

## EXECUTIVE SUMMARY

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The Lower Florida Keys Hospital District ("District") is an independent special district, created in 1967 by act of the Florida Legislature, codified at Chapter 67-1724, Laws of Florida, as amended, and re-codified at Chapter 2003-307, Laws of Florida.<sup>1</sup> The Lower Florida Keys Hospital District Board ("the Board") seeks proposals from qualified healthcare management organizations to operate and manage the hospital and health care related facilities and services in the Lower Florida Keys Hospital District. The hospital is currently known as the Lower Keys Medical Center operated by Community Health Systems, and the operating lease agreement is set to expire on April 30, 2029. The Board has a unique opportunity to implement an innovative healthcare model designed specifically for its District, with a focused investment in general acute care hospital services with programs for the diagnosis, treatment, and care of sick and injured persons that meet documented community demand. The Lower Florida Keys Hospital District owns a facility located at 5900 College Road, Key West, Florida, 33040.

### **HISTORY OF THE LOWER FLORIDA KEYS HOSPITAL DISTRICT HOSPITAL**

The District was created by special act of the Florida legislature ("Enabling legislation") in 1967 for the purpose of creating, staffing and operating a hospital in the Lower Florida Keys for the benefit of the residents of the District. The District is comprised of nine (9) Board Members ("Commissioners"), appointed by the Governor, each for a four (4) year term. Under Florida law, Board members continue to serve even after their appointment has expired, until reappointed, replaced or they resign. The District is authorized to levy ad valorem millage, in an amount not to exceed 2 mills per year, on the homeowner residents of the District, to help fund the indigent health care obligations of the District.

From the inception of the District and construction of the Hospital through April 30, 1989, the District operated the Hospital, then known as Florida Keys Memorial Hospital ("FKMH"). Additionally, a for-profit hospital, known as dePoo Hospital, owned by Kennedy Drive Investors, Ltd, ("Kennedy Drive"), general/limited partnership, was constructed and operated within the same service area as FKMh. As a private entity, dePoo was not obligated to treat indigents (except as required by EMTALA), and it was not subject to the myriad of laws governing public facilities, including but not limited to the obligation for public meetings and for competitive bidding.

Due in major part in the 1980's to the lack of affordable health care insurance and the increased onset of the AIDS and HIV epidemic and their attendant costs related to treatment, the District found it necessary to levy the maximum millage rate allowed by law on the District residents. Concurrently, it found itself in competition with dePoo Hospital for the finite number of healthcare professionals in the community and for the purchase of expensive, new technological equipment, in an environment that could not support two fully operational hospital facilities. In fact, the Grand Jury empaneled in Monroe County recommended the combination of FKMh and dePoo Hospital.

The District and Kennedy Drive commenced discussions in the late 1980's on how to accomplish such combination, which resulted, in May 1989, of the formation of the Lower Florida Keys Health System ("Health System"), a non-profit Florida corporation, which was comprised of four (4) Board members appointed by the District from among its Commissioners, of two Board members appointed by Kennedy Drive, and of the then current physician serving as Chief of Staff. Each of the District and Kennedy Drive entered into thirty (30) year leases with Health System pursuant to which they leased their land, buildings and equipment, and the two facilities applied to AHCA and received licensure as a singular hospital system, with one set of Bylaws, a

<sup>1</sup> [https://laws.flrules.org/files/Ch\\_2003-307.pdf](https://laws.flrules.org/files/Ch_2003-307.pdf)  
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combined medical staff, and a singular administrative and employed staff. As a result of this combination, Health System achieved rural health designation from CMS, resulting in a higher reimbursement rate from Medicare as a sole community provider. As part of its obligations, Health System assumed the obligation of providing all the indigent care that the District was required to provide by its Enabling legislation, for which the District reimbursed Health System at a reduced, Medicaid rate. This combination allowed for the elimination of the redundancy of services and equipment, and initially, the elimination of the millage levy by the District on the residents. Services were shifted such that the FKMH facility provided the acute care and the dePoo facility focused on behavioral health services.

During the late 1990's however, due to many circumstances, including but not limited to the proliferation of managed care arrangements, resulting in arbitrarily reduced payments regardless of charges; increased competition from proprietary enterprises that siphoned off the paying outpatients from Health System; the increasing number of younger residents living within the District without the ability to pay for requisite health care; and the increased capital needs for physical plant and equipment; it all contributed to a decline in Health System revenues, thereby resulting in the District's necessity of re-imposing taxes at the maximum rate upon the residents in order to generate sufficient revenues to meet its indigent care obligations. As a result, and with the willingness of Kennedy Drive, they separately undertook a process to ascertain the level of interest of potential lessees/operators of the Health System facilities.

