DEPARTMENT OF BUDGET & MANAGEMENT

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Q & A #2
to
REQUEST FOR PROPOSALS (RFP)

DPSCS INMATE MEDICAL HEALTH CARE AND UTILIZATION SERVICES

SOLICITATION NUMBER DPSCS Q0012013

NOVEMBER 4, 2011

Ladies and Gentlemen:

The following questions, for the above referenced RFP, were received by e-mail and are being answered and posted for all Offerors. The numerical sequencing begins with question #5; questions #1 through #4 were answered in Q&A #1, issued on July 21, 2011:

NOTE: All Attachments referenced in Q&A #2 are available on the following DBM website: **http://dbm.maryland.gov/agencies/procurement/Pages/InmateMedHealthCare.aspx**

5. Question**:** Where are the juveniles currently housed? Are there plans to move the juvenile population to a facility that does not currently have medical services available?

   Answer: Juveniles are currently housed in BCDC (Baltimore City Detention Center). There are no plans to move the juvenile population.

6. Question**:** RFP Pg. 40 Section 3.5.1.1: Will the MRDCC continue to receive all inmates entering the system? Will the inmates directly admitted to the home site come directly from BCBIC, WDC, or MDC?

   Answer: Plans have been started to decentralize the DOC intake process. As an example, Baltimore City DOC inmates sentenced by the courts to the Department of Corrections are currently processed through DPDS @ Central Booking (not MRDCC), transferred (after receiving an expedited physical) over to BCDC and then transferred to a maintaining DOC facility. Future plans may involve inmates being processed directly at a County Detention Center and sent directly to a Maintaining facility thus bypassing MRDCC; See also RFP § 3.25.8.1 "However, Intake may occur at any institution." Parole retakes may also bypass MRDCC. On average, currently 25-30 Baltimore City direct Intakes occur weekly. WDC will not be impacted by this change.

7. Question**:** RFP Pg. 40 Section 3.5.1.4: Please provide the number of bedside commitments for each of the last two DPSCS fiscal years?

   Answer: In the past two fiscal years, we've had a total of 87 bedside commits. In FY10 there were 45 and in FY11 there were 42. Please see the attached document entitled Q&A2-A.Bedside Commitments (2010 and 2011).

8. Question**:** RFP Pg. 42 Section 3.6.3.1: The RFP states that all health care and other staff, including nurses, clerks and schedulers will report to the site DON. What is the Department's intent for the responsibilities of the site Administrator? If the site Administrator were an RN, would it be acceptable to the state to defer the management of the site staff to an RN Administrator?

   Answer: The RFP does not require an onsite facility administrator; see Amendment # 3, item 10 which clarifies this point. Regarding § 3.6.3.1, Amendment # 4, item 16 deletes any requirement for a site DON. Moreover, if a site DON or supervisor is proposed by an Offeror, it is only required that this person supervise "health care and other staff, including nurses, clerks and schedulers" who perform "daily functions of Inmate healthcare and health problem prevention". Accordingly, Offerors should propose whatever facility/site supervisory arrangement they believe is most appropriate and explain why that arrangement is beneficial to the Department.

9. Question**:** RFP Pg. 48 Section 3.10.1.4: Please clarify the Department's intent regarding the training requirements at Johns Hopkins for clinicians treating HIV. As all clinicians treat HIV in some way, will all existing clinicians need training within 90 days of the contract start date and all others within 90 days of hire through the entire contract period ending on June 30, 2017?

   Answer: Please see Amendment # 3, item 14 for a revision to this provision.

10. Question**:** RFP Pg. 49 Section 3.10.3: How many slots are available by SDA each month to schedule contractor staff to meet this training requirement?

    Answer: On average there are 8–10 monthly slots for training, however if a need arises for an expedited clearance, DPSCS will facilitate the training. If the Contractor has personnel recruited and ready for training, but DPSCS has no training slots available, liquidated damages as described in § 1.33 will not be assessed because the failure to staff a position will not have been caused by the Contractor. Please see Amendment # 3, item 14 and Amendment # 4, item 18.

11. Question**:** RFP Pg. 126 Section 3.69.5: Is the definition of a local subdivision the same as the "local inmate" described in Section 1.2.58? If not, please describe the difference.

    Answer: A local sub-division means a county in Maryland, however to avoid confusion, as per Amendment # 3, item 55, "local subdivision" has been changed to "county".

12. Question**:** RFP Pg. 115 Section 3.67.1.17: Will NextGen scanning capability be available to the EHR at the onset of the contract?

    Answer: Yes, the system will have scanning capability at the onset of the contract.

13. Question**:** RFP Pg. 139 Section 3.78: Please provide more details on the Errors and Omissions liability coverage. Specifically, is this coverage synonymous with Professional Liability coverage of physicians, nurses, and other medical staff? Would the Department accept minimal PLI coverage of $1m/$3m/$10m for each contractor (Physician, Dentist, etc.)?

    Answer: Section 3.78 of the RFP has been changed in response to this question. Please see Amendment # 3, item 58.

14. Question**:** Attachment R: Can you provide a comparison of the current staffing desired/required by DPSCS as it compares to the staffing levels defined in Attachment R?

    Answer: Please see the attached document entitled Q&A2-B.Current Medical Contract Staffing Levels (2012) to use to compare against Attachment R; Attachment R is DPSCS' suggestion of appropriate staffing levels for the Contract to result from this RFP.

15. Question**:** Who is the current contractor providing this service to DPSCS and who are the vendors who previously bid on (or won) this contract?

    Answer: The current contractor for inmate medical services is Correctional Medical Services, Inc. The company's name has since changed to Corizon, Inc. Also attached is a copy of the Board of Public Works agendas approved on June 1, 2005 which identifies all vendors who have previously bid on (or won) this contract; entitled Q&A2-C(1).6.1.2005 BPW Agenda –Inmate Medical (DPSCS Q0005057A).pdf *and* Q&A2-C(2).6.1.2005 BPW Agenda – Utilization (DPSCS Q0005057E).pdf. The current contractor for utilization services is Wexford Health Sources, Inc.

16. Question**:** Please describe the current telemedicine activities in place in each of the four SDA's?

    Answer: There is at least one tele-conferencing site at each of the SDAs: Western, Jessup, Baltimore and Eastern. Each currently manages weekly tele-meetings with Hopkins with patients present to discuss new HIV patients. Some inter-area tele-meetings are happening to accommodate our Infection Control Consultants (UMMS and Johns Hopkins). These are unscheduled and will occur as often as needed to meet patient care planning needs. Weekly conferences are held with all areas and the State to relay information on suicide prevention, mental health data, Hepatitis C Panels, and reports of clinical issues. Problem solving tele-meetings are held as necessary to discuss patient care, care-planning, and special issues on patients. Some activity has begun with the Mental Health Contractor in seeing patients using this venue.

17. Question: Since the offeror will have responsibility for the replacement of pharmacy med carts, can an estimate of the number of carts that will need to be replaced in the next five years be provided?

    Answer: DPSCS will not project the number of med carts to be replaced in the next 5 years, however please see the attached document entitled Q&A2-D.Current Pharmacy Inventory List for whatever information that can be gleamed there from.

18. Question: Is the offeror responsible for additional med carts which may be required as a result of a change to the medication distribution process?

    Answer: No. Please see Amendment # 3, item 19 adding a new § 3.21.1.2.1 to the RFP.

19. Question: If the offeror is responsible for maintaining NextGen, what is the annual maintenance cost?

    Answer: No, the Offeror is not responsible for maintaining NextGen. The State currently pays $830,000 for an annual license maintenance agreement.

20. Question: Are there any other costs associated with NextGen maintenance? Can detail regarding costs related to NextGen be provided?

    Answer: Please refer to the response provided to Question #19.

21. Question: For the optional EMR proposal, are the hardware costs (computers/printers/scanners/laptops for eMAR) to be included or will the DPSCS be responsible for these costs?

    Answer: Please note this question is referring to the optional EHR, not EMR, and since the eMAR is a subset of the EHR the entire question will be answered referring to the optional EHR system. The contractor is expected to use the current/existing hardware if practical. The cost for new equipment necessary for the new EHR system (servers, workstations, etc.) shall be included in the proposed cost for that option of the contract. Please note, via the issuance of a forthcoming Amendment #5, there will be revisions to the optional services price forms.

22. Question: Understanding that pretrial inmates are not included in the population count until the point of commitment, what is the daily or monthly average for this population?

    Answer: Please see the attached document entitled Q&A2-E.ADP (2011&2012). This is the monthly report which will be used to determine the ADP.

23. Question: What has been the financial impact on the current provider for inmates who have been committed at bedside over the past three years? i.e. The cost of care from point of commitment to actual physical commitment to the jail.

Answer: Although the question asks for information for the past 3 years, DPSCS only has bedside commit cost data information available for the past 2 fiscal years as follows:

FY10 = $900,000 and FY11 = $426,000.

24. Question**:** The RFP states that the offeror must provide fingerprinting and criminal history checks. Does the DPDS or DPSCS also conduct a clearance process on prospective employees? If so, how long does this process take?

    Answer: As clarified in Amendment #3, item 13, DPSCS will conduct a criminal history check on prospective employees of the Contractor and subcontractor. The process averages 30 days. Even if the Contractor conducts its own preliminary fingerprinting and criminal history check on prospective employees of the Contractor and/or subcontractor, the Department will still perform its own official check.

25. Question**:** What are the types and frequency of Specialty Clinics currently conducted on-site in the corresponding SDA's?

    Answer: Generally, one can expect at a minimum each week clinics for the following: Ophthalmology, Optometry, OB/GYN, Orthopedics, Dialysis, Physical Therapy, Podiatry and Audiology (generally less than weekly). Physical Therapy is also held multiple times each week, often in more than one facility per area.

26. Question**:** Understanding that there are different security orientation requirements in the individual SDA's and possibly by facility, the RFP states that security orientation takes up to 40 hours. Can the requirements by facility be outlined?

    Answer: DPSCS is unable to provide a definitive answer, however please see Amendment # 3, item 14 for a change to § 3.10.3.1 as well as the response to question #10 above.

27. Question**:** If the security requirements by facility cannot be provided? Can an average by SDA be provided?

    Answer: DPSCS is unable to provide any averages. Offerors should assume that all employees that need to take this training will devote 40 hours. Also please refer to the response provided to Question #26.

28. Question**:** Who is responsible for the cost of internet connectivity?

    Answer: Network connection is provided via the DPSCS LAN/WAN.

29. Question**:** Can current salary information by position and region be provided?

    Answer: No, DPSCS does not have this information.

30. Question**:** Can utilization data be provided to include FY08 and FY2011 to date?

Answer: Please see the attached Excel file entitled Attachment K2 UM Authorizations Summary for FY10.xls and the attached documents entitled Q&A2-G(1).Annual Utilization Summary Data FY08, Q&A2- G(2).Annual Utilization Summary Data FY09 and Q&A2- G(3).Annual Utilization Summary Data FY11 for fiscal years 2008, 2009 and 2011 using the DBM and DPSCS web links below:
http://dbm.maryland.gov/agencies/procurement/Pages/InmateMedHealthCare.aspx

http://dpscs.maryland.gov/publicservs/procurement/index.shtml

31. Question**:** Please provide a list of the top 20 offsite providers for FY 09 and FY10?

    Answer: Please see the attached document entitled Q&A2-H.Top 20 Offsite Providers (FY09, FY10, FY11).

32. Question**:** Please provide a list of top 20 diagnosis codes associated with offsite costs for FY09 and FY10?

    Answer: Please see the attached document entitled Q&A2-I.Top 20 Diagnosis Codes by Cost (FY09, FY10, FY11).

33. Question**:** Please provide total dollars paid to both Wexford and CMS for FY 2009 and FY 2010.

    Answer: CMS: FY 2009 = $66,192,543; FY 2010 = $68,335,468 [Medical]
    Wexford: FY 2009 = $34,958,360; FY 2010 = $32,508,750 [UM]

34. Question**:** Please provide total medical supplies that were charged through CMS for the last 3 completed fiscal years (FY08-FY10). If this can be broken out by facility that would be preferable.

    Answer: FY 2008, $3.8MM
    FY 2009, $3.4MM
    FY 2010, $3.6MM
    This information cannot be broken out by facility.

35. Question**:** Can a breakdown of physical therapy costs by SDA be provided?

    Answer: Please see the attached document entitled Q&A2-J.Physical Therapy Costs (by SDA).

36. Question**:** On average, how many female inmates are processed through the Baltimore SDA on an annual basis?

    Answer: Approximately 10,000 to 11,000 a year or 25 to 30 a day, 7 days a week.

37. Question**:** What is the extent of the hearing test that is required to be conducted at intake screening/reception health examination?

    Answer: At the Intake, also called the 7-day physical, a hearing test using audiometer is required at a minimum. A tuning fork is not acceptable. One needs to differentiate between a high and low pitch deafness. Please see Amendment # 3, item 34 for a change to § 3.36.2.

38. Question**:** Is the triage/screening currently performed by an RN or a clinician?

    Answer: A RN at a minimum, however a Clinician might perform the triage if a RN is unavailable or there is a back-up of patients.

39. Question**:** What community facility is currently being utilized for Obstetric delivery?

    Answer: Our female inmates deliver at the University of Maryland unless something prevents them from getting there.

40. Question**:** Can a breakdown of fees reimbursed to the State Laboratories in Baltimore for the past three years be provided?

    Answer: Although the question asks for information for the past 3 years, DPSCS only has State Lab Fees paid the past 2 fiscal years as follows:
    FY10 = $80,000
    FY11 = $80,000

41. Question**:** Please clarify 3.47.3 in that the contractor is responsible for **all elective** dental procedures requiring offsite services.

    Answer: Please see response to Amendment # 3, item 39, to revise § 3.47.3 of the RFP which removes the word "elective", having the effect of not requiring the Contractor to pay for elective dental procedures.

42. Question**:** Violence Reduction Program – Can the Department provide detail regarding the current program in place and reports of current activity?

    Answer: A formal therapeutic type program does not currently exist in the Maryland correctional system. As part of the RFP, the DPSCS is requesting the Offeror's submission to include a description of a Violence Reduction Program. Please see Amendment # 3, item 47, to revise § 3.58.3 of the RFP which changes the requirement to only pertain to the Pre-Trial population.

43. Question**:** OSHA training – Can the Department provide detail regarding the current inmate worker training program in place and reports of current activity (numbers of inmates trained)?

