



Commonwealth of Pennsylvania

Date: **October 3, 2011**
Subject: **Correctional Health Care Services**
Solicitation Number: **6100019380**
Opening Date/Time: **11/18/2011, 1:30PM**
Addendum Number: **3**

To All Suppliers:

The Commonwealth of Pennsylvania defines a solicitation "Addendum" as an addition to or amendment of the original terms, conditions, specifications, or instructions of a procurement solicitation (e.g., Invitation for Bids or Request for Proposals).

List any and all changes:

1. Official answers to questions along with the Mandatory Pre-Proposal Conference sign-in sheet and business cards are attached to this Addendum #3 to the RFP.
2. The following attachments are uploaded to the FTP secure website as a result of some of the initial questions submitted by Offerors:
 - a) Attachment 1 – SCI Profiles Chart 2011
 - b) Attachment 2 – 2011-2013 Operations_Mock_ACA Audit Schedule
 - c) Attachment 3 – Union Agreements
 - d) Attachment 4 – Provider Directory
 - e) Attachment 5 – Telemedicine Usage
 - f) Attachment 6 – PTrax Screenshot
 - g) Attachment 7 – Health Services Monthly Statistical Report
 - h) Attachment 8 – SCI-Laurel Highlands' Dialysis Equipment
 - i) Attachment 9 – RHU Beds by Institution
 - j) Attachment 10 – Overtime
 - k) Attachment 11 – Nurses Med Rec - Yrs Svc
3. DGS will accept a second round of questions regarding this RFP. All questions shall be submitted in accordance with RFP Part I-9, except that the deadline to submit such questions is 10/13/2011, and **offerors shall copy Rich Gaul at rgaul@pa.gov** when submitting their questions. DGS will post the answers to eMarketplace no later than 10/19/2011.

Attach this Addendum to your solicitation response. Failure to do so may result in disqualification.

Except as clarified and amended by this Addendum, the terms, conditions, specifications, and instructions of the solicitation and any previous solicitation addenda, remain as originally written.

Very truly yours,


Name: Stephanie Fetter
Title: Issuing Officer
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**CORRECTIONAL HEALTH CARE SERVICES
MANDATORY PRE-PROPOSAL CONFERENCE - 6100019380**

September 26, 2011, 9:00 AM

SCI-Camp Hill
2500 Lisburn Road
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SIGN-IN SHEET

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QUESTIONS / ANSWERS
CORRECTIONAL HEALTH CARE SERVICES
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Question #	RFP Page #	RFP Section Reference	Question	Answer
	(If Known)	(If Known)	(Required)	(Required)
1			After a preliminary read through of the RFP, it seems clear that you are seeking applicants who can provide clinical nursing staff support and medical records continuity in several correctional Institutions (please correct me if I'm wrong.)	Offerors must propose on both lots. Lot 1: BASE SERVICES. Base services for all correctional institutions and 2 Community Correctional Centers as specified in Part IV-4, which includes nursing and medical records staffing ONLY for SCI-Pine Grove and SCI-Chester and staffing for the dialysis units at SCI-Laurel Highlands and SCI-Muncy. Lot 2: BASE SERVICES PLUS STAFFING. Base services plus nursing and medical records staffing for ALL correctional institutions and 2 Community Correctional Centers as specified in Part IV-5, except nursing staffing for the Mental Health Units at SCI- Graterford, SCI-Cresson, SCI- Muncy, and SCI-Rockview.
2	49-53	Part IV-4.CC	There are several references to the use of telemedicine. Does the system have in place a mechanism by which telemedicine will be deployed throughout the system, or are you seeking that as a part of the RFP? We are a telemedicine solution that connects patients and doctors in real-time, virtual environment using video conferencing.	The selected Offeror will be required to provide telemedicine end-user equipment in each of the Department's institutions and BHCS central office that is equal to or better than the existing end-user equipment.
3			Is it possible to bid on the staffing portion only? If not, will there be an additional RFP for nursing services?	No. No.
4			What is the State's targeted award date for the contract?	January
5			How long a timeframe will the State allow the Selected Offeror between contract finalization and the contract effective date?	No set timeframe. Once contract negotiations are successfully completed and a contract has been fully executed, the contract will be effective.
6			What is the State's targeted start date for the contract?	Refer to answer to Question #5.
7			Please indicate the medical mission of each of the DOC facilities, e.g., geriatric care, cardiology patients, oncology, physically disabled, etc.	All sites with infirmaries provide all levels of care. Refer to Attachment 1 - SCI-Profiles Chart 2011.
8			Regarding the DOC's future plans for facilities: a. Please provide details on any new facilities being considered to open. b. Please provide details on any facilities being considered to close. c. Please provide details on any facilities being considered for expansion, partial closure/reduction, or change in mission.	a. SCI-Benner Township, Projected opening April 2013. SCI-Phoenix, Projected opening July 2014. b. None at this time. c. At this time, no facilities are being considered for closure, partial closure/reduction, or change in mission. Several modular units (+150-250 inmates) may open within the next 12 months, depending on census & budget issues.