From the then District Board's perspective, the benefit of such a transaction included but was not limited to the following:

- (a) The ability of the lessee to assume the indigent care obligations of the District, without limitation, and with the knowledge that the lessee would have the financial wherewithal over the course of a 30-year lease, to fulfill the health care needs of the District residents.
- (b) The earnest desire that the indigent care obligations of the District be met without the need to levy ad valorem taxation on the District's residents over the duration of a 30-year lease.
- (c) The establishment of a primary care clinic that would treat District residents regardless of their ability to pay therefor, both as a means of seeking to afford a healthier community as well as to reduce the cost of the delivery of health care through the use of the emergency room services.
- (d) The ability to improve the physical plant of the District Hospital facility, which had undergone no major renovation since its construction in the late 1960's, as well as the need to have an operator with the capital wherewithal to procure and provide state-of-the-art equipment/technology.
- (e) To assure meeting and exceeding the requirements of all accrediting and licensing bodies.
- (f) To place the District facility onto the tax rolls of the Lower Florida Keys community.
- (g) To provide for District operating expenses from the lease payment structure negotiated.

After the issuance of a Solicitation of Interest for proposals and review of responses, each of the District and Kennedy Drive determined that Health Management Associates ("HMA") (who subsequently was acquired by Community Health Systems ("CHS"), the current operator) was the preferred operator/lessee of choice. Negotiations commenced; the District held no less than twenty (20) open meetings, including public hearings, discussing the contemplated transaction; approval of the Florida Attorney General's Office and the United States Federal Trade Commission as regards the District's proceeding with such transaction were received pursuant to Florida law; the leases between Health System and the District and Health System and Kennedy Drive were mutually terminated; and new thirty (30) year leases for each of the District and Kennedy Drive

were entered into, effective May 1, 1999, with Key West HMA, Inc (and the District facility was re-branded as Lower Keys Medical Center ("Lower Keys Medical Center"))).

More importantly, inasmuch as the District and Kennedy Drive facilities now operated under a singular AHCA license, and inasmuch as services were shifted between the two facilities so as to avoid duplication, the decision was made that upon termination of the leases and failure of the District and Kennedy Drive to either renew their leases with the current operator or enter into leases with a subsequent operator, Health System, which has continued to exist legally but is currently non-operative, would again become the operator of the two facilities, as upon termination of the leases with Key West HMA, the hospital license and operations reverted to Health System, with the land and facilities reverting to the District and Kennedy Drive, respectively.

At present, and through the end of the current lease term ending on April 30, 2029, the following are the structures and legal responsibilities of the parties:

- Lower Keys Medical Center has an advisory board, two of which members are appointed by the District, with one being a current District Commissioner and the other being a community member.
- Lower Florida Keys Health System has designated board members, but is inactive.
- Under the terms of the District lease, the District has no operational authority or responsibility as regards Lower Keys Medical Center. There are certain operational requirements in the lease and the District's sole obligation as regards the hospital is to continue to assure that the terms of the lease and CHS' responsibilities are being met.
- At lease end, if the District and Kennedy Drive are not in accord with the choice of a successor operator, be it CHS or otherwise, or are unable to negotiate acceptable leases with such entity, Health System would need to re-incept, staff, obtain AHCA licensure, and commence operating the facilities once again.

**Proposal.** The Board will review proposals for various models for operating a medical center in the District, and Respondents submitting a proposal to this RFP proposing specific healthcare models must demonstrate compelling advantages over other models and show clear clinical and financial viability.

The Board will evaluate proposals based on five primary criteria:

**Quality and Reputation.** Demonstrated excellence in clinical quality and operational performance. Respondents are to demonstrate patient quality treatment, including safety and patient experience.

**Breadth and Commitment to Services.** A focus on hospital and emergency services providing medical professional services including, but not limited to: gastroenterology, general surgery, orthopedics, cardiology, urology, ob/gyn services, labor and delivery, oncology, and behavioral health services.

**System Integration.** Ability to coordinate seamless care delivery with facilities providing higher levels of care, preferably through established community health system relationships. Respondents to also demonstrate medical transfer capabilities, as needed or as required, .

**Budget.** Respondents should demonstrate funding model with a commitment to investment in the community.

**Facility and Operational Commitment.** Long-term facility planning. Respondents must also demonstrate financial plan to address capital improvements. Respondents must also demonstrate commitment to recruitment and retention considering the unique area challenges of the District's service area

The Board anticipates working collaboratively with the selected Respondent to ensure successful implementation and long-term sustainability of healthcare services in the Service Area.

Proposals must be submitted no later than Friday, [XX], 2026, 5 PM ET. Questions about the RFP should be directed to [XXXXXemailfor rfp]. Site visits will be arranged upon request.

To provide potential Respondents with comprehensive information about this opportunity and the Board's requirements, this Request for Proposals (RFP) details the background, analysis, and evaluation criteria that will guide the selection process.

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## 1.0 INTRODUCTION

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In recognition of both the critical need for local emergency, outpatient and specialized healthcare services and the opportunity to implement an innovative healthcare delivery services in the Service Area as defined below, the Board is seeking proposals from qualified healthcare organizations to operate an inpatient facility, emergency care and outpatient Hospital.