    Answer: The current Contractor conducts a proprietary inmate OSHA training using their own materials/handouts. DPSCS cannot provide the current number of inmate

workers which are or have been trained as this information is not required to be tracked under the current contract.

44. Question**:** Who currently conducts the inmate worker OSHA training?

    Answer: The current medical Contractor.

45. Question**:** In what facilities is methadone maintenance currently provided?

    Answer: Baltimore Pre-Trial and Jessup MCI-W for pregnant inmates. (There is a Methadone program for detox, tapering and discontinuing in Baltimore as well.) Please see Amendment # 3, item 54, to revise § 3.65.1 of the RFP regarding the methadone program.

46. Question**:** Is the required Board Certified Addictions Specialist at 30 hours to cover the four SDA's?

    Answer: Yes, he/she is to act as a consultant to all SDAs.

47. Question**:** What is the DPSCS's targeted award date for the contract?

    Answer: DBM/DPSCS anticipates selecting the recommended Offeror for award by February 1, 2012, approval by the Board of Public Works by March 1, 2012 and a Go Live Date on or about July 1, 2012.

48. Question**:** Please provide an updated Attachment R – Staffing Schedule.

    Answer: Please see Amendment # 3, item 65 for a revised Staffing Schedule. Please note this Attachment R is only a recommended staffing schedule, not a requirement. See Amendment # 4, Item 53 concerning changes to § 4.4 Tab D, 1.6.

49. Question**:** In addition, can the DPSCS please explain the "*", "**", the term "flexible", and the term "unfunded" in the Attachment R – Staffing Schedule.

    Answer: The notations "*" and "**" and the terms "flexible" and "unfunded" on the revised Attachment R (Contract Staffing Matrix (Suggested)) released with Amendment #4, item 65 are not applicable to this RFP; they are only applicable to the current contract.

50. Question**:** Reviewing Attachment R, we noted that there are positions that do not have a FTE total. For example, the 'Assistant Director of Nursing' position in Jessup JRH has hours noted in the week but no FTE total. Can the DPSCS please correct this error?

    Answer: Please see response to Amendment # 3, item 65 to include a FTE total for the 'Assistant Director of Nursing' position in Jessup JRH.

51. Question**:** Please provide a listing of the current health service vacancies by position for each of the facilities.

Answer: DPSCS cannot provide the requested information as it is not required to be tracked under the current contract.

52. Question**:** Please provide current wage/pay/reimbursement/seniority rates for incumbent health service staff at the DPSCS facilities.

    Answer: DPSCS does not have this information.

53. Question**:** Please indicate (a) the age and (b) the source of this salary/rate information, e.g., state records, data from incumbent vendor, etc.

    Answer: DPSCS does not have this information.

54. Question**:** Please confirm that the time health services staff members spend in orientation, in-service training, and continuing education classes will count toward the hours required by the contract.

    Answer: Yes the time health services staff members spend in orientation and in-service training will count toward the hours required by the contract (i.e. the 96% fill rate), as long as the special trainings stated or required by facility accreditations are covered by the routine trainings. Time for continuing education classes will not count toward the hours required by the contract.

55. Question**:** How does the health unit staff at each of the MDPSCS facilities currently access the Internet: through a facility network or through connectivity provided by the incumbent Contractor? Who is financially responsible for such Internet access?

    Answer: Internet connection is provided via the DPSCS LAN/WAN, to which the Contractor will have access. DPSCS is financially responsible for access.

56. Question**:** For the digital x-ray module, will medical vendors be responsible for installing a digital x-ray system for the dental services program?
    a. If yes, how many dental digital x-rays units will be needed?

    Answer: No, the medical contractor will not be required to provide dental digital x-ray units.

57. Question**:** If applicable, please provide the locations of all existing dental x-ray units.

    Answer: Not applicable.

58. Question**:** Will all of the equipment listed in Attachment I (PCs, printers, copiers, fax machines, etc.) be made available to the selected vendor?

    Answer: Yes, all of the equipment listed in Attachment I will be available to the selected vendor as long as the equipment remains in working condition.

59. Question**:** Does the DPSCS currently utilize a barcode system for equipment inventory? If not, does the DPSCS require that a new system be implemented?

    Answer: Yes, all annual physical inventories are done via walk-arounds with scanners utilized by each facility property officer and appointed medical contractor staff.

60. Question**:** Please provide the annual maintenance costs for the current NextGen system.

    Answer: The current annual maintenance costs for the NextGen System is $830,000.

61. Question**:** Is the DPSCS receptive to the idea of delaying beside admissions in order to capitalize on potential Medicaid reimbursements?

    Answer: Bedside commitment times are decided by DPDS not Inmate Health, thus we are unable to delay the enrollment of the inmate into our system.

62. Question**:** At the pre-proposal conference, questions were posed in regards to vacancies and recruitment difficulties in the Western SDA. Please provide details on all vacancies and the specific recruitment difficulties the Western S.D.A. has had in the past two years.

    Answer: The specific problems related to staffing in the Western region have pertained to Medical Director, Nurse Practitioner and Physician's Assistant. The attached documents entitled Q&A2-F(1).CMS Cumberland Staffing Analysis (NP.PA) Jan 08 - May 11; Q&A2-F(2).CMS Cumberland Staffing Analysis (Medical Director) Jan 08 - May 11; and Q&A2-F(3).CMS Hagerstown Staffing Analysis (Medical Director) Jan 08 - May 11. For other than these positions, there have been no greater difficulties with staffing for the Western SDA than in any other SDA.

63. Question**:** Also at the pre-proposal conference, there was a discussion regarding intake process changes regarding pre-sentenced to sentenced inmates. From what we understood, health assessments need to be completed within an earlier timeframe. Please provide details.

    Answer: Please see Amendment # 3, item 23, adding a new § 3.25.11.1.1 to the RFP. It is estimated that there will be an average of 5-7 direct intakes to DPDS daily who will be affected by this additional RFP provision.

64. Question**:** Please detail how the three options (enhanced telemedicine, digitalized x-ray services, and EHR module) will be scored in relation to the technical and financial proposals.

    Answer: As per Amendment #3, item 61, a new technical proposal evaluation criteria regarding the optional services has been added to § 5.2. In addition, as per Amendment #4, item 63 the Financial Proposal forms and pricing methodology for the optional services are being revised.

65. Question**:** In regards to RFP Section 3.22.2, does the amount of $472,500 for the first contract period equate to a total cap for vendors on ambulance services?

    Answer: Yes. Also note, that per Amendment # 4, Item 26 the requirement for out-of state inmates being returned to Maryland by air ambulance or other ambulance means for medical reasons has been removed from costs for which the contractor will be responsible. Any such costs may be charged back to the Department.

66. Question**:** Please identify which sites currently participate in the DPSCS's Hepatitis telemedicine program.

    Answer: All SDAs participate. Their petition for treatment and/or follow up discussion regarding their care are handled at a weekly meeting using the existing tele-medical equipment, but patients are cared for at all facilities.

67. Question**:** Do any other sites have any telemedicine equipment in place?

    Answer: Telemed sites: MTC, male medical infirmary, BCDC, female medical/ mental health infirmary, BCDC, male mental health infirmary, ECI, male medical infirmary, MCIW, female medical infirmary, MCIW, female inpatient mental health unit, JCI, male medical infirmary, Patuxent, male inpatient mental health unit (in medical area), JCI – Conference Room, MCIH, male medical infirmary, WCI, male medical infirmary, Office of Inmate Health Services, Baltimore, NBCI Office of Treatment Services – Towson, MHM, Bon Secours (not currently a telemedicine site, but anticipated to be around the time of the implementation of the Contract), Johns Hopkins, Contractor's Office.

68. Question**:** Have all current employees been fully trained on the existing NextGen EMR system?

    Answer: Yes.

69. Question**:** As per the RFP, we understand that the successful contractor is responsible for "providing, at a minimum, two full-time IT System Analysts". Will the Department provide workspace within DPSCS IT space for these analysts?

    Answer: Yes, space based in the offices of ITCD will be provided for the 2 full-time IT System analysts on either a full-time or occasional basis at the option of the Contractor.

70. Question**:** "Licenses and maintenance for the EHR system and replacement of system hardware shall be the responsibility of the Department." Does this include the user PCs/workstations located at each of the individual facilities?

    Answer: Yes, for the current EHR system. For the replacement EHR system, please see the response to Question #21 above.

71. Question**:** If additional user equipment (e.g., PC, printer, scanner) needs are identified at any of the facilities, please confirm that the DPSCS is financially responsible for the additional equipment.

    Answer: Yes, as per RFP § 3.21.1, DPSCS is financially responsible for additional user equipment. Except for any additional IT-related equipment proposed for any of the optional services (EHR, digital x-ray and telemedicine), IT-related equipment, such as computers, printers and scanners, are the responsibility of the DPSCS. See also Amendment # 4, item 25 and a forthcoming Amendment # 5.

72. Question**:** Please provide an inventory of scanning equipment currently in place at each individual facility.

    Answer: Please see the attached documents entitled Q&A2-K(2).Scanning Equipment Inventory FY09 and Q&A2-K(3).Pharmacy Medication Delivery Locations for the pharmacy barcode scanning locations.

73. Question**:** Does the DPSCS currently utilize an interface between the NextGen EMR system and the State's lab?

    Answer: No.

    a. If yes, what is the current backlog of lab result transactions waiting for processing within the interface?

    Answer: N/A.

74. Question**:** "The Contractor is expected to implement an interface with the State's Lab…". Please confirm that the contractor is financially responsible for building an automated interface for processing lab results.

    Answer: Yes, the selected contractor is financially responsible for building interfaces for processing all lab results within the EHR system.

75. Question**:** If a new EHR is approved, is it the DPSCS's goal to have existing medical information in the NextGen system will be imported into the new EMR? Is the selected contractor financially responsible for this effort?

    Answer: Yes, the contractor is responsible for migration of all existing data into the new EHR and is financially responsible for this effort.

76. Question**:** Please provide the State's required standards for "touch screen and tablet PC hardware and software".

    Answer: Current hardware/workstations do not have touch screen capability. Introduction of this technology would require the purchase of new hardware at the Contractor's expense that meets the Maryland Dept of IT Security Standards, which is available on the DPSCS website.

77. Question**:** How often are the security orientations and trainings mentioned in RFP Section 1.9.a held in each SDA?

    Answer: Please refer to the responses provided in Questions #10 and #26.

78. Question**:** How many RPR tests are set out annually? How much does a RPR test cost?

    Answer: 80,000 RPR tests are sent out annually at $30 per RPR test.

79. Question**:** Please provide the last two (2) years of financial data for elective dental procedures.

    Answer: The Contractor shall not be responsible for doing elective dental procedures. Please see Amendment # 3 item 39.

80. Question**:** As RFP Section 3.39.2.4.1 describes pregnancies terminated at the inmate's discretion, please confirm that the vendor is not financially responsible for such elective abortions.

    Answer: The vendor is responsible for costs associated with care of the pregnant inmate regardless of the desired outcome of a pregnancy, including first trimester terminations for medical reasons or an inmate that does not wish for the pregnancy to proceed. Except on a case-by-case basis, the State does not allow terminations beyond the first trimester.

81. Question**:** Is the medical vendor financially responsible for lab tests ordered by the mental health provider?

    Answer: No. Please see Amendment # 3, item 37.

82. Question**:** Page 37, Section 3.3.2.1 of the RFP states "To calculate the appropriate census adjustment for the 4th and 5th Contract Periods the Estimated Average Inmate Population listed on Attachment F-2 and F-3 for the third Contract Period (25,695) shall be used". In Attachment F-2 an asterisk on CP 3 (26,098) states "This same Estimated Average Inmate Population is to be used for all calculations for Contract Periods 4 and 5". Which number should vendors use for contract years 4 & 5?

    Answer: Please see Amendment # 3, item 6, revising § 3.3.2.1 projecting 26,098 inmates for the 3rd contract period.

83. Question**:** For each DPSCS facility, please provide the following information about medication administration.
    a. How often is medication distributed each day?
    b. How long does it take to perform the average medication distribution process?

    Answer:

A. Each SDA and facility has its own requirements; see Attachment N – Facility-By-Facility Medication Distribution Method Requirements included with the original RFP release.
B. This is completely dependent on the facility, its layout, special requirements previously agreed upon by vendors and custody staff, and the efficiencies of the nurse assigned to the medications.

84. Question**:** Please provide historical health services cost data broken out into the following categories.
    a. Laboratory services
    b. X-ray services

    Answer:
    A. $1.6M in FY11
    B. DPSCS cannot provide this information. The Offeror should use their industry experience based on the radiology statistics provided in Attachment EE for reading's costs.

85. Question**:** Do the two Utilization Review nurses and the Report Coordinator (referenced in RFP Section 3.69.1) need to reside in Maryland?

    Answer: Please see Amendment # 3, item 55, adding a new § 3.69.1.2.1.1 which addresses work site locations for these positions.

86. Question**:** Please provide a current job description for the Administrator (as listed throughout Attachment R).

    Answer: DPSCS is not requesting an "exact" duplication of current services. DPSCS is requesting that Offerors submit the most effective and efficient management model based on their expertise and experience.

87. Question**:** In RFP Section 3.3.4, the term NTE is used multiple times. Please clarify what "NTE" means.

    Answer: As per Amendment # 4, Item 14, § 3.3.4 has been revised. Included within that revision, all listings of NTE have been changed to NTP (Notice to Proceed).

88. Question**:** RFP Section 3.10.1.4 states that all clinicians that provide HIV treatment are required to attend an educational training at the Johns Hopkins Institutions within 90 days of contract commencement or of being hired. How often are these trainings held?

    Answer: Trainings are held approximately every 90 days. Please also refer to the response provided to Question #14.

89. Question**:** In regards to the offsite cap, please confirm that the $50,000 or $25,000 limits (depending on the option exercised by the DPSCS) are based on an episode for one inmate and not annual costs for one inmate.

Answer: As per a forthcoming Amendment # 5, the requirement for the $50,000 threshold will be deleted. Based upon the resulting requirement for only a single $25,000 offsite cap, yes, this limit is based on per episode per inmate expenses. Please note Amendment # 5 will provide a correction to Amendment #4, item 14 which incorrectly referenced the deletion of the $25,000 threshold.

90. Question**:** Please confirm that the contractor pays the first $50,000 or $25,000 (depending on the option exercised by the DPSCS) and if the costs increase beyond that amount, all costs for that care are split 50% between the DPSCS and contractor.

