Government Hospitals & Health Facilities Corporation
RFP TB-2026-001

ADDENDUM I-February 17, 2026
Request for Proposals for
GHHFC System Strategic Planning, Integration and Turnaround Implementation Services

1. Revision 1 of **RFP TB-2026-001** has been posted.
2. Insert Questions and Answers (The following clarifications are issued and should be incorporated into the Request for Proposals).

Question: Would consideration be given to granting an extension to the proposal submission date?

Answer: The request for an extension to the submission date has been approved. The revised proposal submission deadline is hereby extended to Wednesday, March 11, 2026, at 12:00 PM Atlantic Standard Time.

Question: Is the goal to integrate all functions of the territorial health system, or will certain functions remain separate?

Answer: The strategic objective of the Government Hospitals and Health Facilities Corporation (GHHFC) is to transition from a decentralized, facility-based operating model to a coordinated territorial Integrated Delivery System (IDS).

Integration is expected wherever it enhances:

- **Financial sustainability**
- **Clinical quality and patient safety**
- **Workforce stability**
- **Access and patient experience**
- **Regulatory compliance**
- **Capital planning and allocation discipline**

Given the geographic separation of the primary hospitals by approximately forty miles of water, localized operational capacity must remain in place to ensure continuity of emergency and acute care services. However, geographic separation does not preclude enterprise-level integration of governance, finance, shared services, service line oversight, analytics, or system strategy.

The selected consultant shall propose a clearly defined future-state operating model that delineates:

Enterprise-Level (Territorial) Integration

- **Unified strategic and capital planning**
- **Centralized financial management and revenue cycle operations**
- **Integrated procurement and supply chain management**
- **Enterprise human resources strategy and workforce planning**
- **Information technology governance and electronic medical record oversight**
- **System-wide quality, safety, and performance management**
- **Service line governance and accountability structures**
- **Physician alignment and credentialing frameworks**

- **Telehealth and digital health strategy**
- **Enterprise data analytics and performance reporting**

Local Operational Execution

- **Day-to-day clinical operations**
- **Emergency services coverage**
- **Site-specific staffing models**
- **Community-facing programs**

The consultant is expected to recommend the optimal balance between centralized authority and local operational accountability consistent with national multi-hospital system standards.

Question: Which turnaround areas are highest priority in Phase 1?

Answer: While final prioritization will be informed by data, GHHFC anticipates that Phase 1 (defined as zero to ninety days and three to twelve months) will focus on stabilization and measurable improvement across financial, operational, and workforce domains.

A. Financial Stabilization and Margin Improvement

- **Liquidity stabilization and days cash on hand improvement**
- **Revenue integrity enhancement and charge capture optimization**
- **Denial rate reduction strategy**
- **Payer reimbursement yield optimization**
- **Contract review and reimbursement alignment**
- **Strategic reduction of contract labor expense**
- **Cost structure review and expense containment initiatives**

B. Revenue Cycle Performance Optimization

- **Clean claim submission rate improvement**
- **Discharged not final billed balance reduction**
- **Accounts receivable days reduction**
- **Coding accuracy and documentation integrity improvement**
- **Strengthening of clinical documentation improvement programs**

C. Operational Throughput and Capacity Management

- **Emergency department throughput and capacity optimization**
- **Inpatient boarding mitigation and admission flow alignment**
- **Operating room block utilization and perioperative capacity optimization**
- **Inpatient length of stay optimization aligned with expected clinical benchmarks**
- **Discharge planning efficiency and care transition redesign**
- **Outpatient access and scheduling optimization (including third next available appointment performance)**

D. Workforce Stabilization and Productivity Alignment

- **Vacancy reduction in critical clinical and operational roles**
- **Reduction in agency staffing reliance**
- **Physician productivity benchmarking using work relative value units**
- **Nursing productivity benchmarking using nursing hours per patient day**
- **Structured physician and nurse leadership engagement**
- **Leadership accountability and performance alignment**

E. Governance and Accountability Infrastructure

- **Clear role delineation between territorial and district leadership**
- **Implementation governance cadence**
- **Defined performance ownership and reporting structure**
- **Service line accountability framework development**

The expectation is that initiatives will be operationally actionable, sequenced, and tied to measurable outcomes.

Question: Are there specific baseline metrics or target outcomes considered most important? Will data be available?

Answer: GHHFC expects measurable improvement across core performance domains consistent with high-performing public health systems.