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9			Please provide a copy of the current health services contract for the Pennsylvania Department of Corrections (DOC), including any exhibits, attachments, and amendments.	Contract documents can be viewed at http://www.portal.state.pa.us/portal/server.pt/community/hid_e_administration/14789/awarded__contracts/601923
10			Please provide (by year) the amounts and reasons for any paybacks, credits, and/or liquidated damages the DOC has assessed against the incumbent vendor over the term of the current contract.	The only damages assessed since 2003 were due to shortage of hours. For the period of 7/1/2010-6/30/2011, the total was \$288,364. Data for previous periods is not easily accessible.
11			Are any of the DOC facilities currently subject to any court orders or legal directives? If "yes," please provide copies of the order/directive.	No. However, there are several settlement agreements arising out of individual cases that contain provisions governing the medical treatment of the inmate who was the subject of the litigation. Those settlement are not available at this time.
12			With regard to lawsuits pertaining to inmate health care at the PA DOC facilities: a. How many have been filed against the DOC and/or the incumbent medical provider in the last three years? b. How many have been settled?	The DOC does not have comprehensive statistics on the number of lawsuit filed against the DOC and/or the incumbent medical provider in the last three years. Moreover, where the incumbent medical provider and/or its employees are the sole defendants, i.e., the DOC is not a party to the suit, the DOC does not always have knowledge of these suits. Nevertheless, a reasonable estimate is 350 suits in the past three years. Similarly, the DOC does not have comprehensive statistics on the number of such suits that have been settled. Nevertheless, a reasonable estimate is approximately 4% have been settled.
13			By facility, please provide two years' worth of historical data describing the inmate population, broken down by gender.	http://www.portal.state.pa.us/portal/server.pt/directory/mont_hly_population_reports/176727?DirMode=1
14			What is the average length of stay (ALOS) in the DOC system?	4.2 years
15			Are any of the DOC facilities currently accredited by either the American Correctional Association (ACA) or the National Commission on Correctional Health Care (NCCHC)? If "yes," please provide the most recent accreditation date for each facility.	All facilities are ACA accredited. Refer to Attachment 2 - 2011-2013 Operations_Mock_ACA Audit Schedule for dates of accreditation.
16			Please provide current health service staffing schedules by facility, shift, and day of the week for each DOC facility.	Refer to Appendix V of the RFP.
17			Please provide a listing of the current health service vacancies by position for each DOC facility.	Refer to Appendix V of the RFP.
18			Please provide vacancy, turnover, and longevity rates for the RN and LPN job classifications for the past two years.	All information for period 6/2009- 6/2011 Vacancy Rates: RN 6.71% LPN 3.53% Turnover rates: RN 3.43% LPN 2.13% Average years of service: RN 8.81 LPN 7.45