Answer: Please see the answer to question #89 regarding the deletion of the $50,000 cost threshold. Pertaining to the remaining $25,000 threshold level, yes, if costs increase beyond this amount additional costs for that care are split 50/50 between the DPSCS and Contractor.

91. Question**:** Please provide the staffing fill percentages by position for each SDA for the past two (2) years.

Answer: See the attached StateStat staffing data for each SDA; entitled Q&A2-L.StateStat Staffing Data (per SDA).pdf. However, please note that this data reflects percentages by contract only (i.e.: Medical, Mental Health, Dental, etc.). Currently this is the only information available in response to this inquiry.

92. Question**:** Please confirm that under the new contract, the Contractor will not be financially responsible for any of the following services.
    a. Neonatal or newborn care after actual delivery
    b. Cosmetic surgery, including breast reduction
    c. Sex change surgery (including treatment or related cosmetic procedures)
    d. Contraceptive care including elective vasectomy (or reversal of such) and tubal ligation (or reversal of such)
    e. Extraordinary and/or experimental care
    f. Elective care (care which if not provided would not, in the opinion of the Medical Director, cause the inmate's health to deteriorate or cause definite and/or irreparable harm to the inmate's physical status)
    g. Autopsies
    h. Any organ (or other) transplant or related costs, including, but not limited to labs, testing, pharmaceuticals, pre- or post-op follow-up care, or ongoing care related to a transplant, etc.
    i. Abortions
    j. Medications for the treatment of bleeding disorders, including, but not limited to Factor VIII and IX

Answer:
A. Correct, the Contractor will not be financially responsible.
B. Correct, the Contractor will not be financially responsible.
C. Correct, the Contractor will not be financially responsible.

D. The Contractor will be responsible for tubal ligation's postpartum only. All other services indicated, the response is NO.
E. As per a revised § 3.3.2.6, the risks to the Contractor for any single episode (§ 1.2.42) of care for an Inmate will be $25,000 followed by 50/50 sharing above the selected level. Please also refer to the responses provided to Questions #89 and #90. For other than single episode costs, the Contractor is responsible for all costs not specifically excluded by a provision of this RFP. As for experimental care, generally the Contractor will not be financially responsible. However, as per Amendment #3, item 44, if an Inmate has exhausted all traditional treatment for a life threatening condition and is offered a bona fide clinical trial at a university medical center in Maryland that has significant clinical efficacy, on a case-by-case basis the DPSCS Medical Director may require the Contractor to be responsible for these costs subject to the single episode cost sharing criteria.
F. Correct, the Contractor will not be financially responsible, however the DPSCS Medical Director has the ultimately authority in determining what is medically necessary.
G. Correct, the Contractor will not be financially responsible.
H. No, the Contractor will be financially responsible. Please refer to the response in E above.
I. No, the Contractor will be financially responsible. Please refer to the response provided to Question #80.
J. No, the Contractor will be financially responsible.

93. Question**:** Please identify the relative weight the MDPSCS will assign to each of the four (4) scoring components listed in RFP 5.2.

Answer: As stated in RFP § 5.2, the criteria to be applied to each technical proposal are listed in descending order of importance; meaning the Work Plan is the most important criteria, followed by Staffing, etc. DPSCS will not assign weight to any criteria during the technical proposal evaluation process.

94. Question**:** With regard to the statement in RFP Section 5.3, we are looking for the formula (or other methodology) that the MDPSCS will use to evaluate, rank, and assign scoring points to bidders' prices. For example, a formula commonly used in other correctional health care bid evaluations is as follows.

Lowest price of all proposals

______________________________ x # points possible for Price component =

Price Score

Price of proposal being evaluated

How will the MDPSCS assign scores and/or relative ranking to bidders' submitted prices?

Answer: As stated in RFP § 5.3, all qualified Offerors will be ranked from the lowest to the highest price based on their total price proposed. DPSCS will not utilize formulas or points to evaluate the financial criteria.

95. Question**:** Please indicate the order of precedence among the solicitation documents (e.g., the RFP, initial responses to questions, subsequent responses to questions, exhibits and attachments, etc.) so that in case of contradictory information among these materials, bidders know which of the conflicting data sets to use to create their narratives and calculate their prices.

    Answer: There should be no conflicts within the RFP, including attachments, or between the RFP, answers to questions, statements made at oral presentations, etc. However, if an Offeror believes there is a conflict within or between any of these documents, an Offeror is required to bring this conflict to the attention of the Procurement Officer. The failure of an Offeror to bring such a conflict to the attention of the Procurement Officer may preclude an Offeror from raising this conflict as an issue in a protest of a proposed award or later as a contract claim if selected for award.

96. Question**:** RFP Pg. 11 Sections 1.2.30, 32 and 33: These sections equate the acronym "DPSCS" to three different terms: Department, Department Medical Director and Department Contract Manager. Can the State provide a single definition of "DPSCS"?

    Answer: As stated in RFP § 1.2.30, "**Department**" or "**DPSCS**" means the Department of Public Safety and Correctional Services. Thus, throughout the RFP when referring to the Medical Director or Contract Manager of the Department of Public Safety and Correctional Services you will see either a preceding **"Department**" or "**DPSCS**".

97. Question**:** RFP Pg. 17 Section 1.2.70 states in part, "The start date listed in the NTP is the official start date of the Contract." However, the RFP Section 1.4 indicates the contract start date as the, "…date the Contract is signed by the Department following approval of the Contract by the Board of Public Works…" Please clarify the official Contract Start Date?

    Answer: Please see Amendment # 3, item 1 to revise RFP § 1.2.70 (the definition of NTP) to eliminate this conflict.

98. Question**:** RFP Pg. 34 Section 3.2.5 requires only "qualified" clinicians and healthcare professionals provide services. Does this mean the employee must meet the qualification (or credentialing) requirements in the RFP Section 3.8.2 or are there additional standards?

    Answer: Qualified as referenced in RFP § 3.2.5 as stated in that section means "as set forth in any federal or State laws, statutes, or regulations as presently enacted, or which may hereafter be enacted." RFP § 3.8.1 also discusses these qualifications. RFP § 3.8.2 specifies what must be maintained to evidence compliance with the requirements of § 3.8.1.

99. Question**:** RFP Pg. 35 Section 3.2.12 The terminology of "inappropriate, specified requirements of the contractor," is undefined and the meaning of the sentence is unclear. Can the State provide a more detailed description of the specification?

    Answer: Please see Amendment # 3, item 5 to revise RFP § 3.2.12.

100. Question**:** RFP Pg. 38 Section 3.3.3.1: This section denotes that the Contractor is responsible for the payment for services rendered by third parties during the Contract term for which billing has not been received as of the final day of the Contract. Vendors routinely are financially responsible for services rendered by third parties in the days prior to the contract termination, even when the bills are received 30, 60, 90 days or more after the contract ends. Please confirm that the Contractor's financial responsibility for services rendered by third parties ends on the last date of the contract, regardless of whether or not the inmates receive offsite care that was begun but not completed during the contract term. For example, if an inmate is hospitalized before the contract termination date and is not released until several days after the termination, the Contractor is only financially for the admission through the end date of the contract. Is that correct?

    Answer: Yes, the Contractor is only financially responsible for the admission through the end date of the contract. However, the Contractor is responsible for payment of all claims received after the end of the contract for secondary care services rendered to inmates through the end of the contract. Please see Amendment # 4, Item 14 which adds a post contract invoice escrow account provision.

101. Question**:** RFP Pg. 39 Section 3.3.4 discusses pricing for optional services and uses the term NTE which is not defined in RFP Section 1.2. Did you mean "NTP" or "Notice to Proceed"?

    Answer: Yes. Please see the answer to Question 87.

102. Question**:** RFP Pg. 41 Section 3.5.2: How many federal inmates are housed at MCIW?

    Answer: Currently there are 16 female federal inmates at MCI-W.

103. Question**:** RFP Pg. 42 Section 4, TAB D, Section 1.6 says the Contractor can propose staffing that is different from the RFP Attachment R; however, RFP Section 3.6.1.2 requires a 96% fill rate applied against Attachment R. Did the State mean to compare the fill rate against what the Contractor proposed or Attachment R?

    Answer: Please see Amendment # 3, item 10, to revise RFP § 3.6.1.2. Also note that § 3.6.1.3 and § 3.6.1.4 have changed provisions relative to the 96% Fill Rate.

104. Question**:** RFP Pg. 42: The only mention of the term "per diem" is in RFP Section 3.6.1.3. Is this term referring to a temporary employee?

    Answer: Yes.

105. Question**:** RFP Pg. 42 Section 3.6.2 requires the Contractor to provide professional management services by "qualified" medical, nursing and administrative leadership. Does the State mean the Contractor's managers must meet the qualification (or credentialing) requirements in the RFP Section 3.8.2 or some other standard?

Answer: Yes. As stated in the RFP, the credentials for nursing and medical personnel are defined. In addition, all non-clinical administrative management staff, at a minimum need to have the education and experience necessary for the oversight of specialty areas (i.e. correctional management, financial, IT, etc.). Please note, although there is no requirement for prior approval of personnel from a leadership perspective, as per RFP Sec. 3.76.4(4)(a), DPSCS Manager/Director (See 3.7.3) has the authority to direct the replacement of any personnel working under the contract deemed not suitable.

106. Question**:** RFP Pg. 43 Section 3.6.3.3 requires policies but does not say who shall provide them, when they shall be submitted and to whom. Can the State provide specific details in regard to this requirement?

Answer: Please see Amendment # 3, item 10, to revise RFP § 3.6.3.3 to reference § 3.15 (Contractor Policies and Procedures), which provides the information noted in this question.

107. Question**:** RFP Pg. 44 Sections 3.7.1 and 3.7.2 say the Contractor may not hire certain specified personnel without specified DPSCS approvals. Since the Offeror will be submitting personnel for these positions in its proposal which will be evaluated, can the State amend the RFP to require approvals only for replacements in those positions in the post-award environment?

Answer: For individuals who are required to submit resumes with their proposals, the DPSCS Manager/Director reserves the right to interview and grant final approval (or disapproval) prior to the Go Live Date (See § 1.4.2). Please also see Amendment # 3, item 11, to revise RFP § 3.7.

108. Question**:** Is it the intent of the department to require NCCHC and/or ACA licensure/accreditation for MCAC?

Answer: Yes, as stated on page 3 paragraph 1 of the MCAC Memorandum of Understanding (MOU), the facility is required to become accredited and maintain compliance with the standards for jails propagated by NCCHC within 36 months of the signed MOU dated September 1, 2010. The current 36 month NCCHC accreditation deadline is August 31, 2013. Within 60 days of the Go Live Date (See § 1.4.2), the Contractor shall submit an NCCHC Compliance Plan to the DPSCS Contract Manager. Please also refer to Amendment # 4, items 13 and 69 adding a new § 3.2.14 to the RFP and Attachment HH (MCAC MOU.pdf).

109. Question**:** Please provide the specifications for all equipment that exists for telemedicine activities in the locations outlined in Attachment Z. Although some of this information is on the equipment inventory it does not appear to be comprehensive.

Answer: The specifications are included in Attachment Z-1. Please refer to Amendment #3, item 66.

110. Question**:** Please provide the specifications for all radiology equipment that exists in each of the four SDA's to include digital vs. analog, manufacturer, model and age of the equipment. Although some of this information is on the equipment inventory it does not appear to be comprehensive.

Answer: Please see Attachment #4, item 68, adding a new RFP Attachment EE-1 (Radiology Equipment Info).

111. Question**:** Please confirm that the rates set by the HSCRC are reimbursed for the DPDS and DPSCS inmate population at 95%.

Answer: HSCRC is allowing 95% of approved rates for DPSCS and thus the current Contractor. However, DPSCS is contemplating requesting a waiver under COMAR 10.37.10.26B, which would allow reimbursement at 94% of approved rates. Should the Department be successful in obtaining the waiver, the 1% savings will be remitted by the Contractor to the State. Please see Amendment # 3, item 16 for a change to § 3.6.1.2.

112. Question**:** In what facilities are mobile x-rays currently being conducted?

Answer: Please see Attachment #4, item 68, adding a new RFP Attachment EE-1 (Radiology Equipment Info).

113. Question**:** Given that the RFP requires resumes from all key personnel including the Medical Director, statewide and regional managers, statewide and regional medical directors, statewide and regional nursing directors, Area Directors of Nursing, and facility supervisors/managers of nursing:

a. Will the DPSCS please provide a complete current regional staffing plan?
b. Will the DPSCS please provide the names and contact information for the incumbent staff of each position, so that bidders may contact them to obtain the required information?
c. Correctional health care vendors do not typically recruit, hire, or otherwise engage site-level management staff prior to a definite contract award. Therefore, if the incumbent staff do not wish to/are not permitted to share their resumes, will the DPSCS accept the required information *prior to execution of the contract*, rather than with our proposals? Otherwise, the current RFP specifications provide an unfair advantage to the incumbent vendor (current employer of regional and site-level staff).

Answer:

a. Please see the document entitled Q&A2-D.Current Medical Contract Staffing Levels (2012).
b. DPSCS cannot provide information regarding the incumbent staff as this information is deemed proprietary and confidential by the current Contractor. However, we anticipate being able to request and provide this information upon approval of the contract award by the Board of Public Works on or about March 1, 2012.

c. Yes, the DPSCS will accept the required information prior to execution of the contract, rather than with an Offeror's technical proposals response. As per Amendment # 4, Item 52 a new Personnel Identification Caveat has been added to § 4.4 concerning this issue. Also, as per § 5.2 (second bullet), for Key and other high level personnel Offerors identifying specific individuals with resumes, references, etc. will receive more consideration, assuming the identified personnel are judged acceptable, than Offerors that do not identify specific personnel, but only describe desired characteristics of such personnel for recruitment purposes.

Also please see Amendment # 3, item 11, and Amendment # 4, item 17, to delete § 3.7.2 from the RFP.

114. Question**:** How many medical digital x-ray units will be needed?

Answer: DPSCS is leaving this decision to the discretion of the Offeror. It is our expectation that all analog equipment will be converted to digital, as noted in Amendment #4, item 36. The existing equipment and mobile services arrangement currently utilized satisfies our present need. Offerors may propose alternate service arrangements, however all x-rays and equipment must be digital. Each region must be fully and independently served. In the Baltimore region there must be separate provisions made for the Pre-Trial versus the sentenced populations. Please also see the revised Attachment EE (Radiology Data) and the document entitled Attachment EE-1 (Radiology Equipment Info) in Amendment #4, item 68.