Financial Performance

- **Days cash on hand**
- **Operating margin**
- **Cost per case mix adjusted discharge**
- **Net revenue per adjusted discharge**
- **Earnings before interest, taxes, depreciation, and amortization (EBITDA), where applicable**

Revenue Cycle Performance

- **Clean claim rate**
- **Denial rate**
- **Accounts receivable days**
- **Point-of-service collections**
- **Discharged not final billed balances**

Access and Throughput

- **Emergency department length of stay**
- **Left without being seen rate**
- **Average length of stay compared to expected benchmarks**
- **Operating room utilization**
- **Third next available outpatient appointment**
- **Off-island transfer rates**

Quality and Safety

- **Hospital-acquired condition rates**
- **Readmission rates**
- **Core measure compliance**
- **Observed-to-expected mortality index**
- **Patient experience survey performance**

Workforce Stability

- **Vacancy rate**
- **Contract labor utilization**
- **Physician productivity**
- **Nursing hours per patient day**
- **Employee engagement indicators**

Baseline data will be made available to the selected vendor. Proposers should anticipate variability in data completeness and include data validation and normalization methodologies within their approach.

Question: Who will serve as ultimate decision makers and approvers of consultant deliverables?

Answer: The governance structure for this engagement will include:

- **The GHHFC Board of Directors, which retains final strategic authority**
- **The Territorial Chief Executive Officer, serving as executive sponsor**
- **An Executive Steering Committee to review major deliverables**
- **A designated Project Executive responsible for day-to-day coordination**

Formal Board-level review and approval will be required for:

- **The future-state operating model**
- **The Strategic Plan**
- **The Implementation Roadmap**
- **The performance monitoring framework**
- **Service line governance structures**

The consultant is expected to align with this governance model and propose a reporting cadence consistent with complex system transformation efforts.

Question: What data will be available, and what limitations should be anticipated?

Answer: Available data sources will include:

- **Financial statements and cost reports**
- **Revenue cycle data**
- **Workforce and human resources data**
- **Quality and safety reports**
- **Electronic medical record data extracts**
- **Credentialing documentation**
- **Payer mix and reimbursement data**

Anticipated challenges may include:

- **Inconsistent historical definitions between facilities**
- **Variability in electronic medical record utilization**
- **Limited service line profitability reporting**
- **Manual reporting processes in certain areas**

The consultant should incorporate a structured data integrity assessment and reporting standardization strategy as part of the current-state assessment.

Question: Clarify the expected scope and outcomes related to implementation of the Territorial Medical Licensing structure.

Answer: The intent is to evaluate and operationalize a standardized territorial credentialing and privileging framework that:

- **Promotes consistent clinical standards across facilities**
- **Reduces duplicative administrative processes**
- **Improves physician onboarding timelines**
- **Enhances compliance oversight**
- **Supports physician mobility between facilities**
- **Aligns privileging criteria with service line governance**

The consultant shall:

- **Assess current credentialing and privileging workflows**
- **Identify statutory and regulatory constraints**
- **Recommend a streamlined territorial framework**
- **Define governance and oversight structures**
- **Develop implementation sequencing**

All recommendations must align with Virgin Islands statutes and regulatory requirements.

Question: Should stakeholder engagement be targeted or broad?

Answer: GHHFC expects a structured and tiered engagement model appropriate for territorial health system transformation.

Stakeholder groups shall include:

- **Board members and executive leadership**
- **Physician and nursing leadership**
- **Representative of frontline clinicians and ancillary staff**
- **External stakeholders, including Federally Qualified Health Centers, community partners, and payers**

Engagement must be sufficiently broad to validate feasibility, identify operational barriers, and promote implementation readiness while remaining structured and purposeful. The consultant should propose engagement methodology, facilitation design, and documentation processes consistent with national best practices.

Question: May companies from outside the United States apply?

Answer: Yes. Firms domiciled outside the United States may submit proposals provided they can fully comply with all applicable federal, territorial, and grant-related requirements. This solicitation may be funded in whole or in part by a United States Department of the Interior, Office of Insular Affairs Technical Assistance Grant (Grant No. D26AP00063-00). All applicable grant terms and conditions are incorporated by reference in Appendix I of the RFP.

Question: Will in-person meetings be required?

Answer: GHHFC anticipates a hybrid engagement model; however, meaningful in-person engagement will be required during mobilization, site visits, executive and clinical workshops, validation sessions, and major implementation milestones.

Question: Can project tasks be performed outside the United States?

Answer: Certain analytical and documentation work may be performed remotely; however, the engagement requires direct interaction with leadership and clinical stakeholders. All work must comply with federal grant requirements and territorial regulations.

Question: Can proposals be submitted via email?

Answer: Yes. Proposals must be submitted electronically as outlined in the RFP.

Question: Please provide the GHHFC Vision, Mission, and Strategic Pillars.

Answer: A summary of GHHFC's adopted Vision, Mission, and Strategic Pillars will be provided via addendum. The consultant's role is to operationalize these into measurable strategies and governance frameworks.

Question: May we obtain access to FEMA or HUD funding proposals?

Answer: The primary funding source is the Department of the Interior Office of Insular Affairs grant. FEMA or HUD proposals are not provided as part of this procurement.

Question: What is the primary problem statement?

Answer: This engagement supports long-term transformation and sustainability, including financial stabilization, integration, governance alignment, and alignment with capital redevelopment.

Question: Will GHHFC assign staff?

Answer: Yes. The Territorial CEO serves as executive sponsor. Two Special Project Leaders (one per district) will coordinate district-level support.

