August 29, 2026

GHS RESPONSE TO VENDOR QUESTIONS: RFQ#26005IM

The following contains GHS' official response to previously asked questions from vendor regarding the above solicitation:

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1. Have Emory University and Morehouse School of Medicine been notified of this engagement and are they aware of the scope of work described in the RFQ? No formal notification is required. However, we will notify our partners once we select a company to do the work.

2. Will the consulting team have access to key stakeholders at Emory University and Morehouse School of Medicine, including graduate medical education leadership, Program Directors, Program Coordinators, and financial personnel, as needed to complete the assessment? Absolutely.

3. What process will be used to request financial, operational, and graduate medical education data from Grady Health, Emory University, and Morehouse School of Medicine? We will provide whatever data is necessary to complete the engagement either with our internal data or if we have gaps, directly from the medical schools. Is there an anticipated turnaround time for requested information? We anticipate that the schools, if necessary, will turn around the data in a timely fashion and not necessarily hold up the engagement. Will Grady Health designate a primary project liaison responsible for coordinating data requests and facilitating communication among Grady, Emory University, and Morehouse School of Medicine? Absolutely. The Director of Graduate Medical Education will assist in coordinating with the appropriate medical school personnel.

4. Does the six-month project timeline begin upon contract execution or after all requested financial and operational data have been received? At the time of the contract execution.

5. Will Medicare GME cost reporting data, including IRIS reports and other CMS reimbursement documentation from Emory University and Morehouse School of Medicine, be made available for review as part of this engagement? We will provide the cost reporting data from Grady. We do not have access to any cost reporting data that may exist at the medical schools. Our cost and reimbursement department will have access to data submitted to Medicare regarding deployment/allocation of residents submitted to Medicare by our partners. Will the following items be available? affiliation agreements, academic agreements, resident support agreements, funding arrangements, and cost-sharing agreements relevant to GME activities? Absolutely.

6. Clarify whether the Comprehensive Financial Audit Report is intended to be a consulting-based GME financial assessment and benchmarking engagement versus a formal audit/attestation engagement where an assurance opinion is expected as part of the final deliverable? This will be a GME financial and benchmarking assessment engagement. We are not asking for a formal audit with an assurance opinion from the engagement.

7. Is Grady expecting the final report to provide any form of assurance, certification, opinion, or attestation regarding the completeness or accuracy of financial information reviewed? Again, as the question states, this is not a formal audit engagement. The final report should identify gaps and recommendations to ensure the training programs are meeting best practice for training programs located at a participating site.

8. Will the final report be used exclusively for internal planning purposes, or does Grady anticipate sharing the report externally with academic partners, governmental entities, regulators, or legal counsel? Internal planning purposes, as well as sharing with our academic partners.

9. How does Grady define an "equitable distribution" of GME-related costs among participating organizations? Because Grady is a participating site for the sponsored programs, how residents are deployed and costs distributed should meet some “equitable” formula for expense and personnel allocation to Grady by the training programs of the medical schools.

10. Does Grady have a preferred peer group for benchmarking in addition to those selected by the consulting team? Preferably teaching hospitals that are primarily used as participating sites for sponsored GME programs that are not owned by the hospital.

11. What historical period does Grady expect to be analyzed (e.g., one year, three years, five years)? Good question. We know we have data that we can reasonably rely on for the past 15 or so years. However, a 5 year look back should suffice for this engagement.

12. Has Grady commissioned any prior GME financial assessments, funding studies, cost allocation analyses, or benchmarking projects within the last five years that can be made available to respondents? No we have not.