115. Question**:** Please provide the locations of all existing medical x-ray units.

Answer: Please see Amendment # 4, item 68, to include Attachment EE-1 Radiology Equipment Info.

116. Question**:** If applicable, please provide the locations of any existing digital equipment.

Answer: Please see Amendment # 4, item 68, to include Attachment EE-1 Radiology Equipment Info.

117. Question**:** Given the inherent difficulties associated with construction in older facilities, will the State accommodate installation cost overruns for the digital x-ray system with additional funds for unexpected physical plant issues?

Answer: The Department will assume the cost of any installation modifications necessitated by inadequate infrastructure. However, prior to DPSCS giving the go-ahead to implement the optional digital radiology system, the Contractor must identify all potential alterations or modifications that would be needed to fully implement its proposed system. The Department will include such costs when deciding whether to implement the optional system. Please see Amendment # 4, item 36.

118. Question**:** Please confirm which of the following components bidders should be include in their digital x-ray pricing.
    a. Installation
    b. Demolition of current x-ray suites
    c. Lines for digital communication
    d. Parallel portable x-ray use during demolition and installation

    Answer:
    A. Yes
    B. No
    C. Yes
    D. No. DPSCS has existing radiology equipment. Please see Attachment #4, item 68, adding a new RFP Attachment EE-1 (Radiology Equipment Info).

119. Question**:** We understand, as per RFP Section 3.43.4, that if we are elected to implement the digital x-ray system, we will need to do so within 60 days of receiving a NTP. Certainly a vendor can begin work within 60 days, but cannot demolish, install, integrate, and implement a complete new system within 60 days. Will the DPSCS consider a longer timeline that is mutually agreed upon by both parties?

    Answer: Please see Amendment # 4, item 36, deleting the 60 days requirement.

120. Question**:** Please provide the following information.
    a. A detailed inventory of the telemedicine equipment available
    b. Will the current telemedicine equipment be available for the selected vendor?
    c. An inventory of the communications used in support of telemedicine (e.g., dedicated WAN, ISDN)
    d. Will the existing equipment/communications capability be available for the incoming contractor(s)?
    e. Will off-network connectivity be supported for telemedicine?

    Answer:
    A. Please see response to Amendment # 3, item 66, adding a new RFP Attachment Z1 Telemedicine Equipment – Circuits.
    B. Yes.
    C. DPSCS is responsible for all communications used in support of existing telemedicine (e.g., dedicated WAN, ISDN). Please also see response to Amendment # 3, item 66, adding a new RFP Attachment Z1 Telemedicine Equipment – Circuits.
    D. Yes.
    E. Yes.

121. Question**:** We understand, as per RFP Section 3.68.4.1, that if we are elected to implement a new EHR system, we will need to do so within 90 days of receiving a NTP. Certainly a vendor can begin work within 90 days, but cannot transition, integrate, train all employees, and implement a complete new system within 90 days. But, in RFP Section

3.68.1 it states that ”the Contractor shall implement that EHR system within the timeframe contained in its Technical Proposal”. As these two statements contradict each other, will the DPSCS consider a longer timeline that is mutually agreed upon by both parties?

Answer: Please see Amendment # 4, item 46, deleting the 90 days requirement.

122. Question**:** We understand that when NextGen upgrades “occur”, the successful contractor is responsible for training the site “super-users”. Please detail any other responsibilities the contractor will have with respect to the upgrades (e.g., software/implementation/consulting)?

Answer: The contractor is responsible for training the site "super-users" for the Other Healthcare Contractors (mental health, dental and pharmacy) of DPSCS. We expect the medical contractor to “train-the-trainers” of the Other Healthcare Contractors (mental health, dental and pharmacy) of DPSCS and provide revisions to the workflow/manuals with regard to all upgrades to NextGen. Please see Amendment # 4, item 44.

123. Question**:** RFP Pg. 45 Section 3.8.2 requires a web-based document management solution for Contractor staff credentials “in the form and format as required by the Department Contract Manager.” The “form and format” is not specified. Please define the specific requirements for form and format?

Answer: The Department may request this information in the form and format as required, including but not limited to Word, Excel, PDF, Access (hardcopy printout and/or electronic soft copy) posted in a web-based document management solution.

124. Question**:** RFP Pg. 49 Section 3.10.4: Typically only patient related information is documented in the EHR, is it the department's intent to document in each patient's record each staff member's HIPAA training in that record?

Answer: No. The HIPAA training shall be document in training database (See § 3.10.1.1) and the employee’s credentialing file. Please see Amendment # 4, item 18.

125. Question**:** RFP Pg. 50 Section 3.11 says with respect to Contractor staff time reporting that, “The Department Contract Manager may direct the form in which the information is conveyed.” Please specify the form in which staff time reporting is to be conveyed?

Answer: The Contractor shall utilize the reporting features of their selected web-based time and attendance software and present reporting options to the Contract Manager to select the form of the information to be conveyed.

126. Question**:** RFP Pg. 50 Section 3.11.1: Will DPSCS provide an automated HR based feed to assure those accessing the time and attendance system are appropriate?

Answer: No.

127. Question**:** RFP Pg. 51 RFP Section 3.12.1 explains specified Department personnel may, "for just cause at his/her sole discretion, remove or refuse admittance…any Staff person…" Please define what constitutes "just cause" in the RFP?

    Answer: Any violation of facility or Departmental policies or codes of conduct or at the discretion of the DPSCS Medical Director or DPSCS Contract Manager.

128. Question**:** RFP Pg. 52 Section 3.14: Will DPSCS provide Local Area Network & Wide Area Network data connectivity (LAN/WAN) to providers? If yes, will this include telemedicine connectivity for DPSCS facilities and outside facilities, i.e. Johns Hopkins Hospital?

    Answer: Yes, the DPSCS will provide a LAN/WAN for connectivity for providers. Existing tele-medicine connectivity for DPSCS facilities and outside facilities are separate data lines as outlined on Attachment Z-1 (released in Amendment #3) and will be provided by DPSCS.

129. Question**:** RFP Pg. 57 Section 3.20.1 specifies due dates for reports. What constitutes an "annual" period is not defined in RFP Section 1.2. Since the first Contract Period will be for a period other than a year, please clarify the reporting period requirement for the annual report?

    Answer: Please see Amendment # 4, item 24.

130. Question**:** RFP Pg. 57 Section 3.20.1: Would posting a document/report to a DPSCS accessible secure extranet be considered submitted?

    Answer: All documents/reports shall be reported on the Contractor's web-based document management solution (See § 3.73.1.1), unless instructed otherwise by the appropriate Department Manager/Director (See § 3.7.3).

131. Question**:** RFP Pg. 59 Section 3.21.2 specifies the conditions under which the Department will pay a share of the cost "…over a single year." Does the State mean a calendar year a Contract Period as defined in RFP Section 1.2, one year from the date of purchase/lease or some other annual period?

    Answer: For clarification, as Per Amendment # 4, Item 25 new language has been added to § 3.21.2. as follows: "a single year" shall mean the 12 month period from the time the equipment was first purchased or leased.

132. Question**:** RFP Pg. 62 Section 3.23.1: Would the Department consider SDA Physical Therapy locations?

    Answer: Yes, however all proposed methods of delivering physical therapy services should take into consideration the impact on Correctional Officer overtime and transportation costs associated with moving inmates to alternate proposed locations.

133. Question**:** RFP Pg. 62 Section 3.23.1: In facilities identified that do not currently have physical therapy performed, will the department be allocating space for this function?

    Answer: At this time DPSCS cannot commit to providing additional space for physical therapy services. However, DPSCS is open to considering alternative mobile options where allocating physical plant space is not an issue.

134. Question**:** RFP Pg. 64 Section 3.24.2: Are the respiratory isolation cells included in the infirmary bed count? Does the Department intend to expand any infirmaries to add additional beds?

    Answer: No, respiratory isolation cells are not included in the infirmary bed count. At this time DPSCS does not intend to expand infirmaries, however subject to approval by DPSCS and DHMH (See § 1.2.102), in emergency situations 24 additional isolation beds (12 in Eastern SDA and 12 in Western SDA) can be reallocated and used as infirmary beds.

135. Question**:** RFP Pg. 67 Section 3.25.8.1: Is it the Department's expectation that the IMMS and Intake medical exam must be repeated even if less than 12 months from previous intake exam?

    Answer: No. Regarding the intake medical exam, Please see Amendment #3, item 36 which revised § 3.41.2.7.

136. Question**:** RFP Pg. 73 Section 3.28.6.1: What constitutes inmate waking hours?

    Answer: This varies from facility to facility. In addition, each facility may have reasons (i.e., working inmates) to modify what defines waking hours.

137. Question**:** RFP Pg. 81 Section 3.33.4: Is it the intent of the Department to admit patients to Bon Secours Hospital that do not meet admission criteria if the census falls below ten (10) patients daily?

    Answer: Yes. We have a legislative mandate to make sure that the locked ward commitment made by this hospital on behalf of DPSCS has a minimum of 10 inpatients daily. This can be done utilizing 1-day surgeries (e.g. colonoscopies, liver/bone marrow biopsies and other 1-day admissions that do not constitute prolonged inpatient stays of individual inmates). Please see Amendment # 3, item 31 and Amendment # 4, item 31.

138. Question**:** RFP Pg. 93 Section 3.43.4 Please provide detailed specifications for the digital x-ray system the State wants so all Offerors will be able to size and price an appropriate system. Do all desired locations have the requisite building infrastructure to house/use the equipment or is the State prepared to make all required modifications at its own expense?

    Answer: Please refer to Amendment #4, items 36 and 68 and the answer to Questions #121 and 124.

139. Question**:** RFP Pg. 94 Section 3.46.2: Is it the intent of the Department for the medical vendor to conduct lab tests associated with the prescribing of psychotropic medications in the Inpatient Mental Health tiers?

    Answer: No, the mental health vendor will be responsible for the labs ordered for mental health reasons. As per Amendment # 3, Item 37, see revisions to § 3.42 to this effect.

140. Question**:** RFP Pg. 113: The RFP has numerous references throughout Section 3 related to use, maintenance and entries into “EHR". Except for the RFP Section 3.68 (new optional EHR module), can the State confirm all current EHR requirements relate to the existing NexGen EHR system and that the existing system has all the capabilities needed to comply with all work requirements in the RFP Section 3?

    Answer: Basically yes. Next Gen meets our minimum requirements of having the capabilities needed to comply with all work requirements in RFP Section 3, but it does not have features that might be available with other systems.

141. Question**:** RFP 115 Section 3.67.3.1.7: What is the expected volume of pages to be scanned per month into the EHR?

    Answer: As per Amendment # 4, item 45, § 3.67.3.1.7 is being deleted from the RFP.

142. Question**:** RFP Pg. 118 Section 3.68.1.2: Please provide the name of the DPSCS’s current OMS system and vendor?

    Answer: An OMS system is not mentioned in § 3.68.1.2 or anywhere in the RFP. Presumably the question relates to the Offender Case Management System (OCMS) (See § 1.2.71) rather than OMS. The DPSCS OCMS system is MiCase and the vendor providing this system is Business & Decision Group; central office located in the UK.

143. Question**:** RFP Pg. 118 Section 3.68.1.2: Is the OMS system HL7 capable for transmission of Admission, Discharge, and Transfer messages?

    Answer: Yes, the DPSCS OCMS system is HL7 capable for transmission of Admission, Discharge, and Transfer messages.

144. Question**:** Attachment V Pg. 3, Item #18: On the performance standard it states, “An occurrence is when an inmate scheduled for a clinic session that is not seen.” Is it correct to assume that not seen does not include an inmate scheduled that is a no show or comes and decides not to wait as long as this is documented in the medical record as such?

    Answer: The policy of the DPSCS is that missed appointments at chronic care clinics are not permitted. The Inmate must report to the dispensary and sign a refusal. Please see Amendment # 4, item 29 revising § 3.28.4. If the Contractor abides by all

Departmental policies for documentation of missed appointments, then liquidated damages would not apply.

145. Question**:** Attachment V Pg. 5 Item #27: Please describe the Department's method of formal transfer or release notification to the vendor and the timeline prior to the inmates scheduled transfer or release. This will enable each vendor to provide a thorough explanation as to how each will achieve a complete and timely transfer assessment form in the EHR.

    Answer: Pursuant to the DPSCS Policy on Release Planning (Administrative Manual Chapter 9, Continuity of Care), the Contractor staff should expect, at a minimum, 30 days notification of expected releases. Pursuant to the DPSCS Policy on Release Planning (Medical Evaluations Manual, Chapter 7, Transfer Screening), inmate transfers to other facility locations identifies a minimum of 24 hours Contractor notification prior to inmate transfers.

146. Question**:** Attachment AA-1 Reports and RFP Pg. 59 Section 3.21.3: In Section 3.21.3, the RFP says the report is semi-annual but in Attachment AA-1, the timeframe is bi-annually by 15th of January every other year. Does this mean the report needs to be done twice a year but submitted once every two years?

    Answer: The report referenced in § 3.21.3 needs to be submitted twice a year; January 15th and July 15th. Please see Amendment # 4, item 66 revising Attachment AA-1 Reports.

147. Question**:** RFP Pgs. 90 & 91 Section 3.41.6: Please provide the number of Social Security application for benefits required in FY 10 & 11.

    Answer: Currently approximately 30 applications are processed a month.

148. Question**:** Attachment Q: Please provide the Sample State Stat Utilization Report for July 09 – June 10 and July 10 – June 22.

    Answer: See the attached StateStat UM data; entitled Q&A2-M.StateStat UM Data (FY10&FY11).

149. Question**:** Since there are sites with no DONs, what are the minimum requirements of a site Administrator? Of a DON? Of an ADON?

    Answer: All sites do not require a DON. However, every SDA should have a Regional DON to partner with the Regional Medical Director and Regional Manager. It is suggested that a DON be a master's level RN with supervision and correctional management experience. It is suggested that an Assistant DON be a bachelor's level RN with supervision and correctional/management experience. However, individuals not meeting this suggested level of education and experience will be considered on a case-by-case basis.

All non-clinical administrative management staff, at a minimum need to have the education and experience necessary for the oversight of specialty areas (i.e. correctional management, financial, IT, etc.). Also please see the response to Question #8.