Question: Are start/completion dates specified? Budget?

Answer: Workstream 1 is expected within 30 days of Notice of Award. No fixed budget/cost range has been published.

Question: Will consultant remain engaged for 36 months?

Answer: The two districts operate largely independently. Integration evaluation is a core objective.

Question: Are shared services in place?

Answer: The two districts operate largely independently. Integration evaluation is a core objective.

Question: Are capital projects underway?

Answer: Yes. Major redevelopment initiatives are underway and must align with the strategic plan.

Question: What level of in-person presence is expected?

Answer: Mobilization and validation workshops should be conducted in person; hybrid engagement may supplement.

Question: What data will be available?

Answer: Financial, operational, quality, workforce, and population data will be provided following execution of a Non-Disclosure Agreement.

Question: What is meant by "Territorial Licensing Requirements"?

Answer: This refers to regulatory and licensure requirements applicable to healthcare operations within the United States Virgin Islands.

Question: What EMR / ERP systems are being used by the hospitals?

Answer: MEDITECH is currently used across all facilities; however, different versions are in use due to non-uniform upgrades. The consultant will assess version alignment and integration opportunities.

Question: When must a Virgin Islands business license be obtained?

Answer: Following Notice of Award and prior to Notice to Proceed.

Question: Is SAM registration required at submission?

Answer: May be pending at submission but must be active prior to contract execution.

Question: Will the RFP be awarded in phases?

Answer: The RFP will be evaluated as a complete proposal.

Closing Statement:

GHHFC seeks a transformation partner capable of delivering measurable and sustainable improvement in financial performance, clinical quality, workforce stability, and patient experience.

ALL OTHER TERMS AND CONDITIONS REMAIN UNCHANGED. BIIDERS MUST ACKNOWLEDGE RECEIPT OF THIS ADDENDUM WITH THEIR BID PROPOSAL.

V.I. GOVERNMENT HOSPITALS & HEALTH FACILITIES CORPORATION

Board of Directors (Territorial Board)

| **P**eople · **E**mpathy · **R**espect · **S**ervice Excellence · **I**ntegrity · **S**tewardship · **T**rust

VISION

To transform healthcare in the Virgin Islands by uniting our people, services, and resources into one trusted system of excellence.

MISSION

We exist to provide compassionate, high-quality, and equitable healthcare by placing people at the center of all we do.

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CORE VALUES

ACRONYM: PERSIST

PERSIST

We recognize that people - patients, families, staff, and community members- are at the heart of healthcare. We value diversity, collaboration, and the contributuions of every individual.

EMPATHY

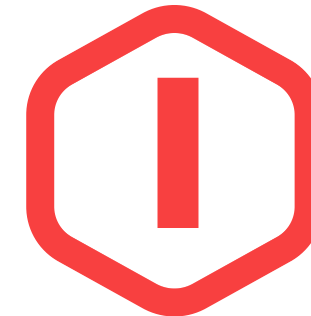
We commit to understanding and sharing the feelings of others, ensuring that compassion and kindness guide evert interaction and decision.

RESPECT

We honor the dignity, individuality, and rights of every person, creating an environment of inclusivity, fairness, and mutual regard

SERVICE EXCELLENCE

We strive to exceed expectations by delivering safe, timely, and patient-centered care that continuously improves through innovation and commitment to best practices.



INTEGRITY

We uphold the highest standards of honesty, accountability, and ethical behavior, fostering trust within our organization and with the community we serve.

STEWARDSHIP

We responsibly manage the resources entrusted to us - financial, human, and environmental - ensuring sustainability and accessibility of healthcare for future generations.

TRUST

We build confidence, through transparency, reliability, and consistent delivery of quality care, nurturing strong and lasting relationships.

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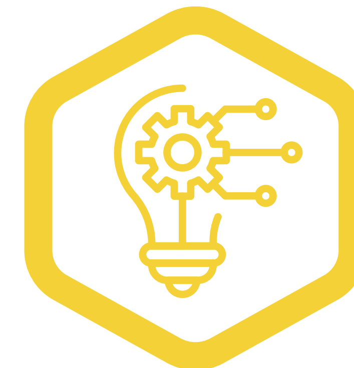
SIX STRATEGIC PILLARS

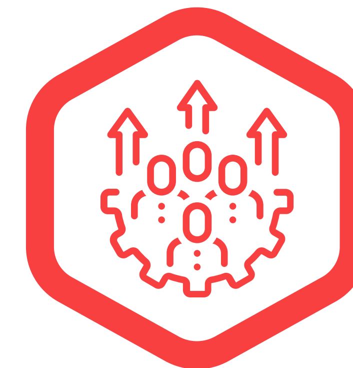
FINANCIAL SUSTAINABILITY

CLINICAL EXCELLENCE

SERVICE EXPANSION



INNOVATION & TECHNOLOGY



WORKFORCE DEVELOPMENT

COMMUNITY HEALTH & WELLNESS

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