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19			<p>Are any members of the current PA DOC workforce — State-employed OR privately contracted — unionized? If yes, please provide the following:</p> <p>a. A copy of each union contract or Collective Bargaining Agreement (CBA)</p> <p>b. Which positions are covered by each CBA</p> <p>c. Which facilities are covered by each CBA</p> <p>d. Complete contact information for a designated contact person at each union</p> <p>e. The number of union grievances that resulted in arbitration cases over the last 12 months</p>	<p>a. Refer to Attachment 3 - Union Agreements.</p> <p>b. LPN's, clerical and Medical Records covered by AFSCME. RN's covered by SEIU. RN Supervisors covered by OPEIU.</p> <p>c. All facilities are covered by each CBA.</p> <p>d. OPEIU - http://opeiuhealth.org/ AFSCME - http://www.afscme13.org/ SEIU - http://www.seiuhealthcarepa.org/</p> <p>e. No arbitrations for the past 12 months from these unions.</p>
20			Please provide current wage/pay/reimbursement/seniority rates for incumbent health service staff at each DOC facility.	Refer to Appendix V of the RFP.
21			Please indicate (a) the age and (b) the source of this salary/rate information, e.g., State records, data from incumbent vendor, etc.	<p>a. The information provided in Appendix V of the RFP is current.</p> <p>b. The source is DOC.</p>
22			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.	These hours will count toward the hours of the contract, but services must still be provided while staff is attending training etc.
23			Please provide the capacity and average daily population of each of the segregation units at each DOC facility.	Refer to Attachment 1 - SCI Profiles Chart 2011.
24	48	Part IV-4.Z	For each DOC facility, please provide an inventory of office equipment (e.g., PCs, printers, fax machines, copiers) currently in use and identify which equipment will be available for use by the selected provider.	One facsimile and one copy machine at each institution. Refer to IV-4, Section Z of the RFP.
25			For each DOC facility, please provide an inventory of medical equipment (e.g., blood pressure cuffs, ultrasound, x-ray machines, etc.) currently in use and identify which equipment will be available for use by the selected provider.	Each facility has basic medical equipment that is currently being utilized and will be available; most sites have mobile x-ray equipment. The current x-ray vendor, Mobile X, can be contacted for specific details. Refer to Attachment 4 - Provider Directory for contact information.
26			Please confirm that the DOC pharmacy vendor will provide medication carts and all necessary scanners, fax machines, and computers for the medication rooms.	Yes.
27			How does the health unit staff at each DOC facility currently access the Internet: through a facility network or through connectivity provided by the incumbent Contractor? Who is financially responsible for such Internet access?	All inter and intra net access authorized for health care staff is through the DOC network and paid for by the DOC.

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28			Please identify the makes and models of current Commonwealth-approved printers and copiers.	DGS is obtaining the information and will respond via Addendum 4 (Oct.19) with the second round of questions/answers.
29			With regard to the Electronic Medical Record (EMR), please confirm that the DOC is not willing to host/support the EMR servers within the DOC datacenter.	DGS is obtaining the information and will respond via Addendum 4 (Oct.19) with the second round of questions/answers.
30			RFP Appendix C, Transition, Item 3 states that "The Contractor shall describe how it will transition all data from existing manual and automated systems to its EMR solution." Please confirm that the DOC expects historical, paper-based medical record information to be imported into the EMR solution.	No. Current patient charts (medical records) will not be imported into the EMR solution.
31	50	Part IV-4.CC.1 (a-i)	With regard to telemedicine services, please provide the following information: a. A listing, by facility, of the clinics currently conducted using telemedicine. b. A listing, by facility, of the current vendor's telemedicine equipment.	a. Refer to Attachment 5 - Telemedicine Usage . b. The current equipment is listed in RFP IV-4, Section CC, #1 (a-i).
32			Please identify the current sub-contracted provider(s) of laboratory services.	The current subcontracted provider of laboratory services is Bio Reference; Refer to Attachment 4 - Provider Directory for contact information.
33			For each DOC facility, please indicate how radiology services are currently provided: (a) onsite, with permanent State-owned equipment; (b) onsite, by a mobile radiology vendor (PLEASE IDENTIFY VENDOR); or (c) offsite?	Mobile X is the current supplier, and they can be contacted for more information. Refer to Attachment 4 - Provider Directory for contact information.
34			For each DOC facility, please indicate how optometry services are currently provided: (a) onsite, with permanent State-owned equipment; (b) onsite, by a mobile radiology vendor (PLEASE IDENTIFY VENDOR); or (c) offsite?	Refer to Attachment 4 - Provider Directory for contact information.
35			What are the designated emergency or "911" hospitals for each DOC facility?	Refer to Attachment 4 - Provider Directory for contact information.
36			What other hospitals are currently being utilized by each DOC facility?	Refer to Attachment 4 - Provider Directory for contact information.