150. Question**:** Is it the Department's expectation that there is a DON at every site?

Answer: No. Please see the responses to Questions #8 and 149.

151. Question**:** RFP Pg. 158, Section 4.4: After TAB V, the TAB letters begin repeating with TABS T-W. Does the Department want the TABs alphabetized as such, or should the proposer continue with TAB W – Z for the last four TABS?

Answer: Please see Amendment # 3, item 60 revising the Tab lettering in Section 4.

152. Question**:** RFP Pg. 141, Section 4.4, TAB D require each criterion in the 107 pages constituting the RFP Section 3 to be addressed. At the same time, the RFP Section 4.4, TABS D through Q (12 pages of instructions) all have links back to the RFP Section 3 and require a response as well. For example, the proposer is required to describe a draft Violence Reduction Program in TAB P and Section 3.58.3. Do these instructions require a duplicate response? Can the State amend the RFP to eliminate the duplications or provide instructions on how to deal with duplications, perhaps cross referencing?

Answer: No, we do not expect a duplicate response in any area of an Offeror's proposal. Cross reference to a response previously provided is acceptable. Yes, there is a generic statement that Offerors should address all sections. However, from experience we know that frequently despite such a generic statement Offerors either do not address all sections or that we will have a wide variation in the manner in which offerors respond. Accordingly, we have highlighted certain aspects in Section 4.4, TAB D to indicate that a particular response is essential, ensuring that at the least offerors will respond to those aspects. Please also see the responses to Questions #185 and #186.

153. Question**:** Please provide actual inpatient and outpatient claims data, including the following:
   a. Provider
   b. Patient
   c. Place of Service
   d. Procedure (CPR, HCPCS, Revenue) Code
   e. ICD9-Diagnosis Code(s)
   f. Total Paid

Answer Please see the Excel file entitled Q&A2-K(1).UM Authorizations Summary for FY10.xls and the attached documents entitled Q&A2-G(1).Annual Utilization Summary Data FY08, Q&A2- G(2).Annual Utilization Summary Data FY09 and Q&A2- G(3).Annual Utilization Summary Data FY11 for fiscal years 2008, 2009 and 2011 using the DBM and DPSCS web links below:

http://dbm.maryland.gov/agencies/procurement/Pages/InmateMedHealthCare.aspx

http://dpscs.maryland.gov/publicservs/procurement/index.shtml

154. Question**:** Please provide the actual physician and hospital reimbursement rates and associated chargemasters as mandated by Maryland law.

Answer: Physician rates are not mandated by Maryland law. Hospital reimbursement rates can be obtained from the Maryland Health Services Cost Review Commission (HSCRC) using the following web link:
http://www.hscrc.state.md.us/

155. Question**:** RFP Pg. 75 Section 3.29.3.5: When does MD DPSCS expect an eMAR to be implemented? With NextGen or a new EHR?

Answer: DPSCS currently does not intend to implement an eMAR with the current EHR system (NextGen). Depending upon the responses received to the RFP, the goal of DPSCS is to procure a new EHR system that includes an eMAR.

156. Question**:** RFP Pg. 100 Section 3.50.1.5: What is the ARP Index Date described in this section?

Answer: Please note Amendment # 3, item 42 revised § 3.50.1.5 to be § 3.50.1.4. The ARP Index Date is the due date the DOC ARP Coordinators have to forward the medical ARPs to the Inmate Health office for processing and forwarding to the contractor to complete.

157. Question**:** RFP Pg. 113 Section 3.67.3.1.1: Will the MD DPSCS provide space for training?

Answer: If space is available within a DPSCS location, yes. However, the Contractor is responsible for finding space for training, regardless of whether it's in a DPSCS location or in an offsite location.

158. Question**:** RFP Pg. 113 Section 3.67.3.1.1: Will MD DPSCS allow DPSCS and contractor staff to travel to the Contractor's Regional office for training?

Answer: As per § 3.10.2, yes, but the Contractor will need to obtain permission from DPSCS 30-days prior to the proposed training and submit a coverage schedule for each facility involved to ensure that all posts will be staffed or covered in a manner that will not interrupt services.

159. Question**:** RFP Pg. 115 Section 3.67.3.1.7: Does the MD DPSCS expect to scan active inmate paper records only or will that include inactive inmate records? If inactive inmate records, how far back will encounters be scanned?

Answer: As per Amendment # 4, item 45, § 3.67.3.1.7 is being deleted from the RFP.

160. Question**:** RFP Pg. 115 Section 3.67.3.1.7: Where would the work group be located?

Answer: As per Amendment # 4, item 45, § 3.67.3.1.7 is being deleted from the RFP.

161. Question**:** RFP Pg. 115 Section 3.67.3.1.7: Please describe how paper documents will be transported to the centralized workgroup for scanning.

Answer: As per Amendment # 4, item 45, § 3.67.3.1.7 is being deleted from the RFP.

162. Question**:** RFP Pg. 115 Section 3.67.3.1.7: Will the MD DPSCS allow scanners to be placed in the Medical Records Department at each location?

Answer: As per Amendment # 4, item 45, § 3.67.3.1.7 is being deleted from the RFP.

163. Question**:** RFP Pg. 116 Section 3.67.3.2: Will the Medical Vendor work with the Department's IT staff or NextGen directly to create such an interface? Please explain the working relationship if any with NextGen Development staff.

Answer: As per Amendment # 4, item 44, § 3.67.3.2 has been revised to indicate that the DPSCS Medical Director will facilitate initial contact with the State's lab and the awarded Contractor will be responsible for documenting the progress of implementing an interface. Once the agreement is reached, the Contractor will work with both the Department's IT staff and NextGen. If DPSCS implements a new EHR system this same interface connection must still be established for the new EHR system.

164. Question**:** RFP Pg. 117 Section 3.68.1: Does a secure Citrix based solution meet this requirement?

Answer: Yes.

165. Question**:** RFP Pg. 117 Section 3.68.1: Are there specific requirements associated with the SaaS model requirements other than the software is hosted by the vendor and accessed over the internet using HTTPS?

Answer: Any such solution must meet State of Maryland DOIT Security Guidelines. The Offeror should use its industry experience and expertise in setting up a SaaS model EHR system that meets industry standards.

166. Question**:** RFP Pg. 117 Section 3.68.1.1: What information can be ascertained via the barcode (e.g. inmate number, etc.)?

Answer: As per Amendment # 4, item 46, § 3.68.1.1 has been revised to remove the requirement for bar code scanning. This requirement change does not impact the bar coding requirements associated with Pharmacy.

167. Question**:** RFP Pg. 117 Section 3.68.1.1: Does the State provide an interface into their computer system to look up patient demographic information based on the contained barcode information?

Answer: Please see the response to Question #166.

168. Question**:** RFP Pg. 117 Section 3.68.1.4: Does MD DPSCS expect these devices to work wirelessly and will MD DPSCS implement the infrastructure to support it?

Answer: No, however if a wireless solution is proposed by the Offeror then the DPSCS expects these devices to work wirelessly. The Offeror shall include in its offer all of the infrastructure costs associated with providing any hardware, software and labor for implementing the technology of a proposed wireless solution. Any such solution must meet State of Maryland DOIT Security Guidelines.

169. Question**:** RFP Pg. 117 Section 3.68.1.4: What type and style of devices does the State expect to implement?

Answer: The Offeror should use its industry experience and expertise in selecting hardware devices that are compatible with the DPSCS current EHR system (NextGen) or when setting up a new EHR system.

170. Question**:** RFP Pg. 117 Section 3.68.1.4: What functionality specifically is the State looking to integrate into touch devices?

Answer: Please see the response to Question #169.

171. Question**:** RFP Pg. 117 Section 3.68.1.6: Does MD DPSCS expect the eMAR to go live at the same time as the EHR?

Answer: Yes, if the DPSCS exercises the option to implement the Contractor's proposed new EHR system, the DPSCS expects the eMAR to go live at the same time as the new EHR system.

172. Question**:** RFP Pg. 118 Section 3.68.2: Will the new EHR solution include conversion of existing records from the NextGen application? Does this include just active records or some or all history? Please describe in more detail the type of data that would be migrated if required.

Answer: DPSCS expects all active records to be migrated into the new EHR system. Please see Amendment # 4, item 46, revising § 3.68.2.

173. Question**:** RFP Pg. 119 Section 3.68.2.1.1: If the software being offered is a COTS solution then the Medical Contractor does not usually have access to provide that vendor's

source code. Could the statement read Software Vendor instead of Contractor assuming Contractor is willing to transfer licenses to the MD DPSCS if a transition occurred?

Answer: Please see Amendment # 4, item 46, revising § 3.68.2.1.1.

174. Question**:** RFP Pg. 119 Section 3.68.4.1: Would the MD DPSCS and the IT Department be willing to meet and discuss how this requirement can be accomplished?

Answer: Yes. In addition, please see Amendment # 4, item 46, revising § 3.68.4.1.

175. Question**:** RFP Pg. 119 Section 3.68.4.1: Please explain the difference between this component (3.68.4.1) and item 3.68.1 where the RFP notes that "the Contractor shall implement that EHR system within the timeframe contained in its Technical Proposal"? If the DPSCS decides to move to a new EHR, how much time will be given to make this migration/transition – 90 days or the timeframe submitted by the Medical Vendor in their response?

Answer: Please see Amendment # 4, item 46, revising § 3.68.4.1 to indicate that the timeframe for implementation of a proposed EHR system shall be as contained in the Offeror's Technical Proposal.

176. Question**:** Would the State consider allowing the Contractor to install their own network in all sites to support its systems in order to ensure a high level of bandwidth capability and stable performance?

Answer: No.

177. Question**:** RFP Pg. 42 Section 3.6.1.3: Will the contract be allowed to incur overtime with existing staff to fill vacancies and unplanned absences? Or is the Department's intent to assess liquidated damages if the Contractor does not utilize per diem staff for coverage?

Answer: The Contractor can utilize existing staff to fill vacancies and unplanned absences, however overtime pay is the responsibility of the Contractor and cannot be separately billed to DPSCS. It is not DPSCS' intent to assess liquidated damages if the Contractor does not utilize per diem staff for coverage if the Contractor achieves the 96% fill rate through other means; e.g. overtime, PRN (temporary staff) or agency staff, etc. Please see Amendment # 4, item 16, revising § 3.6.1.2 that identifies the specific clinical positions to which the 96% Fill Rate applies.

178. Question**:** RFP Pg. 42 Section 3.6.1.2 and Attachment V: Is it the intent to assess liquidated damages for staffing levels below 96% on ALL positions listed in the staffing matrix, including clerical staff and regional staff?

Answer: Please see Amendment # 4, item 16, revising § 3.6.1.2 that identifies the specific clinical positions to which the 96% Fill Rate applies. The clinical positions are Physician, PA, CRNP, RN, LPN and Phlebotomist.

179. Question**:** RFP Pg. 44 Section 3.7.3: Is it the intent of the Department to require the Contractor to terminate an employee's employment without due process or validated cause for dismissal?

Answer: No, DPSCS does not say the Contractor must terminate an employee. DPSCS can bar a particular individual from working under the contract. DPSCS has the sole discretion to determine if an employee is meeting the expectations of the Department in the performance of their duties under the contract.

180. Question**:** RFP Pg. 46 Section 3.10.1.1.3.1: Is it the intent of the Department to allow Other Healthcare Vendors to attend proprietary non-medical training and/or contractor paid training for current employees?

Answer: It is not the intent of the Department to require the Contractor to allow Other Healthcare Contractors to attend proprietary non-medical training. For contractor paid training within Maryland, DPSCS is requesting that employees of Other Healthcare Contractors be allowed to attend. If there is a specific cost per attendee, the Other Healthcare Contractors would be responsible for paying that cost for their employees. See also Amendment # 4, Item 18 revising § 3.10.1.6 and referencing § 3.10.1.6 in § 3.10.1.1.3.1.

181. Question**:** RFP Pg. 46 Section 3.10.1.1.3.1: Is it the intent of the Department to require the Contractor to maintain a training database for Other Healthcare Vendors?

Answer: NO. However, the Contractor shall maintain a database to track all training it provides that is attended by personnel of the Other Healthcare Contractors so that the Contractor can evidence that it is meeting the 10% reservation of training spaces for personnel of the Other Healthcare Contractors (e.g., NextGen super-user training, Suicide training, etc.).

182. Question**:** RFP Pg. 48 Section 3.10.1.6: Is it the intent of the Department to require the Contractor to allow Other Healthcare Vendors and Department staff to their orientation which includes proprietary and personal information, i.e., benefits, corporate compliance, and other Contractor required company training separate from "clinical" training?

Answer: No. See also the answer to Question 180.

183. Question**:** RFP Pg. 48/49 Section 3.10.2(c): Is it the expectation of the Department that all facility in-service training require 30 days notice prior to training?

Answer: This section only applies to in-service training in lieu of staff working their normal hours, not all facility in-service training. But even within the context of training in lieu of working, there is an allowance for the submission of a request for approval in less than 30 days.

184. Question**:** Attachment R: Is it the intent of the Department to allow the Contractor flexibility in staffing at each facility or is the Staffing Matrix the required staffing with no exceptions and/or alternative staffing matrix?

Answer: As stated in RFP § 4.4 Tab D #1.6(A), Offerors may propose a staffing plan which differs from RFP Attachment R, which is a suggested staffing plan. In addition, as per § 3.6.1.1, the Contractor has some flexibility with its staffing plan. An example of an exception or flexible staffing would be the need to move staff from one location to another to address special needs, such as an outbreak of chicken pox.

185. Question**:** RFP Pg. 161, Section 5.2: Our understanding of the technical evaluation process is that the State will consider only what is reflected in RFP Section 5.2. The proposal response requirements in the RFP Section 4 include substantially more requirements than are reflected in Section 5.2. The Work Plan equates to the Section 4.4, TAB D, preamble, but none of the 25 items that follow. Staffing equates to Section 4.4, TAB D, paragraphs 1.6 and 1.8 and Section 4.4, TAB R. Offeror Experience and Capabilities equates to Section 4.4, TAB S. Economic Benefit Factors equate to the second Section 4.4, TAB T. Can the State clarify the purpose for the additional submission requirements in Section 4? Will those requirements be evaluated as part of the technical evaluation?

Answer: Tab D includes the paragraph beginning "The Offeror must address each criterion in the Technical Proposal…" and ending with § 1.25. Each of the sections of Tab D except for sections 1.6, 1.8, 1.22 B and a new D and 1.23 will be evaluated under the Work Plan evaluation criterion. Tabs E, F, G, H, I, J, K, M, O, P, X and Y also will be considered under the Work Plan evaluation criterion.