### Service Area

***The service area consists of the southern end of the Seven Mile Bridge south through and including the City of Key West. The services provided by the District, through a lease to Key West HMA, LLC, is the operation of an acute care hospital; and the services provided by the District, through a lease to Key West Health and Rehabilitation Center, LLC, is the operation of a nursing home/rehabilitation facility.***



The Board is distributing this RFP to solicit Respondents interested in managing and operating the Hospital and leasing the facility. Given future facility needs, the Board seeks a Respondent prepared to address both immediate operations and long-term development of improved facilities. The selected Respondent must demonstrate the following minimum qualifications:

Minimum qualifications for Respondents include:

- Current operation of a full services medical center, an acute care hospital(s) and/or rural Emergency Hospital(s)
- Medicare/Medicaid certification and current accreditation by JCAHO, or URAC, or PHAB
- Appropriately licensed by the Florida Agency for Health Care Administration
- Capability to establish and maintain required transfer agreement(s) with Level I or II trauma center(s)
- Financial stability with documented funds sufficient to successfully operate the medical center facility
- No corporate integrity agreements entered into within the last 5 years will be accepted.

See Section 6.1 Respondent Qualifications for detailed documentation requirements for each of these qualifications.

The District is the owner of the facility. The evaluation and selection process for this opportunity will include multiple steps, beginning with this Request for Proposals and culminating in one or more public hearings prior to a final decision. Section 155.40, Fla. Stat<sup>2</sup>, sets forth the procedural requirements the Board must follow to lease the facility and otherwise contract for operations and management of the facility; such procedural requirements were promulgated to ensure that all interested parties, including members of the general public, have the opportunity to comment about a potential conveyance of the management and operation of a hospital facility or part thereof.

This Request for Proposal seeks to garner information to better understand Respondent's organization and responses to specific questions so that the Board may adequately evaluate proposals. ***Please be responsive to the specific requests; Respondents may provide more information than requested; at a minimum, however, please provide the information requested.*** Please submit the response in a narrative form, restate each question included in the RFP, followed by a response.

To facilitate this process, the Board has engaged the services of Akerman LLP, attorneys at law, among other advisors. Please submit proposals no later than [DAY, DATE], 5 PM ET. Electronic submission is acceptable and preferred. Please submit to:

Lower Florida Keys Hospital District

c/o [NAME]

TITLE

AKERMAN LLP

ADDRESS

ADDRESS

EMAIL

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Please address any questions about the RFP, process, or information needs to **NAME/RFP EMAIL**. Please do not contact any Board official about the RFP, the process, or your proposal.

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To help Respondents understand both the challenges and opportunities presented by this RFP, the following sections provide relevant background and analytical support.

## **2.0 Hospital Services**

Hospital services shall include emergency services, behavioral health, cancer care, critical care medicine, diagnostic imaging, digestive healthy, ear, nose & throat care, heart care, infectious disease care, kidney disorders, laboratory services, OB/GYN, men's health, neurology, nutrition services, orthopedic services, pharmacy, primary care, rehabilitation services, respiratory care, robotic surgery, surgical services, urology, vascular medicine, wellness services, women's health, and labor and delivery. Respondents shall offer at a minimum the following services:

1. Primary care
2. Gastroenterology
3. General Surgery
4. Orthopedics
5. Cardiology
6. Urology
7. OB/GYN services
8. Oncology
9. Behavioral health

### 3.0 KEY CONSIDERATIONS

The successful implementation of healthcare services in the Service Area presents several opportunities that will require close collaboration between the selected Respondent and the Board. Understanding and addressing these considerations will support both immediate reopening and long-term sustainability.

**Existing Facility Design.** [Under consideration and development] A floor plan showing the hospital space is included as Attachment A<sup>3</sup>. Attachment B consists of the Engineer Report.

**Future Facility Development.** While the existing facility can support immediate hospital operations, as it has for the past several decades, the opportunity exists to develop a new, purpose-built health facility. This presents a chance to optimize design and operations for the hospital. The Board may explore grant funding or other sources to support a potential contribution toward the new facility's development. Respondents should clearly outline any expectations regarding Board participation in funding improvements to the existing facility.

These considerations inform the Board's criteria for evaluating Respondents' proposals, as detailed in the following section.

### 4.0 EVALUATION CRITERIA

Successful implementation and execution of a hospital requires selecting an operator with the right capabilities, commitment, and regional presence. The Board's primary objective is to bolster essential healthcare services as expeditiously as possible while ensuring long-term sustainability. After careful consideration of the community's needs and healthcare delivery trends, the Board has established the five key criteria for evaluating Respondents:

**Quality and Reputation.** The Board seeks a Respondent with demonstrated excellence in clinical quality, patient safety, and operational performance. The selected Respondent must have a proven track record of maintaining high standards across their facilities and the ability to recruit and retain qualified healthcare professionals. This criterion reflects the Board's commitment to ensuring The Lower Florida Keys residents have access to high-quality care locally.

**Breadth and Commitment to Services.** While uninterrupted healthcare services and emergency services are the priority, the Board seeks a Respondent committed to providing the broadest scope of sustainable healthcare services to the community. The selected Respondent should be prepared to establish full hospital operations, as soon as reasonably feasible. The Respondent must demonstrate a long-term commitment to growing services as community needs and facility capabilities evolve, maintaining flexibility to adapt service offerings based on community needs and operational sustainability.