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37		<p>With regard to secure units at community hospitals:</p> <p>a. Please identify the location of any existing secure units.</p> <p>b. Please provide the number of beds in each of these units.</p> <p>c. Identify any community hospitals with which the DOC has plans for future secure units.</p>	<p>a. Refer to Attachment 4 - Provider Directory.</p> <p>b. The Offeror may contact any provider listed in Attachment 4 - Provider Directory for such information.</p> <p>c. None at this time.</p>
38		<p>For each DOC facility, please identify any specialty clinics currently conducted onsite, and indicate how many hours per week each clinic is held.</p>	<p>Refer to Attachment 4 - Provider Directory and Historical Data - Health Care Statistics 2010.</p>
39		<p>For each DOC facility, please provide the following information about any special medical housing, observation beds, and/or infirmaries.</p> <p>a. Number of such beds</p> <p>b. Whether the unit qualifies as an Infirmary per NCCHC definitions, i.e., do the staffing levels, monitoring methodology, rounding frequency, etc., comply with NCCHC infirmary standards for Prisons</p> <p>c. On average, how many inmates are housed in the Infirmary on a daily basis</p>	<p>a. Refer to Attachment 1 - SCI Profiles Chart 2011.</p> <p>b. Facilities are ACA accredited, not NCCHC.</p> <p>c. Infirmaries are approximately 75-80% filled.</p>
40		<p>For each DOC facility, please provide the following information about medication administration.</p> <p>a. Who administers medications, e.g., RNs, LPNs, medical assistants?</p> <p>b. How are medications distributed, i.e., pill line or med pass?</p> <p>c. Where does medication distribution take place, i.e., do medication carts go to the housing units or do inmates come to the medical units?</p> <p>d. How often is medication distributed each day?</p> <p>e. How long does it take to perform the average medication distribution process?</p>	<p>a. Medications are distributed by LPNs and RNs.</p> <p>b. Medications are distributed through pill lines, which inmates must have a medication pass.</p> <p>c. Medication distribution takes place at medication windows; and in some housing units, such as segregation and restricted housing units.</p> <p>d. Most facilities have pill lines 2-3 times per day.</p> <p>e. This varies by facility.</p>
41		<p>Does the current pharmacy vendor provide an electronic medical administration record [EMAR] for use in the facilities? If "yes," please provide the name and vendor for the product, as well as the name and contact information for someone at the eMAR company that bidders can contact to discuss integration.</p>	<p>Yes. Diamond Pharmacy uses their own program, Sapphire, as their automated pharmacy management system. The contact at Diamond is Gus Gabrielson at 724-349-1111.</p>

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42			Does the DOC currently maintain a Keep-On-Person (KOP) program?	Yes. Refer to DOC Policy 13.2.1 Section 12 at http://www.cor.state.pa.us/portal/server.pt/community/department_of_corrections/4604/doc_policies/612830 for further information.
43			Please provide monthly UTILIZATION data for each of the following categories. a. Number of inpatient offsite hospital days b. Number of outpatient surgeries c. Number of outpatient referrals d. Number of trips to the emergency department e. Number of ER referrals resulting in hospitalization f. Number of ambulance transports g. Number of dialysis patients h. Number of dialysis treatments i. Number of inmates receiving pharmaceutical treatment for Hepatitis C j. Number of inmates receiving pharmaceutical treatment for HIV/AIDS	Refer to Historical Data - Health Care Statistics 2010 .
44			Please provide historical health services cost data broken out into at least the following categories: a. Inpatient offsite hospital days b. Outpatient surgeries c. Outpatient referrals d. Trips to the emergency department e. Other ambulance transports f. Dialysis g. Treatment for Hepatitis C h. Treatment for HIV/AIDS i. Laboratory services j. X-ray services	Refer to Historical Data - Health Care Statistics 2010 .
45			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. Medications for the treatment of bleeding disorders, including, but not limited to Factor VIII and IX	a. Neonatal or newborn care after delivery is provided through Medical Assistance. b. Cosmetic surgery is provided only when considered a "serious medical need;" since Pennsylvania courts have ruled that psychological needs can be so considered, breast reconstruction after cancer surgery, for example, could be required under the contract, as might surgery to repair extreme facial disfigurement. c. Sex change surgery has never been required, but it is not clear whether a court might require completion of a procedure underway at the time of incarceration. Continuation of hormone replacement for transgender patients has been so required. d. Contraceptive care is not necessary in our setting, since sexual relations are prohibited. e. Experiments, including clinical trials, are not conducted by the DOC or it's contractors. Inmate patients already enrolled in clinical trials at the time of incarceration can be permitted to remain in them and continue their experimental treatment, but only at the expense of the trial, not the DOC or its contractors. However, experimental agents may be used when and if appropriate for compassionate care for a serious medical need when no other care is available.