As stated in the question, the Staffing criterion equates to Section 4.4, TAB D, paragraphs 1.6 and 1.8 and Section 4.4, TAB R. In addition, TAB D, paragraphs 1.22 B and a new D, and 1.23 will also be evaluated under the Staffing criterion.

Tabs S, T, U, and V all will be considered under the Offeror Experience and Capabilities evaluation criterion.

Tabs L, N and Q will be considered under the new Offeror Response to Optional Services evaluation criterion.

The Economic Benefit Factors evaluation criterion pertains to what has been relabeled as Tab W.

Please also see the responses to Questions #152 and #186.

186. Question**:** Should the proposer's response under Tab D of the Technical Proposal follow the format outlined on pages 143-151 of the RFP, or are we required to respond to the entirety of Section 3, Scope of Work, for Tab D?

Answer: In their Technical Proposal response, Offerors shall follow the format outlined in Section 4. With regard to Section 4.4, Tab D, Offerors shall follow this format as well. Any information not identified under Tab D which would respond to Section 3 (Scope of Work) should be included after the response to Tab D.

Please also see the responses to Questions #152 and #185.

187. Question**:** Please provide a breakdown of Attachment O Dialysis Treatment Trends by the following:

	Baltimore – MTC	Hagerstown – MCIH	Jessup – MCIW	Jessup - JCI
# of hemodialysis patients				
# of peritoneal dialysis patients				
# of pre-renal patients				

Answer:

Baltimore-MTC	18 hemodialysis patients / 1 peritoneal patients
Hagerstown – MCIH	12 hemodialysis patients / 0 peritoneal patients
Jessup-MCIW	2 hemodialysis patients / 0 peritoneal patients
Jessup-JCI	5 hemodialysis patients / 0 peritoneal patients

A pre-renal patient is someone who has biochemical testing severe enough to declare potential renal failure, but not yet requiring dialysis. The number of pre-renal patients is unknown as this information is not tracked in the database.

188. Question**:** RFP Section 3.20.1 states that "Annual reports shall be submitted by the 15th of the month following the end of the year" but RFP Section 3.70.1.3 contradicts this stating "a complete annual report of utilization statistics and a narrative summary. . . .shall be provided by July 31th for each year". Please confirm that the annual report is due by July 31st for each year.

Answer: As per Amendment #4, item 24, § 3.20.1 has been revised to indicate (a) that the included timeframes only apply if a specific timeframe has not been provide elsewhere in the RFP pertaining to a specific report and (b) that annual reports are due by the last day of the month following the end of the year. Relative to § 3.70.1.3, the requirement for the annual report by July 31st is now consistent with the revision noted in § 3.20.1 (b) above.

189. Question**:** RFP Section 3.5.1.4 states that the Contractor will bear financial responsibility for any inmate committed to the custody of the Division of Pre-trail Detention and Services through a bedside commitment process. Please detail how the state will notify the Contractor of such commitments.

Answer: There is a notification by Custody to the Contractor designated bedside commit recipient as well as the Utilization Management designated bedside commit recipient that an arrestee has been committed via bedside at which time fiscal responsibility for care begins for the Contractor.

190. Question**:** In RFP Section 3.41.2.6, it states that "The Contractor may not initiate an infirmary to infirmary transfer without the approval of the Department Medical Director and Case Management". As it is very difficult to get a quick response from both entities as they are very busy, can the DPSCS please change this requirement to "approval of the Department Medical Director and/or Case Management"?

    Answer: The State declines to modify the RFP as requested. DPSCS has managed this for 10 years and not had any issues. Case management is the alert entity for the Department Medical Director of any transfer attempted prematurely. Case management does not make medical decisions, however they arrange the transportation component of the move.

191. Question**:** RFP Section 3.78.A states that "The Contractor shall purchase and maintain Errors and Omissions liability coverage in the minimum amount of $10,000,000". Will $3 million per occurrence and $10 million in the annual aggregate cover this requirement?

    Answer: Please see Amendment # 3, item 58, which revised the insurance requirements of § 3.78.

192. Question**:** Please confirm that in RFP Section 3.6.4, the DPSCS wants a web-based staffing software system that allows ACOMS to review and approve schedules only.

    Answer: Incorrect. The system is not only for the ACOMS to review and approve schedules. It is also to allow for ACOMs to enter in schedule change approvals and DPSCS Internal Fiscal Auditors to access information. Please also see Amendment # 4, item 16, revising § 3.6.4.

193. Question**:** One section of RFP Section 3.11.1 states "The time and attendance software shall provide data analysis capabilities and note taking capabilities, including recording any changes made to Staff schedules or any changes made to employee's time and attendance records to determine abnormal behavior or potential liability issues". Please provide a sample of the analysis that is expected by the MDPSCS for this requirement.

    Answer: A sample analysis would be required hours vs. actual hours provided by position.

194. Question**:** RFP Pg. 42 Section 3.6.1.2: Is it the expectation of the Department that all positions be filled 100% of the time even though liquidated damages are not assessed until the staffing falls below 96%?

    Answer: Ideally yes, however in recognition of the fact that staff gets sick/takes vacations and there will be vacancies the liquidated damages threshold was set at 96%. However, it should not be interpreted that the Contractor does not have to make conscientious efforts to fill vacancies or have replacement for missing staff even if the 96% rate is being achieved. Please also see the answers to Questions 103, 177, 178, 214 and 250.

195. Question**:** Who are the current physical therapy subcontractors in each of the SDA's?

Answer: Ergo Staffing Solutions, PLLC
Burs and Garrett Physical Therapy
Ryan Physical Therapy Associates, Inc.
Tidewater Physical Therapy and Rehab Associates, PA

196. Question**:** Who is the current Dialysis subcontractor?

Answer: Chardonnay Dialysis Inc.

197. Question**:** Please provide a list of all liquidated damages charged to CMS and/or Wexford for the last 3 years (FY 08-FY10).

Answer: CMS – approx. $2,000,000 / Wexford - $0

198. Question**:** Please provide (by year) the amounts and reasons for any paybacks, credits, and/or liquidated damages the DPSCS has assessed against the incumbent medical vendor over the term of the current contract.

Answer: Please see the response to Question #197. DPSCS is unable to provide a further breakdown or additional information regarding liquidated damages.

199. Question**:** How many lawsuits pertaining to inmate health care at the DPSCS facilities— frivolous or otherwise — have been filed against the DPSCS and/or the incumbent medical provider in the last three years?

Answer: Please see the link for the Maryland Judiciary Case Web Search as follows: http://casesearch.courts.state.md.us/inquiry/inquiry-index.jsp. The website provides public access to a searchable database of case records filed in Maryland courts Statewide.

200. Question**:** RFP Pg. 89 Section 3.41.4.1: Is the Discharge Release Planning Nurse in Hagerstown, Cumberland, Eastern, Baltimore Pre-Trial, Baltimore Sentenced, and two in the Jessup Region included in the staffing Matrix, Attachment R, or are these separate positions?

Answer: Yes. Please see Amendment # 4, item 64 for a revised Suggested Staffing Matrix.

201. Question**:** RFP Pg. 96 Section 3.49.2: There is no overall Director for Infection Control in the staffing matrix as indicated. Does the Department anticipate a revised staffing schedule to be released?

Answer: Yes. Please see Amendment # 4, item 40 revising § 3.49.2 and item 64 for a revised Suggested Staffing Matrix.

202. Question**:** Attachment R: During the Pre-Bid Conference, it was stated that the CMAs listed on the staffing matrix should have been listed as LPNs or CNA/GNA instead of

CMAs. Would the Department indicate which positions are LPNs and which positions are CNA/GNAs?

Answer: Please see Amendment # 4, item 64 revising Attachment R (Suggested Staffing Matrix).

203. Question**:** There are positions listed in the body of the RFP that do not appear to be included in the staffing matrix. Please provide a comprehensive list of all required positions

Answer: Section 3.41.4 and Section 4.4 (Tab R) provides a list of required positions. Some additional required positions are also noted in the Contract Compliance Checklist (Attachment CC) under Specialist Staffing Requirements Attachment R provides suggested staffing. Please see Amendment # 4, item 64 revising Attachment R (Suggested Staffing Matrix).

204. Question**:** Would the Department consider a staffing model different from Attachment R?

Answer: Yes. As per Amendment # 4, item 52 revising § 4.4 (Tab D, 1.6B), since Attachment R (Amendment # 4, item 64) is suggested staffing, Offerors may propose a staffing model which differs from Attachment R.

205. Question**:** Another part of RFP Section 3.11.1 states "The time and attendance software must also maintain the ability to be utilized by the Other Healthcare Contractors with a data feed and an ability to run separate DPSCS Mental Health, Dental and Pharmacy Contractor reports". Please clarify the type of data feed the MDPSCS wants for this requirement. Please confirm that the reports created for the mental health, dental, and pharmacy vendors will be similar to the reports created by the medical and utilization management vendor.

Answer: Please see Amendment # 4, item 19, revising § 3.11.1 to delete the requirement of a data feed. It is DPSCS' intent that the Other Healthcare Contractors also utilize the time and attendance system for their employees and generate reports similar to what is provided by the Contractor.

206. Question**:** RFP Section 3.69.1.2 requires "a master's level nurse who will report to the Contractor's Medical Director for Utilization". There are many experienced correctional nurses who have years of utilization management experience in statewide systems such as Maryland. Will the MDPSCS consider changing the requirements of this nurse that reports to the Medical Director so the position requires a master's degree <u>or</u> a nurse with years of experience?

Answer: The State declines to modify the RFP as requested.

207. Question**:** We understand that we are required to provide a biometric staffing system for the medical, dental, pharmacy, and mental health providers for the MDPSCS. Please

provide the total number of anticipated employees for the dental, pharmacy, and mental health providers so we can prepare for this requirement.

Answer: Excluding employee turnover; Dental – 60 (approximately)
Mental health – 100 (approximately)
Pharmacy – 5 (approximately)

208. Question**:** Who is financially responsible for the licenses and maintenance for the biometric staffing system for the dental, pharmacy, and mental health staff members?

Answer: The Offeror awarded a contract as a result of this RFP. However, since the Dental contract was awarded for a 3-year period that ends on 12/31/2013, the Dental contractor had to implement its own timekeeping system. It is probable that upon award of this contract that the Dental contract will be modified to require the usage of the Medical Contractor's timekeeping system. In addition, any successor dental contractor will be required to utilize this system. Offerors should take this information into consideration when proposing their system.

209. Question**:** Tab H (Offeror Professional Nurse Mentorship Program) states that "the Offeror must describe in its technical response the identification of the registered nurses who will be designated as professional nurse mentors. For each such identified mentor, provide the credentials and training which evidences the appropriateness of these persons to provide such mentoring". Unfortunately, correctional medical contractors do not typically recruit, hire, or otherwise engage site-level management staff prior to a definite contract award. In fact, most bidders will wish to retain the incumbent staff currently providing clinical services at the facilities. Therefore, will the DPSCS please remove the RFP requirement for bidders to provide the specific names, credentials, and training of nurse mentors?

Answer: Please see Amendment # 4, item 18, revising § 3.10.1.2.1 and § 4.4 Tab H which deletes the requirement for submitting resumes for the nursing mentorship program.

210. Question**:** RFP Section 3.10.1.4 states that "all Clinicians who treat persons with HIV disease attend an educational training at the Johns Hopkins Institutions at least once during the Contract duration". Please confirm that providers that see HIV patients for non-HIV issues do not need this specialized training.

Answer: Please see Amendment # 4, item 18, revising § 3.10.1.2.1.

211. Question**:** Regarding the Threshold program, referenced in RFP Section 3.5.3, please confirm that Threshold will contact the medical vendor for each request over $200 and that they will follow the medical vendor's processes.

Answer: Confirmed, Threshold will follow the DPSCS policies that govern this population and the Contractor's approved Utilization Management policies. The Contractor shall provide Threshold staff their after-hours Utilization Management contact information.

212. Question**:** In RFP Section 3.67, Electronic Health Records, the RFP assigns the following duties (which have been paraphrased) to the medical vendor for the basic EHR program.

- Initial and additional training programs for users.
- Maintain a sufficient pool of NextGen "super users".
- Designate an administrative employee to serve as the EHR account administrator.
- Provide, at a minimum, two (2) full-time IT system analysts.
- Submit a plan on how and when utilization management data will be retrieved from NextGen using custom templates.
- Share information through CRISP.
- Initiate contact with the State's lab to implement an interface with the EHR system.

Please confirm that for the base EHR system, the medical vendor will have no additional upgrades or obligations payable to NextGen. Otherwise, please detail all additional items that will need to be included in each vendor's base EHR bid.

Answer: The Contractor will have no payables to Next Gen during upgrades, however the Contractor will participate in transition meetings and provide staff to participate in the test environment, problem solving etc.

213. Question**:** Please provide the current contract with NextGen including any maintenance agreements.

Answer: As per previous answers provided regarding NextGen, it is not necessary to provide the NextGen contract.

214. Question**:** In regards to the required minimum staffing fill rate of 96% (as detailed in RFP Section 3.6.1.2) please clarify how liquidated damages will be accrued. For example, if the medical vendor maintains a fill rate of 95%, will DPSCS calculate damages on a 1% shortage (the difference between the 95% actual fill rate and the 96% required rate); or on a 5% shortage (the difference between the 95% actual fill rate and 100%)?

Answer: At 95 % the shortage is either 5% or 1% depending on whether the shortage is for nursing staff at infirmaries and sick call, or other clinical positions respectively. Please also see Amendment # 4, items 16 and 65, revising § 3.6.1.2 and Attachment V, Lines 1(a) and 1(b).

215. Question**:** RFP Pg. 153, Tab M.F: Please identify the specific Health Care Reform program that will become effective in October, 2013 as it relates to Medicaid/Medicare reimbursement and the new provision for federal assistance.

Answer: The Affordable Care Act. It is anticipated that in 2013 or more likely 1-1-2014 that Medicaid eligibility will be based on a means test only and will not require the current standard that the person is disabled, thus all Departments of Correction should anticipate that a much greater number of inmates will be eligible for Medicaid as part of release planning.

216. Question**:** RFP Pg. 93, Section 3.43.4: Will the State consider the implementation of the digital x-ray system on a regional basis to help reduce costs if the vendor can ensure that the contract requirements pertaining to radiology will be met?