**System Integration.** The Board places high value on proposals from Respondents who can demonstrate their ability to provide seamless, coordinated care across all levels of service. Respondents should demonstrate their capability and experience in integrating medical staff across facilities, implementing common clinical protocols, maintaining unified medical records systems, and managing efficient patient transfers. Of particular importance is the Respondent's ability to ensure the Service Area patients have straightforward access to higher levels of care when needed. Respondents with established healthcare

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operations in the region, particularly those operating facilities that provide higher levels of care, will be best positioned to demonstrate these capabilities. Respondents should clearly outline their approach to eliminating barriers between care locations and providing comprehensive care navigation support for patients and families.

**Timing and Scope of Investment Commitment.** The Board seeks a Respondent prepared to address timing, strategy, amount and commitment of sufficient resources to support facilities, equipment, IT, staffing, provider recruitment, at a minimum, in order to deliver hospital needs to the District. Specifically, Respondents should address both long term investment as well as routine capital investments in the Facility.

**Budget.** The Board seeks Respondents who will provide exceptional indigent care without taxing the citizens of the District service area.

These criteria will be used to evaluate all proposals, regardless of the specific operating model proposed. The Board will consider Respondents' models and approaches that meet these core criteria and demonstrate compelling advantages and viability.

The sections that follow outline the specific information Respondents must provide to demonstrate their qualifications and capabilities relative to these criteria.

## 5.0 PROPOSAL SECTIONS

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The following sections specify the information and documentation Respondents must provide to demonstrate their qualifications, capabilities, and commitment to bolstering sustainable healthcare services in the Lower Florida Keys Service Area. Each section aligns with the evaluation criteria and seeks evidence of the Respondent's ability to address both immediate needs and long-term objectives.

### 5.1 RESPONDENT QUALIFICATIONS

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To ensure proposals come from organizations capable of successfully implementing and sustaining healthcare services in the Lower Florida Keys Service Area, Respondents must demonstrate they meet the following minimum qualifications:

1. Current Operation Experience. To demonstrate capability and track record in healthcare operations, please provide:
  - a. Number, type and location of facilities in operation
  - b. Length of time operating each facility, and number of years in hospital management
  - c. Regulatory compliance history
  - d. Previous experience with rural health clinics
  - e. Whether Respondent has collaborated with Federally Qualified Health Centers ("FQHC") on care delivery
2. Quality and Accreditation Status. To verify commitment to quality care and regulatory compliance, please provide:
  - a. Current certification/accreditation status at all facilities
  - b. Recent survey results or corrective actions
  - c. Timeline and process for obtaining certification/accreditation
3. Hospital Operational Knowledge. To confirm understanding of requirements and operations, please demonstrate:
  - a. Whether Respondent proposes a certain Hospital Model
  - b. Experience operating under (selected model/remote hospitals/rural hospitals) or similar regulatory frameworks
  - c. Knowledge of specific (selected model) requirements and how they will be met
  - d. How the model proposed will address: market opportunities, District market dynamics, services and community demand, subspecialty services, facility considerations, workforce requirements, and financial sustainability.
4. Transfer Capability. To ensure appropriate access to higher levels of care, please demonstrate:
  - a. Existing transfer relationships
  - b. Proposed transfer partners
  - c. Process for establishing and maintaining agreements
  - d. Models used in other communities or in similar situations to the District, if applicable.
5. Financial Capability and Operating Knowledge. To verify ability to fund and sustain operations, please provide:
  - a. Recent audited financial statements
  - b. Current bond ratings, if applicable

- c. Evidence of access to capital sufficient to support capital investment plans.
- d. Documentation of funds available for startup and operations
- e. Senior management tenure/experience

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These qualifications serve as the foundation for the more detailed information requested in subsequent sections. Please address how your organization meets each qualification, providing specific examples and documentation where applicable.

## **5.2 RESPONDENT BACKGROUND**

This section seeks to understand the Respondent's strategic fit with the Lower Florida Keys Service Area healthcare needs and your rationale for pursuing this opportunity. Please provide comprehensive responses to the following.

1. Strategic Vision and Regional Presence. Describe Respondent's vision/strategy regarding:
  - a. Current size and scope of operations
  - b. Geographic service area and regional presence
  - c. Strategic goals for rural healthcare delivery
  - d. How the Lower Florida Keys Service Area fits within this framework
2. Interest and Organizational Alignment. Please explain:
  - a. Why Respondent has chosen to pursue this opportunity
  - b. Specific benefits the Lower Florida Keys facility would bring to Respondent's organization
  - c. How the facility would be integrated into Respondent's operational structure
  - d. Respondent's experience with similar facilities or markets
  - e. If Respondent does not have significant south Florida operations, its strategy for addressing the absence and examples of how it has built appropriate referral and clinical networks in the absence of ownership of other regional facilities.
3. Operational and Quality Performance. Provide detailed metrics for all owned, leased or managed facilities, including:
  - a. Financial performance indicators
  - b. Quality metrics and outcomes
  - c. Service volumes and scope
  - d. Charges
  - e. Indigent care policies and amounts
  - f. Market share trends 2020-2024
  - g. Case Mix Index ("CMI") trends 2020-2024

This information will help establish Respondent's qualifications and compatibility with the Board's healthcare needs. The following sections address the proposed transaction terms and the Respondent's ability to meet the Board's evaluation criteria.