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45 cont'd				<p>f. Care must be given for any serious medical need, including pain, provided that a means of care exists and might reasonably be predicted to be effective for the need and for the particular inmate. Care may be delayed provided that there is no adverse consequence to such delay, including prolonged pain or disability.</p> <p>g. The contractor is not responsible for the cost of autopsies unless the contractor requests them.</p> <p>h. The contractor is not responsible for any costs associated with organ donation; the contractor is responsible for all costs related to organ transplantation into an inmate recipient.</p> <p>i. The contractor is not responsible for the cost of any medications for the treatment of bleeding disorders.</p>
46			<p>We are looking for the formula (or other methodology) that the State 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.</p> <p>Lowest price of all proposals</p> $\frac{\text{points possible for Price component}}{\text{Price of proposal being evaluated}} \times \# = \text{Price Score}$ <p>How will the State assign scores and/or relative ranking to bidders' submitted prices?</p>	<p>RFP Scoring Formulas can be found at the following link: http://www.portal.state.pa.us/portal/server.pt/community/rfp_scoring_formulas_overview/20124</p>
47	23 59	Part III-5 Part IV-4.JJ	<p>§III-5 on Page 23 of the RFP states that "An Offeror which fails to demonstrate sufficient financial capability may be considered by the Issuing Office for contract negotiation contingent upon such Offeror providing contract performance security for the first contract year cost proposed by the Offeror...The Issuing Office may require a certified or bank (cashier's) check, letter of credit, or a performance bond..." This implies that the State may choose to NOT require a performance bond. However §IV-4.JJ on Page 59 requires the Selected Offeror to "maintain for the duration of this contract a performance bond and a payment bond in the amount of five million dollars." Please clarify these two conflicting statements and indicate whether the performance and payment bonds are (a) mandated, or (b) at the discretion of the State.</p>	<p>The performance bond and payment bond are mandated in this RFP pursuant to RFP Part IV-4, Section JJ. The language contained in Part III, Section III-5 is boiler plate language used to give the Commonwealth the option to request a performance bond when considering offeror responsibility. If a performance bond is required to be provided elsewhere in the RFP, then the performance bond is mandated.</p>