 Answer: Please see the response to Question #114.

217. Question**:** Please confirm that the NAICS code 621111 meets the criteria to be compliant with the MBE requirements of the RFP.

 Answer: As defined by the Census Bureau, NAICS code 621111 is as follows:

 "621111 Offices of Physicians (except Mental Health Specialists)

 This U.S. industry comprises establishments of health practitioners having the degree of M.D. (Doctor of Medicine) or D.O. (Doctor of Osteopathy) primarily engaged in the independent practice of general or specialized medicine (except psychiatry or psychoanalysis) or surgery. These practitioners operate private or group practices in their own offices (e.g., centers, clinics) or in the facilities of others, such as hospitals or HMO medical centers."

 Depending upon the services that the MBE is proposed to provide, this NAICS code may qualify as meeting the criteria. However, there are multiple NAICS codes that may be used for at least some MBE activity under this contract.

218. Question**:** RFP Pg. 58, Section 3.21.1: Who determines the quality or grade of the equipment?

 Answer: The Contractor shall be responsible for determining the quality or grade of the equipment when submitting their equipment requests for DPSCS approval and will be subject to DPSCS quality and grade approval.

219. Question**:** RFP Pg. 43, Section 3.6.4: Would the Department be open to alternate formats using health care industry leading scheduler technology in delivering current MFSS functionality?

 Answer: Yes.

220. Question**:** Please clarify what is meant by "interactive web-based training". Does this mean interactive instructor-led training via live broadcasts?

 Answer: Yes. WebEx.com and GoMeeting.com are examples of Webinar types of training platforms or "interactive web-based training".

221. Question**:** RFP Pg. 116, Section 3.67.3.2: Will the medical vendor work with the Department's IT staff or NextGen directly to create such an interface? Please explain the working relationship with the NextGen development team.

 Answer: Please see Amendment # 4, item 44, revising § 3.67.3.2.

222. Question**:** The RFP requires several new processes and technologies be deployed which are dependent upon network infrastructure for acceptable performance and end user experience. Would the State allow tools be put in place which continually monitor and report on the performance of the network infrastructure?

    Answer: Any monitoring and performance tools must be approved by DPSCS' IT Department (ITCD).

223. Question**:** Since the RFP specifically ask for software as a service model for software applications, would the State agree to provide network infrastructure to a defined service level agreement (SLA) standard?

    Answer: Depending on the system requirements and bandwidth requirements, DPSCS' IT Department (ITCD) will consider an SLA.

224. Question**:** If the State network infrastructure is a critical path barrier to software applications which are deemed critical to contract performance, is the State willing to allow the vendor to install their own network infrastructure subject to State approval of installation and maintenance plans?

    Answer: DPSCS' IT Department (ITCD) does not believe a separate infrastructure will need to be installed. If said segregated network infrastructure is required, ITCD must approve all proposals.

225. Question**:** RFP Pg. 117, Section 3.68.1.3: Does the Department expect the vendor to supply email accounts to non-vendor personnel or will they be required to have email accounts through their respective companies?

    Answer: The Medical Contractor will be responsible for supplying their employee's with non-DPSCS email accounts, such as the employee's employer email account (i.e. johndoe@medicalcontractor.com). The contractor will not be responsible for setting up any non-vendor personnel email accounts.

226. Question**:** RFP Pg. 117, Section 3.68.1.5: Does the Department expect the email system to communicate externally from the EHR (i.e., send messages out through the internet)?

    Answer: Yes. Currently all Contractor employees' DPSCS email addresses communicate from the current EHR system, so DPSCS expects the email system to communicate externally from any new EHR system accepted by DPSCS.

227. Question**:** RFP Pg. 117, Section 3.68.1.6: Can proposing vendors contact the state's current Pharmacy vendor to determine costs associated with developing the integration required between their systems and eCW EHR and HCS eMAR?

    Answer: Yes proposing vendors may contact the current Pharmacy contractor, however the current Pharmacy contract is currently being reprocured and may result in a different Pharmacy contractor at the time of implementation of the medical services contract. DPSCS does not know what "eCW" and "HCS" stand for. As a result,

DPSCS is neither approving, disapproving or endorsing the installation of any such systems.

228. Question**:** RFP Pg. 117, Section 3.68.1.6: Who does the State expect to own the implementation of the eMAR? The medical vendor or the pharmacy vendor?

    Answer: In accordance with § 3.68.1.6, the medical contractor is responsible for the implementation of the eMAR but it will be owned by DPSCS.

229. Question**:** DPSCS is requiring the vendor to provide telehealth services with the telehealth equipment that is currently in place for the following; Cardiac, Wound Care, Orthopedic, Optometry, Dermatology and Trauma care. The current telehealth equipment appears to consist of standard videoconferencing equipment. Does the current telehealth equipment have peripherals? If yes, please list all of the peripherals by location and define their state of repair/functionality. Are these peripherals sufficient to accommodate the required telehealth specialties cited in this RFP?

    Answer: There are no peripherals being used in the DPSCS' current telemedicine system.

230. Question**:** Please define the ability of the current telehealth equipment to accept peripheral connections.

    Answer: The telemedicine equipment in place is for video conferencing. The current video conferencing equipment will accept peripherals. However, there are limitations as the current equipment is several years old and not HD.

231. Question**:** Optometry services are currently provided onsite within DPSCS facilities. Is the listing of Optometry within this section an error? If no, please specifically define what Optometry services the DPSCS is requiring.

    Answer: Although the question is perhaps worded awkwardly, we will answer it based on what we think is being asked. Optometry services are currently provided onsite within DPSCS facilities. As per Amendment #3, item 28 (§ 3.30.1.3), onsite ophthalmology/optometry services and vision services (§ 3.35.3) including fitting eyeglasses or contact lenses are required.

232. Question**:** RFP Section 3.34.7.3 page 82 requires the vendor to maintain an electronic log documenting the use of telemedicine equipment. It is our understanding that the current system is managed and maintained by DPSCS and secondly the system is integrated within its Exchange system. Is DPSCS requiring the vendor to have Administrative rights to those systems including the existing video gateway/bridge and/or exchange servers and other telemedicine equipment?

    Answer: The Contractor shall maintain a usage log in an electronic format (e.g. Excel spreadsheet) versus a hard copy format that will be made available upon request to the DPSCS Contract Manager. The contractor will not have administrative rights to those systems. Please also see Amendment #4, item 32 revising § 3.34.7.3.

233. Question**:** Is DPSCS requiring the vendor to manage and support existing DPSCS telemedicine equipment including those outside of DPSCS facilities (e.g. University MD; John Hopkins; CorrectRX)? If the answer is yes, please specifically define what that support consists of and who is responsible for the cost of equipment upgrades, replacement and maintenance.

    Answer: DPSCS manages and supports existing DPSCS telemedicine equipment including those outside of DPSCS facilities. For lost, damaged or stolen equipment determined to be the fault of the Contractor, the Contractor shall be responsible for all associated costs. If DPSCS is determined to be at fault, DPSCS shall be responsible for all associated costs.

234. Question**:** RFP Section 3.68.2.1.1 page 119 says the "The escrow agent shall be selected and mutually agreed upon by COM and the Vendor, within thirty (30) days of contract award." Can this be changed to thirty (30) days of NTP with the new EHR solution?

    Answer: Please see Amendment # 4, item 46, revising § 3.68.2.1.1.

235. Question**:** RFP 3.29.2 (14) page 74: Will the Department allow non-narcotic medications to be stored in locked, limited access rooms vs. all in medication carts as indicated as is the current practice?

    Answer: YES, the current practice regarding medications is that there are medication rooms in dispensaries and designated areas in the facilities that house and store non narcotic meds. Medication carts are used to transport medications to segregation tiers and does not represent the sole storage reference for non narcotic meds.

236. Question**:** RFP Section 1.2.74 page 15: Please confirm that the definition of "Offsite Secondary Care" includes inpatient hospitalization and all associated physician services and diagnostic procedures associated with the inpatient admission.

    Answer: We confirm that it includes inpatient hospitalization and all associated physician services and diagnostic procedures associated with the inpatient admission. In addition, offsite secondary care also includes Ambulatory outpatient services, including specialty care consultations and diagnostic testing such as MRI. Please also see Amendment # 4, item 2, revising § 1.2.74.

237. Question**:** RFP Section 1.33.3 page 28: In the event that the contract commencement date falls after January 1, 2012, will the DPSCS extend the liquidated damages waiver period for ninety days from the actual commencement date, or is the waiver effective through March 31, 2012 a firm, fixed date?

    Answer: Please see Amendment # 4, item 8, revising § 1.33.3.

238. Question**:** RFP Section 1.34.2.1.4 page 29: The State stipulates that the CPI will be for four months prior to the month of the Contract. Please confirm that the State intends to use the month of March for computing the CPI.

Answer: If the Contract starts in July, the CPI figure used is February's data, which is not available until March. If the Contract starts in January, the CPI figure used is August's data, which is not available until September, etc. See Amendment # 4, Item 9 which revises § 1.34.

239. Question**:** RFP Section 1.34.2.3 page 29: Contractors are required to present evidence ninety calendar days prior to the Contract Anniversary date, which would be on or about April 1st. If the State intends to use the month of March for computing the CPI, this data will not be available until after the required reporting period. Can the State clarify their requirements?

Answer: Please see the response to Question #238.

240. Question**:** RFP Section 3.3.2 page 36: Please confirm that the reference to Attachment F in the second paragraph should reference Attachment F-2 and F-3 as it relates to the estimated annual inmate population.

Answer: Yes as pertains to F-2. The F-3 included when the RFP was issued is being eliminated and replaced by a new F-3 that only pertains to the new optional EHR system. Please see Amendment # 4, items 14, 47, 59, 61 and 64.

241. Question**:** RFP Section 3.3.2.2 page 37: The RFP states that the Inmate ADP shall be used by the Contractor to produce the next two semi-monthly billings. Is it the State's intent to utilize the ADP from the month prior to the actual contract for the first two contract invoices? Or can the State confirm that there will be no ADP adjustment for the first month of service of the new contract?

Answer: Yes, it is the State's intent to utilize the ADP from the month prior to the actual contract for the first two contract invoices. Please see Amendment # 4, item 14, revising § 3.3.2.2. There will be an adjustment for any month of the contract, including the first month of service, if an adjustment is merited.

242. Question**:** RFP Section 3.3.2.5.1 page 38: The RFP states that 33 cases exceeded $50,000 and the dollar amount was about $4,000,000. Please clarify if the $4,000,000 is the amount over the $50,000 threshold for the cases, or $4,000,000 represents the total value paid to providers for the 33 cases.

Answer: The $4,000,000 represents the total value paid to providers for the 33 cases. However, as per a forthcoming Amendment #5, the requirement for a price sharing quote at the $50,000 per episode level will be eliminated.

243. Question**:** RFP Section 3.3.2.5.1 page 38: The RFP states that 95 cases exceeded $25,000 and the dollar amount was about $7,100,000. Please clarify if the $7,100,000 is the amount over the $25,000 threshold for the cases, or $7,100,000 represents the total value paid to providers for the 95 cases.

Answer: The $7,100,000 represents the total value paid to providers for the 95 cases.

244. Question**:** RFP Section 3.3.5 page 39: The RFP requires that a final invoice for all services performed under the Contract shall be submitted no more than 31 days after the Contract end date. Based upon this language, the Contractor would also be required to invoice any amounts for inpatient hospitalizations over the established threshold by that date. Given that certain hospitalizations could occur in the last month prior to contract termination, and that hospital and other providers do not necessarily bill immediately upon discharge, the Contractor would not be able to produce a final invoice for any risk sharing hospitalizations within the required timeframe. Would the State consider amending this requirement to allow up to 180 days to accommodate the time lag from third party providers?

    Answer: Please see Amendment # 4, item 50 revising section 3.77 to include a new section 3.77.3 establishing an end of contract escrow account.

245. Question**:** RFP Section 3.14.3 page 52: The RFP requires that the Contractor have any Department employees under its supervision maintain a log of all long distance calls made from the facilities. Is it the State's intent to make the Contractor pay for Department employees' long distance calls?

    Answer: Please see Amendment # 4, item 20 revising section 3.14.3 deleting "Department employees it supervises".

246. Question**:** RFP Section 3.21.1.4 page 59: Please clarify whether the medical contractor or the pharmacy contractor is responsible for any equipment (computers or facsimile equipment) required for the transmission of pharmacy orders from the facilities to the pharmacy vendor.

    Answer: The Medical Contractor is responsible for equipment required for the transmission of pharmacy orders from the facilities to the pharmacy vendor. The Offeror should review the Medical and Pharmacy Equipment Inventories to obtain an idea of what equipment already exists for this purpose.

247. Question**:** RFP Section 3.21.5 page 59: Please clarify if the State intends to assess actual damages against the medical vendor if equipment that is the responsibility of other healthcare vendors is misplaced during the inventory process.

    Answer: The State will only assess damages against the Medical Contractor if it is determined that the Medical Contractor is responsible for the misplacement of the equipment during the inventory process. Please see Amendment # 4, item 25 revising § 3.21 to clarify this requirement.

248. Question**:** RFP Section 3.21.5.1 page 60: The State has included only $50 as the threshold for classification as "equipment" and the associated tracking for perpetual inventory. The language also notes a useful life of at least one year which could be subjective based upon the person assessing the life. This will include many items that are small and easily misplaced or transferred to a different location without transfer forms. Some of these items may also be difficult to tag as required under the State's requirements.

Would the State reconsider this threshold and adjust to $500 as would be consistent with most industry norms as an equipment classification?

Answer: DPSCS declines to modify the RFP as requested. This requirement is set forth in the Department of General Services (DGS) Inventory Control Manual (link provided in the RFP).

249. Question**:** Concerning the purchase of Microsoft Office and client licenses, would the DPSCS allow the vendor to purchase these licenses under the current DPSCS Microsoft EA agreement for all equipment that is the property of DPSCS?

Answer: No, the DPSCS does not have the authority to extend government pricing to contractors.