## **5.3 PROPOSED TERMS**

The Board seeks proposals for: 1) lease of the existing facility 2) management and operation of the health care facility and services.

Regardless of the proposed care delivery model, Respondents must address the following:

1. Financial Stability
  - a. Last two (2) years of Audited financials
  - b. 1099 or tax return
  - c. if for profit, ownership chart, composition and capital structure
  - d. Professional Liability Insurance, commercial insurance and description of insurance
  - e. description of Third party payor, commercial carriers, HMO, Medicare Advantage Plans programs
2. Care Access Commitments. Please describe Respondent's commitment to:
  - a. Ensuring availability to the indigent population
  - b. Preserving or enhancing historical levels of charity and indigent care
  - c. Maintaining admission policies that do not restrict essential medical treatment based on immediate ability to pay
  - d. Providing access to Medicare and Medicaid beneficiaries without discrimination
  - e. Addressing current needs of the District, and providing long term plan anticipating changes in need in community based on historic trends
  - f. Commitment to maintain a set of core and existing services
  - g. Commitment to enhance, expand or add needed services, considering growth trends
  - h. Commitment to recruitment and retention of professionals, staff and personnel.
3. Implementation Approach. To ensure efficient execution of the proposed transaction, please detail:
  - a. Due diligence requirements and timeline
  - b. Key milestones to closing
  - c. Transition operations, as applicable.
4. Risk Assessment. To demonstrate understanding of potential challenges, please identify:
  - a. Potential obstacles to completing the transaction
  - b. Mitigation strategies for identified risks
  - c. Required Board actions or support

These terms will provide the framework for the proposed transaction. The following sections should detail how Respondent will meet the Board's key evaluation criteria, beginning with documentation of quality and performance track record.

#### **5.4 QUALITY AND REPUTATION**

These requirements expand upon the quality-related minimum qualifications outlined earlier and seek to establish Respondent's commitment to excellence in healthcare delivery. Please provide detailed responses to the following:

1. Quality Performance Metrics. To demonstrate excellence in clinical care, please provide three years of data for all facilities operated by Respondent, including:
  - a. CMS star ratings
  - b. Core quality measures and outcomes
  - c. Patient satisfaction scores
  - d. Staff turnover, nurse vacancy rates and reliance on contract staff by functional area and affiliate
  - e. Other relevant quality indicators

2. Regulatory Compliance. To verify commitment to maintaining high standards, please detail:

- a. Results of recent CMS surveys
- b. State survey results
- c. Accreditation survey findings
- d. Resolution of any corrective action plans
- e. Material ongoing legal or regulatory matters

3. Quality Management. To illustrate your systematic approach to quality, please describe:

- a. Quality management structure and reporting
- b. Performance improvement methodology
- c. Successful quality initiatives and outcomes
- d. Approach to quality oversight across facilities

4. Workforce Development. To demonstrate ability to maintain qualified staff, please detail:

- a. Physician and clinical staff recruitment strategies
- b. Retention rates and programs
- c. Experience with such in rural markets similar to District Board
- d. Employment of physicians, is it done directly through Respondent or through physician management group;
- e. Will or how it will honor or transition current staff and professional salaries, years of seniority.

Respondent's quality record provides context for evaluating your proposed approach to service delivery. The following section addresses how you would implement and expand healthcare services in the Service Area.

## **5.5 BREADTH/COMMITMENT TO SERVICES**

This section seeks detailed information about Respondent's planned service implementation and growth strategy. Responses should demonstrate both immediate capability to restore essential services and vision for expanding outpatient care to meet evolving community needs.

1. Service Implementation Plan. To outline your approach to service restoration and development, please describe in detail:

- a. Initial services upon engaging
- b. Service additions within the first three years
- c. Long-term service vision
- d. Commitment to a defined set of core services with defined timeline for such commitments.

2. Operations Experience. To demonstrate capability in emergency and outpatient care delivery:

- a. Describe experience operating rural hospitals or similar facilities in Florida and facilities of a similar size and scope to Lower Keys Medical Center and service areas similar to the District's service area
- b. Provide examples of service growth in similar markets
- c. Indicate examples where Respondent has curtailed or cut clinical services as Florida affiliates or affiliates elsewhere with similar size and scope of services to Lower Keys Medical Center.
- d. Provide examples of and a plan to address disaster preparedness specific to the area.



3. Community Needs Assessment. To show understanding of local healthcare needs, please:

- a. Describe your analysis of community needs
- b. Outline approach to ongoing needs assessment
- c. Describe your definition of core services for the District's service area
- d. Describe opportunities and commitments to enhancing or adding services within the District's service area.
- e. Describe proposed ways you intend or do not intend to involve in community, and provide historic examples of ways you have supported community, demonstrative involvement in community, and supported health care services through involvement in community.

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Respondent's service delivery plan will require seamless coordination with other facilities and providers. The following section addresses how you will integrate these services to ensure comprehensive care for Board residents.