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48	59	Part IV-4, JJ	Please clarify whether the bonding language in §IV-4.JJ on Page 59 of the RFP is requiring (a) a performance bond and a payment bond that combined total \$5 million; or (b) a \$5 million performance bond plus a \$5 million payment bond, for a total of \$10 million in bonds.	The amount of the bond required is 5 million dollars for the performance bond and 5 million dollars for the payment bond for a total of 10 million dollars.
49			Is the State willing to consider alternatives — such as holding a portion of the successful Vendor's payment or establishing a reserve fund — to the performance bond described in the RFP? The expense associated with implementing a performance bond as security is exorbitant, and will add unnecessarily to the contract price.	No, not in proposals in response to the RFP. However, the Commonwealth reserves the right to request and consider alternatives to the performance bond as part of any BAFO or final contract negotiations.
50			Please indicate the type and amount of performance guaranty provided by the incumbent health services contractor under the current contract.	The current contract has no bond.
51			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.	There is no order of precedence among the solicitation documents. Please refer to Part I, Section I-10 regarding Addenda to the RFP.
52	2	Part I-9	Please clarify the statement on Page 2 of the RFP that "An Offeror who submits a question after the deadline date for receipt of questions indicated on the Calendar of Events assumes the risk that its proposal will not be responsive." Will the DOC disqualify any bidder who submits a question after September 22?	The Issuing Office will not reject an offeror for failing to ask a question before the deadline date for receipt of questions. An Offeror that submits a question after the deadline assumes the risk that its proposal will not be responsive or competitive because the Commonwealth is not able to respond before the proposal receipt date or in sufficient time for the Offeror to prepare a responsive or competitive proposal.
53	5	Part I-16	§I-16 on Page 5 of the RFP encourages Offerors to be creative and propose their best solution to meeting the requirements of Lots 1 and 2. Please confirm that if an Offeror submits a base proposal that meets the requirements of Lots 1 and 2, the State will also consider additional models, a la carte items, and/or "value added" programs from that Offeror, as this would be in the best financial interest of the State.	The Commonwealth will not consider additional models, a la carte or value added programs.
54	7	Part I-21	Please provide details of the "reverse online auction" referenced in §I-21 on Page 7 of the RFP.	The reverse online auction will not be used for this RFP.

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55	12	Part II-5	<p>§II-5 on Page 12 of the RFP requires Offerors to provide resumes for key personnel such as the State Medical Director and Physician Medical Directors. As correctional health care contractors do not typically recruit, hire, or otherwise engage site-level management staff prior to a definite contract award, it will be difficult for non-incumbent bidders to provide this information. This seems to strongly favor the incumbent Contractor, as that vendor obviously already has all of these people in place throughout Pennsylvania. In fact, it is very likely that any new incoming vendor will retain the vast majority of incumbent site- and program-level employees, while using its own senior management staff to fill the key positions responsible for contract oversight. Given these facts, will the State please ensure a level playing field by either deleting this requirement from the RFP, or by modifying it to require general position descriptions/requirements/qualifications rather than resumes of individual people?</p>	<p>The Commonwealth will not be deleting this requirement. An Offeror should provide resumes for its senior management team. To the extent that an Offeror does not know the specific individuals who will be assigned as site-level management staff, the Offeror can so state. However, the Offeror should provide general job descriptions and indicate what efforts will be taken to fill those positions.</p>
56	25	Part IV-2	<p>In the descriptions of the scope of Lot 1 and Lot 2 in §IV-2 on Page 25 of the RFP, the DOC states that the Selected Offeror must provide "laboratory and other services." Please define exactly what is included in "other services."</p>	<p>All services are listed in Part IV-4 of the RFP.</p>
57	31	Part IV-4.A.5.a	<p>With regard to §IV-4.A.5.a on Page 31 of the RFP, on average, how many Correctional Officer Trainee Applicant physicals are performed on an annual basis?</p>	<p>2010 - 638 2009 - 835 2008 - 1,687 2007 - 1,281 2006 - 891</p>
58	31	Part IV-4.A.4	<p>§IV-4.A.4 on Page 31 of the RFP states that until the implementation of any EMR, the Offeror must provide a database to track/schedule inmate health care services. To give bidders an idea of the scope and format of the database required by the DOC, please provide a copy of the one currently in use.</p>	<p>Current system keeps track of on-site encounters, off-site consultations, infirmary admissions, ER/Inpatient, chronic clinic scheduling, physical scheduling, monthly statistical reporting, chronic clinics oncology work up, chronic patients enrolled list, consult tracking log, infirmary census, patients due to PSA, pending approval UM report, and contract requirements for consultations. Refer to Attachment 6 - Ptrax Screenshot.</p>
59	34	Part IV-4.B.6	<p>§IV-4.B.6 on Page 34 of the RFP states that "oncologic care is overseen by a contracted oncologist and certain chemotherapy services are provided at one institution." a. Please identify the institution. b. Please provide the name and contact information for the oncologist.</p>	<p>a. At present, care is provided at SCI-Graterford, though it may be moved to another site, SCI-Pittsburgh, in the near future. b. The oncologist is Dr. Richard Kosierowski, a full time employee of Corizon Health Care.</p>
60	34	Part IV-4.B.6	<p>Please identify the two male institutions and one female institution where all drug therapy for chronic hepatitis C is administered (excepting inmates who are not appropriate for those institutions), as referenced in §IV-4.B.6 on Page 34 of the RFP.</p>	<p>Currently, the males are receiving treatment at SCI-Forest & SCI-Dallas. Biopsies are currently provided on-site at SCI-Dallas. Both female facilities, SCI-Muncy and SCI-Cambridge Springs, are providing treatment.</p>
61	34	Part IV-4.B.6	<p>Please identify the "one or two contracted hospitals" where elective same day or short stay surgeries are preferentially performed, as referenced in §IV-4.B.6 on Page 34 of the RFP.</p>	<p>Somerset Hospital and St. Catherine; Refer to Attachment 4 - Provider Directory for addresses.</p>