250. Question**:** In consideration of physical locations and difficult to recruit areas, telemedicine can be a useful adjunct (but not replacement for) onsite primary care physician services that would improve the ability to provide primary care coverage and create a mechanism to enhance the clinical quality of primary care providers. Will the DPSCS allow for onsite primary care physician coverage to be conducted via telemedicine under conditions to be mutually agreed upon by the DPSCS and the medical vendor? Such conditions may include the following terms that are not all inclusive and subject to mutual agreement as previously noted:

- Establishing a policy and procedure
- Mechanism for primary care telemedicine peer review
- Training program for primary care telemedicine providers and support personnel
- Documentation into the EHR
- Primary care telemedicine specific Quality Assurance program
- Minimum threshold of required onsite primary care physician services

Answer: Please see Amendment # 4, item 16, revising § 3.6 to add a new § 3.6.1.4 establishing the possibility of telemedicine being implemented in lieu of onsite clinicians.

251. Question**:** RFP Section 1.35.4 page 30: The paragraph references electronic transactions subject to certain exclusions noted in Section E of this sub section. The RFP lists out sections A through C in this subsection. Can the State please clarify the language in this paragraph?

Answer: The reference to Section E should state Section 1.35.5. Please see Amendment # 4, item 10, revising § 1.35.

252. Question**:** Is there a contract between the DPSCS and/or Wexford with Bon Secours Hospital? If so, may we have a copy?

Answer: DPSCS does not have a contract with Bon Secours Hospital (BSH)l; Wexford as our current utilization management contractor has many proprietary

agreements in place with outside hospitals and providers, which may or may not include BSH.

253. Question**:** Are any pre-op outpatient services performed at Bon Secours as inpatients? If so, how are they reimbursed?

Answer: Yes, any 1-day, 23 hour outpatient procedures will be considered to be an inpatient stay for purposes of meeting the 10 bed census requirement. Examples of such outpatient procedures include colonoscopies, liver biopsies, etc. The reimbursement for such hospital stays is subject to an agreement between the contractor and Bon Secours. Please see Amendment # 4, item 31 revising § 3.33.4 and the answer to Question 137.

254. Question**:** Does an outpatient procedure performed at Bon Secours meet the DPSCS requirement of an occupied bed? Or does it have to be an inpatient day?

Answer: Yes, if it meets the requirements outlined in the response to Question #253.

255. Question**:** Can the DPSCS provide a medical claims detail file for all inpatient and outpatient encounters? Please include the following:

a. Inmate Identifier
b. Date of Service
c. Admit and Discharge dates foe Inpatients
d. Place of service
e. Provider name
f. Provider specialty
g. CPT Code
h. Revenue Code
i. 3 ICD9 Diagnosis codes
j. DRG codes (where applicable)
k. Billed Amount
l. Paid Amount

Answer: Please see the response to Question #153.

256. Question**:** RFP Section 3.13, page 51: Does this section apply to non-clinical staff outside MD DPSCS facilities such as contractor regional offices?

Answer: Yes, the Contractor is responsible for the actions and/or inactions of all of its Staff providing services under this Contract.

257. Question**:** RFP Section 3.67.3.1.3.1, page 114: Does the DPSCS expect the analysts to troubleshoot PC's, networks, or peripheral equipment or will that be the responsibility of the DPSCS personnel who own the equipment?

Answer: The responsibility of troubleshooting PCs, networks & peripheral equipment is DPSCS who owns the equipment.

258. Question**:** RFP Section 3.69.1.2.3, page 121 appears to indicate that the Contractor will be permitted to retain 10% of any reimbursements made to providers for inmates who have been enrolled in Medicaid and received Medicaid covered services. We interpret this to mean that the Contractor will be permitted to retain 10% of the difference between the Maryland HSCRC rate and the Medicaid rate. Please confirm whether this interpretation is correct.

    Answer: The interpretation is incorrect. The Contractor shall retain 10% of all such reimbursements from Medicaid.

259. Question**:** If the medical vendor's EHR and/or eMAR are selected for implementation, will the Department require its third party vendors/partners to provide the resources and transactions to interface and test the systems properly?

    Answer: Yes, however it is the expectation that the selected Medical Contractor use its industry experience and expertise in presenting known and unknown demarcations of IT responsibility in their new EHR and eMAR system proposal.

260. Question**:** Will the medical vendor be required to replace and update the EHR PCs and equipment during the contract? What specific terms will be required to maintain this equipment (i.e. what is the refresh cycle for PCs, etc.)?

    Answer: The Medical Contractor will not be required to replace and update the existing EHR PCs and equipment during the contract. Please see the response to Question 71 and Amendment # 4, item 25 and a forthcoming Amendment # 5.

261. Question**:** With regard to the rates published by the Maryland Health Services Cost Review Commission (HSCRC) at http://www.hscrc.state.md.us, a close review of the bed rates for Med Surg/Acute and Med Surg/ICU stays — the most common bed categories utilized by DPSCS inmates for inpatient stays — indicates that these costs have fluctuated significantly over time. Over the past several years, the inflationary trend for these categories reflects an over **11% average annual rate increase** at the three hospitals that account for approximately 75% of DPSCS inpatient costs. Unfortunately, this above average increase is not readily discernible in the data provided with the RFP.
    a. Is this significant inflationary trend consistent with DPSCS' experience and the rate setting board's actions over this period of time?
    b. Does the DPSCS project that this trend will continue?
    c. Does DPSCS wish vendors to take this inflationary factor into consideration when preparing their bids?

    Answer: Our analysis reveals Med Surg/Acute bed costs increased on average by 13% and Med Surg/ICU bed costs increased on average by 17%; Answers: a) unknown, b) unknown, c) TBD by Offerors using their industry experience and expertise.

262. Question**:** In RFP Attachment K2, UM Authorizations Summary for FY10, DPSCS cites FY10 service expenditures of $31,773,307. As of September 2011, projected FY11 expenditures total $36,148,357 ($35,477,990 actual expenditures plus $670,367 estimated residual payments). **This is an increase of 13.6% over FY10.** Since overall FY11 utilization of offsite services actually decreased slightly compared to FY10, this is a significant cost increase for a similar level of services.
    a. Can DPSCS please confirm this information?
    b. Will DPSCS please provide the most recent paid claims data, with projections for total FY11 expenditures?
    c. Does the Department have an explanation for these significant cost increases when utilization of offsite services actually decreased?

    Answer: a) UM spending in FY10 and FY11 is impacted by residual claims paid from previous FYs due to end of the original UM contract and 2 6-month extensions of the UM contract, not a reflection of actual expenditures during these periods
    b) Please see the response to Question #263;
    c) Please see the response to Question #262a

263. Question**:** It is vital that bidders have more recent data in order to accurately price their proposals. Will DPSCS please provide an updated RFP Attachment K2 that outlines FY11 offsite care expenditures?

    Answer: Please see the response to Question #153.

264. Question**:** In RFP Section 3.41.3 the DPSCS requires the contractor utilize "a Continuity of Care Form (hardcopy) consistent with Department Policy and Procedure in conjunction with Inmate release".
    a. Does this form already exist?
    b. If yes, please provide a copy.

    Answer: a) Yes / b) Please see Amendment # 3, item 36.

265. Question**:** Upon review of the RFP, it appears that vendors must provide for the Base Telemedicine section (RFP Section 1.12.E) and the Enhanced Telemedicine section (Tab L) duplicate narratives detailing RFP section 3.34.7. In Tab L, to save the DPSCS from reading repetitive, lengthy narratives, may vendors refer the DPSCS to sections already in the base telemedicine narrative and only include our enhancements and improvements?

    Answer: Please see the response to Question #152.

266. Question**:** Who are the mobile radiology providers for these facilities?

    Answer: Lakewood Healthcare Associates

267. Question**:** RFP Section 1.34.2.1.1 on page 28 of the RFP requests that we calculate adjustments "by reference to the annual change in the U.S. Department of Labor, Bureau of Labor Statistics (BLS), the U.S. City Average Consumer Price Index - All Urban

Consumers ("CPI-U"), all items, base period 1982-84=100". RFP Section 1.34.2.2.1.1 states that we should use the "Washington Baltimore, DC MD VA WV Consolidated Metropolitan Statistical Area". As these requests contradict each other, please clarify which region requirements vendors will use for contract years 4 and 5.

Answer: Please see Amendment # 4, item 9, revising § 1.34.

268. Question**:** Per the discussion regarding pricing in the pre-proposal conference meeting, please provide details for the amortization of acquisition costs and ongoing maintenance costs as they pertain to time frame for installation during the contract for the following items.
    a. EHR module
    b. Digitalized x-ray
    c. Enhanced telemedicine

Answer:
A. The answer to this question is being deferred pending changes to the optional services price forms that will be included in a forthcoming Amendment # 5.
B. The answer to this question is being deferred pending changes to the optional services price forms that will be included in a forthcoming Amendment # 5.
C. The answer to this question is being deferred pending changes to the optional services price forms that will be included in a forthcoming Amendment # 5.

269. Question**:** RFP Pg. 39 Section 3.3.4 requires the Contractor to implement any one or all of the three systems mentioned in this section for a firm fixed price. The RFP provides an example of how the price paid would be amortized on a monthly basis should the State direct implementation. We have several concerns regarding this approach. First, all of these systems have four price components: acquisition (of a software/hardware bundle comprising a system), implementation, operation and maintenance. Acquisition and implementation are fixed, one-time elements; however, operations and maintenance are time dependent and recurring. Second, the RFP does not require that the implementation occur at the beginning of a period. That means, if an optional service is implemented in the middle of a contract period or any other period than the beginning of the first, then a proper distribution of the recurring costs cannot be fairly attributed for the life of the contract and the price sheet cannot be properly filled in. Can the State develop a specification that constrains implementation to the start of a contract period and develop pricing that recognizes the recurring, time based elements of operations and maintenance?

Answer: Please see Amendment # 4, items 14 and 63, revising Attachment F – Financial Proposal Forms.

270. Question**:** RFP Pg. 51 Section 3.12.3 states consequences for violation of security regulations including "replacement of the Contractor" which essentially means termination for cause. The RFP provision provides no recourse or mechanism for the Contractor to submit any extenuating circumstances or to cure the problem. COMAR 21.07.01.11, Termination for Default describes a process where the opportunity to cure exists before any

termination action is taken. Please confirm whether the Contractor will be able to effect a cure should any violation of security regulations occur?

Answer: The provisions of 21.07.01.11(A) and (B) will be followed. The DPSCS Contract Manager will make reasonable efforts to work with the Contractor to address violations as required by 21.07.01.11.

271. Question**:** RFP Pg. 163: Please clarify the discrepancy between RFP Section 5.3 which says, "All qualified Offerors will be ranked from the lowest to the highest price based on their total price proposed." (a single price) versus the RFP Section 5.7 which says, "At the sole discretion of the Department this most advantageous Offeror determination will be made based either on Offerors' pricing with a $50,000 Hospital-Based Inpatient Care per Episode Cost Sharing Level…, or Offerors' pricing with a $25,000 Hospital-Based Inpatient Care per Episode Cost Sharing Level...(two different prices). Can the State provide any information or insight about how it will decide which price sheet to use in determining the "most advantageous" offer?

Answer: As per a forthcoming Amendment # 5, the requirement for the $50,000 threshold will be deleted. Based upon the resulting requirement for only a single $25,000 offsite cap, yes, this limit is based on per episode per inmate expenses. Please note Amendment # 5 will provide a correction to Amendment #4, item 14 which incorrectly referenced the deletion of the $25,000 threshold.

272. Question**:** Attachments F-2 and F-3: The fourth columns of Attachments F-2 and F-3 state, "Offeror's CP Proposed Price divided by…12 months for CPs 1-4…" Since there are five contract periods (CPs), did the State mean, "for CPs 3-5…"?

Answer: Please see Amendment # 4, item 63, revising Attachment F – Financial Proposal Forms.

273. Question**:** RFP Section 1.34.2.1.2 page 28: The State requires that the Contractor submit a schedule of revised rates in the same form as "Financial Proposal Form" (Attachment F). Could the State if it wants a revised F2, F3, or F4?

Answer: Please see Amendment # 4, item 9 revising § 1.34.

274. Question**:** RFP Sections 1.34.1 page 28 and 1.34.2.2.2 page 29: Both sections reference information in paragraph B, however a paragraph B is not presented in this section. Can the State please clarify?

Answer: Please see Amendment # 4, item 9 revising § 1.34.

275. Question**:** RFP Section 1.34.2.2.1 page 29: The paragraph references "each Module" which was not included within the list of definitions. Could the State please clarify what the term means within the context of the paragraph?

Answer: Please see Amendment # 4, item 9 revising § 1.34.

276. Question**:** RFP Section 3.21.5.4 page 60: Please clarify if the medical vendor is responsible for completing and obtaining signatures on all property transfer forms to include property that is the responsibility of other healthcare vendors.

    Answer: The completion of and obtainment of signatures on all property transfer forms for only equipment under the medical contractor's control are done by the medical contractor and each facility's property officer. Please see Amendment # 4, item 25 revising § 3.21.5.4.

Should you require clarification of the information provided, please contact me at (410) 260-7374 as soon as possible.

Date Issued: **November 4, 2011**

By: Andrea R. Lockett
<signed>
Procurement Officer

Enclosures:

Q&A2-A.Bedside Commitments (2010 and 2011)
Q&A2-B.Current Medical Contract Staffing Levels (2012)
Q&A2-C(1).6.1.2005 BPW Agenda –Inmate Medical (DPSCS Q0005057A).pdf
Q&A2-C(2).6.1.2005 BPW Agenda –Utilization (DPSCS Q0005057E).pdf
Q&A2-D.Current Pharmacy Inventory List
Q&A2-E.ADP (2011&2012)
Q&A2-F(1). Cumberland Staffing Analysis (NP.PA) Jan 08 - May 11
Q&A2-F(2). Cumberland Staffing Analysis (Medical Director) Jan 08 - May 11
Q&A2-F(3). Hagerstown Staffing Analysis (Medical Director) Jan 08 - May 11
Q&A2-G(1).Annual Utilization Summary Data FY08
Q&A2-G(2).Annual Utilization Summary Data FY09
Q&A2-G(3).Annual Utilization Summary Data FY11
Q&A2-H.Top 20 Offsite Providers (FY09, FY10, FY11)
Q&A2-I.Top 20 Diagnosis Codes by Cost (FY09, FY10, FY11)
Q&A2-J.Physical Therapy Costs (by SDA)
Q&A2-K(1).UM Authorizations Summary for FY10
Q&A2-K(2).Scanning Equipment Inventory FY2008
Q&A2-K(3).Pharmacy Medication Delivery Locations
Q&A2-L.StateStat Staffing Data (per SDA)
Q&A2-M.StateStat UM Data (FY10&FY11)