## **5.6 SYSTEM INTEGRATION**

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This section focuses on Respondent's ability to create and maintain an integrated system of care that optimizes healthcare delivery for Board residents. Strong regional relationships can enhance both quality of care and operational efficiency. Particular emphasis is placed on coordination with facilities providing higher levels of care to ensure seamless patient transitions.

1. **Care Coordination Infrastructure.** To demonstrate your ability to provide seamless care delivery, please describe:
  - a. Transfer protocols and agreements
  - b. Medical staff integration across facilities
  - c. Information technology integration
  - d. Care navigation support for patients
  - e. Telehealth initiatives at Florida affiliates and affiliates of similar size and scope to Lower Keys Medical Center.
2. **Regional Network.** To illustrate your capability to provide seamless care delivery across facilities, please:
  - a. Detail your existing healthcare operations in the region
  - b. Describe established relationships with tertiary care centers and specialists
  - c. Explain how the Board services would integrate with your regional network
  - d. Outline your approach to coordinating patient care across facilities
  - e. Describe successful examples of care integration in similar markets and regions.
3. **Operational Integration.** To show how the Board services will connect to your broader system, please describe:
  - a. Emergency medical transport arrangements
  - b. Specialty consultation arrangements access
  - c. Communication protocols between facilities
  - d. Telehealth initiatives and models.

Respondent's approach to system integration provides context for the implementation timeline. The following section addresses how you will execute both immediate reopening and long-term facility development plans.

## **5.7 TIMING AND FACILITY COMMITMENT**

This section focuses on Respondent's ability to restore services quickly while planning for long-term facility needs. Your responses should demonstrate both immediate implementation capability and sustained commitment to facility development.

1. Implementation Timeline. To document your approach to providing services, please provide:
  - a. Detailed commencement timeline with key milestones
  - b. Certifications/Accreditations timeline, if applicable
  - c. Service implementation sequence/timeline
2. Facility Development. To demonstrate your commitment to long-term facility needs, please provide:
  - a. Timeline for new facility planning and development
  - b. Financing strategy and capabilities
  - c. Site or facility modification considerations
  - d. Capital commitments related to routine capital investment, provider recruitment, ambulatory site development, electronic health records and telehealth and strategic facility investment for inpatient and outpatient facilities, inclusive of emergency department, surgical suites, inpatient beds, imaging and diagnostics and outpatient procedure and clinic spaces.
  - e. Timing of capital commitments should be stipu
3. Project Experience. To validate your capability in facility development, please provide:
  - a. Examples of similar facility projects
  - b. Construction management approach
  - c. Evidence of successful project completion
  - d. Previous experience in maintaining talent, recruitment to other communities and how you have sustained successful provision of health services in communities like the District.

## **5.8 ADDITIONAL CONSIDERATIONS**

The Board recognizes that innovative healthcare models may present opportunities not fully captured in previous sections. Respondents should use this section to highlight any additional capabilities, approaches, or considerations that demonstrate their ability to provide sustainable healthcare services in the Service Area.

The information provided in the preceding sections will be evaluated through a structured process to ensure thorough and fair consideration of all proposals. The following section outlines this evaluation approach.

## **6.0 EVALUATION PROCESS**

The Board will evaluate proposals through a multi-step process designed to identify the Respondent best qualified to maintain healthcare services in the Service Area. Each proposal will be assessed based on both minimum qualifications and the Five primary evaluation criteria. To ensure thorough consideration of all proposals while maintaining momentum toward service restoration, the Board has established the following process timeline and requirements.

### **Request for Interest**

- Execution of a non-disclosure agreement
- Verification of minimum qualifications
- Completeness of submission
- Financial viability assessment

## Detailed Evaluation

- Quality and performance history
- Service implementation capability and commitments
- Integration and coordination approach
- Timeline feasibility
- Facility development capacity and commitments
- Budget and Financial Stability
- Reporting and information sharing commitments during the term of the agreement

Throughout the evaluation process, the Board through its advisors may:

- Request additional information or clarification
- Provide supplemental information helpful to interested parties
- Conduct site visits to Respondent facilities
- Interview key personnel
- Contact references
- Seek third-party verification of submitted information

Those Respondents who meet the minimum qualifications will be invited to make presentations to the Board.

To ensure an efficient evaluation process, Respondents should carefully note the following timeline and submission requirements.

The District is not required to accept any of the Responses, and may reissue the RFP. The District is not obligated to accept the highest (by dollar value) offer, and may reject or suspend the issuance of the RFP. The District reserves the right to negotiate with any Respondent.

## 7.0 **NEXT STEPS and INSTRUCTIONS**

The following lists the relevant dates, required documents, scoring criteria, and other relevant information pertaining to the RFP. All Respondents are required to read the instructions in their entirety, to submit all required documents and to be familiar with the RFP process, legal requirements, and all issued addenda. To the extent something is not applicable to this RFP, such Section shall contain an "N/A" designation next to it or be left blank.