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62	34	Part IV-4.B.6	Please identify the one male institution where non-urgent MRI and CT imaging is performed onsite, as referenced in §IV-4.B.6 on Page 34 of the RFP.	SCI-Smithfield.
63	35	Part IV-4.C.2	§IV-4.C.2 on Page 35 of the RFP states that the selected Offeror must pay for vehicle parking, local telephone calls, and appropriate meals for correctional staff at community hospitals. Please provide these historical costs for the past three years.	This data is not available.
64	35	Part IV-4.C.5.c	<p>§IV-4.C.5)c on Page 35 of the RFP states that for outside hospitalizations, the Offeror must provide the DOC with a complete copy of the hospital medical record within 30 days of discharge.</p> <p>a. Please provide the DOC's rationale for this requirement, as (a) it is not typical of statewide prison health care contracts; and (b) URAC standards discourage vendors from requesting patient medical records from hospitals.</p> <p>b. Is this a requirement under the current contract?</p> <p>c. Will the DOC consider requiring complete copies of identified hospital medical records upon DOC request, rather than requiring one for every outside hospitalization?</p> <p>d. Please confirm that since the DOC is financially responsible for the cost of outside hospitalizations, the DOC will also be financially responsible for the cost associated with obtaining copies of the hospital medical records.</p> <p>e. Since the Offeror will be dependent on community hospitals for obtaining these medical records, will the DOC consider increasing the 30-day timeframe for providing copies of the records?</p>	<p>a. The rationale for this requirement is that full knowledge of a patient's hospital course is necessary for optimal management post-hospitalization and should be available in the medical record. Due to common inadequacies of discharge summaries, the complete record should be available.</p> <p>b. Yes.</p> <p>c. No.</p> <p>d. DOC will not so confirm. The contractor will be responsible for any such costs.</p> <p>e. No.</p>
65	36	Part IV-4.D	§IV-4.D on Page 36 of the RFP states that SCI Muncy is the designated facility for female long-term care inmates, except for ventilator services. Where does the DOC house female ventilator patients?	Female ventilator patients are housed at outside hospitals or outside long term care facilities.
66	36	Part IV-4.D	Please provide the DOC policy on long-term care referrals and procedures referenced in §IV-4.D on Page 36 of the RFP.	Refer to DOC Policy 13.1.1 Section 7 Long Term Care Referrals, http://www.cor.state.pa.us/portal/server.pt/community/department_of_corrections/4604/doc_policies/612830 .
67	38	Part IV-4.F	Please provide a detailed description and utilization statistics for the DOC's hospice program for inmates with terminal illness, referenced in §IV-4.F on Page 38 of the RFP.	Refer to Historical data - Health Care Statistics 2010 .

