have you or any provider in your group been excluded or debarred from any federal or state healthcare program?
- f. Is there any pending disciplinary action by any hospital, state agency or licensing board against you or a member of your group?

6. Compensation and billing

- a. Describe your or your anesthesia group's compensation model.
- b. List the payer contracts in which you current are a provider.
- c. Describe billing and collections process for anesthesia services.
- d. Describe revenue cycle management process.

7. Proposed coverage for **[Facility]**

- a. Based on the current number and type of cases, operating rooms, clinical personnel and taking into consideration opportunities for business growth, describe your or your anesthesia group's operational model for the facility.



- i. Proposal may discuss various practice model options, such as described in the Efficiency-driven Anesthesia Modeling Toolkit.
- ii. Number and type of anesthesia providers
- iii. Length of time for recruitment
- iv. Staff scheduling

8. Quality improvement

- a. Describe what type of reporting capabilities you / your group can offer.
- b. Describe how you or your anesthesia group obtain feedback regarding anesthesia services provided from patients and clinicians you work with.
- c. Describe what performance metrics you / your anesthesia group tracks related to provider and department performance.
- d. Describe your quality improvement process for identified areas of concern.
- e. Provide examples of recently quality improvement initiatives you have implemented at your current facility.
- f. Describe your or your anesthesia groups role in preparation for and during planned or unplanned accreditation or state surveyor visits.

9. Implementation

- a. How will you or your anesthesia group transition to providing anesthesia services at **[Facility]**?
 - i. Major milestones
 - ii. Timeline
 - iii. Parties involved

10. References

- a. Provide reference information for **[number]** facilities to serve as references, should the leadership staff at **[Facility]** determine that they would like to contact them after your submission has been reviewed.
 - i. Facility name
 - ii. Contact name



- iii. Title
- iv. Address
- v. Telephone number
- vi. Timeframe anesthesia services were provided
- vii. Brief description of scope of services

11. Other additional information / qualifications

- a. Describe any other attributes that differentiate your or your anesthesia group's services.

Evaluation Criteria

- Describe the evaluation criteria the facility will use to systematically assess and evaluate RFP responses received. May consider including:
 - Adequate financial resources to staff and operate an anesthesia department under proposed payment method.
 - Demonstrated clinical leadership through active engagement in facility and anesthesia department management and operational activities.
 - Ability to provide an organized transition of anesthesia services with minimal impact to patients.
 - Responsiveness and overall quality of the proposal.