### **1. Key Dates**

### **2. Pre-Respondents Meeting/Site Visit**

### **3. Scoring Criteria for Responses:**

Please do not contact any Board official about the RFP, the process, or your proposal. As noted previously, please address any and all questions about the RFP, process, or information needs to

**[NAME< EMAIL< PHONE]**

### **4. Proposal Due Date**

## 5. Evaluation and Selection Process

- a. Evaluation of Written Responses
- b. Oral Presentations and Evaluation Process
- c. Calculation of Scoring and Ranking for Contract Negotiations
- d. Awards and Contract Negotiations

## 6. General Rules

1. **Issuance:** The issuance of this RFP constitutes only an invitation to submit an RFP Response to the Board and for the awarded Bidder to negotiate the terms of a contract with the Board. Board reserves the right to determine, in its sole discretion, whether any aspect of the RFP Response satisfies the criteria established in this RFP.
2. **Qualified Bidders:** The Board will consider all qualified Respondents that meet the requirements and specifications outlined in this RFP.
3. **Request for Information:** The Board reserves the right to request additional clarifying information from Respondents after RFP Responses are opened, but before entering into a contract with any Respondents, as may be determined necessary, in the Board's sole and absolute discretion, to assist in the evaluation of any RFP Responses timely submitted.
4. **Agreement to RFP's Terms:** Contractor's submission of an RFP Response shall constitute Contractor's representation to the Board that the Contractor is familiar with and agrees to comply with the contents of this RFP and the terms and conditions contained herein. Any changes to this RFP's terms are null and void and without any force and effect unless otherwise explicitly agreed to by the Board in writing. Submitting a Response with changes to any terms of this RFP may result in rejection of the Respondent's Response.
5. **Modifications:** The Board reserves the right, in its sole and absolute discretion, to change any of the terms and conditions of this RFP at any time.
6. **Headings and Severability:** The headings contained in this RFP are for reference purposes only and shall not affect in any way the meaning or interpretation of this RFP. When the context requires, the gender of all words includes the masculine, feminine, and neuter, and the number of all words includes the singular and plural. If any provision of this RFP is deemed to be invalid or unenforceable, the remainder of the terms of this RFP shall be valid and enforceable.
7. **Non-Conformance and Rejections:** The Board reserves the right to accept or reject, in whole or in part, for any reason whatsoever, any or all RFP Responses submitted. RFP Responses that are not submitted on time and/or do not conform to the Board's requirements will not be considered.
8. **Irregularities:** The Board reserves the right to waive any formalities of or irregularities in the RFP process.
9. **Withdrawals and Cancellations:** The Board reserves the right, in its sole and absolute discretion, to withdraw, postpone, or cancel this RFP at any time, including after an award is made and contract negotiations have begun. The Board further reserves the right to re-advertise and reissue this RFP, which may or may not be modified to meet the current needs of the Board.
10. **Site Visits and Presentations:** The Board reserves the right to conduct site visits to Contractor's business location(s) and/or may request that Contractor participate in live (online) presentations. The selection of a Contractor may be based in whole or in part upon the result of site visits or live (online) presentations.

- 11. General Description:** The Board understands that the supplies, products, equipment, software or services requested in this RFP may vary from company to company in technique and material. All specifications set forth in this RFP are to be considered and construed as a general description of function, purpose, and performance of the items desired. Any use of brand names or catalog numbers in the specifications is intended only as a description of the type of product and does not restrict bidding to any endorsed product. No RFP Response will be disqualified from consideration where items offered by the Contractor are substantially equivalent in quality, purpose and standards, even though it does not correspond exactly to the description contained in the specifications. Where differences exist, they shall be separately identified in an addendum to the RFP Response with a specific and concise explanation of what differences exist and why such differences do not substantially deviate from the quality, purpose and standards of the items specified. Further data on such differences shall be provided if requested. The items and sizes shown on specification sheets are estimated requirements. Actual purchases may be more or less than quantities shown on specifications, but only the actual quantities required will be purchased.
- 12. Disclaimer:** The issuance of this RFP and the receipt of information in response to this RFP shall not, in any way, cause the Board to incur any liability, financial or otherwise. The Board assumes no obligation to reimburse and shall have no liability to any Contractor for any costs, losses, or expenses incurred by Contractor in connection with submitting an RFP Response or otherwise. The Board reserves the right to use the information contained in any Response in any manner the Board deems appropriate.
- 13. No Benefit to Board Employees and Officers:** No Board member, employee or officer shall have any ownership or monetary interest in, share in the benefits of, or be a part of any contract, either directly or indirectly, concerning this RFP. Additionally, no Board member, employee or officer shall personally benefit monetarily or otherwise as a result of the execution of any contract related to this RFP.
- 14. Conflict of Interest and Ownership Disclosure:** There shall be no dealings between any Contractor and the Board that might be construed as a conflict of interest. All Respondents shall provide the Board with any and all information pertaining to any dealings with the Board that might be construed as a conflict of interest.
- 15. Cone of Silence:** To ensure fair consideration for all Respondents, the Board prohibits communication to/or from any member of the Board or any Board official, department, division, or employee during the submission process, except as otherwise provided for herein. Additionally, the Board prohibits communications initiated by a Contractor to any Board member, official, employee, or committee evaluating or considering the RFP Responses ("Selection Committee") prior to the time an award decision has been made. Any communication between a Contractor and the Board in order to obtain information or clarification needed to develop a proper and accurate evaluation of the RFP shall be subject to the specific requirements of this RFP and shall always be directed to [EMAIL Akerman will create] Communications initiated by a Contractor to any other Board member, commissioner, officer, employee, or agent regarding this RFP may be grounds for disqualifying the offending Contractor from consideration for an award of a contract and/or any future bids or proposals from Contractor. Such decision to disqualify or prohibit Respondents from consideration for an award on this RFP or on future projects shall be in the Board's sole and absolute discretion

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### Proposal Requirements

- Electronic submission (PDF format preferred). All RFP Responses shall adhere to the requirements in this RFP. Responses must be uploaded to the following link by the response due date and time provided herein, as amended by applicable addenda. Please note that it may take several minutes to upload document(s); those timestamped after the deadline will not be accepted..
- All files' names must begin with Contractor Name:**

[insert link]

- Complete responses to all sections
- Supporting documentation as specified
- Clear labeling of all attachments

## Facility Site Visits

Respondents interested in conducting a site visit of the facility should direct requests to Lew Fishman. Two Site visits will be arranged on [DATES] and any interested party may attend the Site visit upon request.

## Timeline

- Submission deadline (electronic submission preferred): DATE
- Public notice of hearing:
- Public hearing: In accordance with XXX

## 8.0 DEFINITIONS

**Advisory board:** The advisory board for Lower Keys Medical Center, with two members appointed by the The Lower Florida Keys Hospital District.

**Board:** The Lower Florida Keys Hospital District Board

**Case Mix Index ("CMI"):** A healthcare metric reflecting the average complexity, severity, and resource intensity of patients treated at a facility. A hospital's CMI represents the average diagnosis-related group (DRG) relative weight for that hospital. It is calculated by summing the DRG weights for all Medicare discharges and dividing by the number of discharges. CMIs are calculated using both transfer-adjusted cases and unadjusted cases.

**Centers for Medicare & Medicaid Services ("CMS"):** The federal agency that runs the Medicare, Medicaid, and Children's Health Insurance Programs, and the federally facilitated Marketplace.

**Commissioners:** Nine (9) Board Members of the Lower Florida Keys Hospital District., appointed by the Governor each serving a four year term.

**Community Health Systems ("CHS"):** The current operator of the Lower Keys Medical Center.

**dePoo Hospital:** A for-profit hospital owned by Kennedy Drive Investors, Ltd.

**Diagnosis-Related Groups (DRGs):** a patient classification system grouping hospital in-patients with similar diagnoses, treatments, and resource needs to standardize hospital payments

**District:** The Lower Florida Keys Hospital District.

**Enabling legislation:** The special act of the Florida legislature creating the District in 1967.

**Federally Qualified Health Centers ("FQHC"):** Federally funded nonprofit health centers or clinics that serve medically underserved areas and populations. Federally qualified health centers provide primary care services regardless of your ability to pay. Services are provided on a sliding scale fee based on your ability to pay.

**Florida Keys Memorial Hospital ("FKMH"):** The original name of the hospital operated by the District prior to the combination with dePoo Hospital.

**Florida Agency for Health Care Administration ("AHCA"):** The agency is responsible for administering the Medicaid program, licensing and regulating Florida's health facilities, and providing resources that allow Floridians to have more information when making healthcare decisions.

**Lower Florida Keys Health System ("Health System"):** The non-profit Florida corporation formed in 1989 to operate the combined hospital facilities.

**Lower Keys Medical Center ("Hospital"):** The hospital facility owned by the District.

**Indigent care:** Healthcare services provided to those unable to pay, as required by the District's obligations.

**Joint Commission on Accreditation of Healthcare Organizations ("JCAHO"):** an independent, non-profit organization that accredits and certifies thousands of U.S. healthcare organizations, setting standards for quality and patient safety.

**Kennedy Drive Investors, Ltd ("Kennedy Drive"):** The owner of dePoo Hospital, a for-profit hospital in the same service area as FKMh.

**Key West HMA, Inc:** The entity that entered into the 30-year lease for the District facility in 1999.

Key West Health and Rehabilitation Center, LLC: The entity operating a nursing home/rehabilitation facility under lease from the District.

Level I or II trauma center: Higher-level trauma centers with which transfer agreements are required.

Lower Keys Medical Center: The current name of the hospital operated by Community Health Systems.

Public Health Accreditation Board ("PHAB"): a 501(c)(3) organization that administers the national public health Accreditation Program and the Pathways Recognition Program.

Respondent: The healthcare management organization submitting a proposal in response to the RFP.

RFP: Request for Proposals issued by the Board for operation and management of the hospital.

Service Area: The southern end of the Seven Mile Bridge south through and including the City of Key West.

Solicitation of Interest: The process by which the District sought proposals for hospital operation prior to the current RFP.

Utilization Review Accreditation Commission ("URAC"): A Washington, DC-based, nonprofit organization with more than 30 years of experience accrediting health care organizations and provides valuable, independent, third-party validation of high-quality health care.

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