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68	39	Part IV-4.H	<p>§IV-4.H on Page 39 of the RFP states that the DOC encourages the use of mobile CT scans onsite. Please provide the following information regarding this topic.</p> <p>a. List of facilities where mobile CT scans are currently provided</p> <p>b. Name of the mobile CT scan vendor</p>	<p>a. SCI-Smithfield</p> <p>b. Refer to Attachment 4 - Provider Directory.</p>
69	39	Part IV-4.H	<p>§IV-4.H on Page 39 of the RFP requires the Offeror to "Identify how digital imaging services will be performed, including use of mobile digital X-ray equipment." Please provide the following information regarding this topic.</p> <p>a. List of facilities where digital imaging services are currently provided</p> <p>b. Name of the digital imaging vendor</p>	<p>a. Digital imaging services are provided at all sites.</p> <p>b. Mobile X.</p>
70			<p>Identify how digital imaging services will be performed, including use of mobile digital X-ray equipment.</p>	<p>Offerors are to propose their plan for digital imaging services and use of mobile digital x-ray equipment within their technical proposal.</p>
71	40	Part IV-4.M	<p>Please define "IGWF" as referenced in §IV-4.M on Page 40 of the RFP.</p>	<p>Inmate General Welfare Fund</p>
72	40	Part IV-4.M	<p>Please provide more detail on the "modern optical software applications for placing orders for eye glasses and services through intra-net connections" as referenced in §IV-4.M on Page 40 of the RFP.</p> <p>a. Has implementation of this technology begun?</p> <p>b. If "yes," what stage is it at?</p> <p>c. Please provide the name and contact information for the optical software vendor</p> <p>d. Since the Selected Offeror must implement this solution within six months of award (not contract start), may Offerors contact the Pennsylvania Correctional Industries (PCI) Optical Lab at SCI Cambridge Springs to discuss an implementation plan to include in our proposal?</p>	<p>The DOC does not currently have any system. We are requesting the offeror provide a system.</p>
73	40	Part IV-4.N.2	<p>§IV-4.N.2) on Page 40 of the RFP states that the Selected Offeror must "Conduct and/or obtain all lab tests associated with the prescribing of psychotropic medications as ordered by the psychiatrist." Who is financially responsible for these lab tests?</p>	<p>The selected offeror is responsible for all laboratory services.</p>
74			<p>Please provide the most recent three years of historical costs for "lab tests associated with the prescribing of psychotropic medications as ordered by the psychiatrist."</p>	<p>Refer to answer to Question 119.</p>
75	44	Part IV-4.W	<p>§IV-4.W on Page 44 of the RFP requires a detailed Utilization Review plan. Please clarify if this is required of (a) only the Selected Offeror after contract award or (b) all bidders, who must include their UR plans in their proposals.</p>	<p>All offerors must include their Utilization Review plans in their technical proposals.</p>

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76	44	Part IV-4.X	Please list which "selected Offeror staff" will be classified as essential employees, as referenced in §IV-4.X on Page 44 of the RFP.	All offeror staff who work at the facilities will be classified as essential employees.
77	50	Part IV-4.CC.1	Please identify the four institutions that have electronic stethoscopes, as referenced in §IV-4.CC.1) on Page 50 of the RFP.	SCI-Smithfield, SCI-Somerset, SCI-Pittsburgh, and SCI-Albion
78	53	Part IV-4.DD	Please provide the DOC policy on peer review referenced in §IV-4.DD on Page 53 of the RFP.	Refer to DOC Policy 13.1.1 Section 12 Peer Review Process, http://www.cor.state.pa.us/portal/server.pt/community/department_of_corrections/4604/doc_policies/612830 .
79	54	Part IV-4.EE	Please provide a copy of the monthly Health Services Statistical Report referenced in §IV-4.EE on Page 54 of the RFP.	Refer to information provided in Attachment 7 - Health Services Monthly Statistical Report .
80	56	Part IV-4 HH.1.a.ii	§IV-4.HH.1.a.ii on Page 56 of the RFP states that "On an individual site basis, the selected Offeror shall provide at least 85% of the staffing plan hours each invoicing period by position category or be subject to the following progressive assessment structure..." Please clarify how the DOC will adjust this process to account for those facilities where there are minimal FTEs for a given position, i.e., if a PA calls off and there are only 2.0 FTE PAs at the site, the Offeror is immediately below 85% (at 50%).	Penalties are assessed by invoicing period.
81	61	Part IV-4.MM	Please provide the DOC policy on co-payments referenced in §IV-4.MM on Page 61 of the RFP.	Refer to Appendix X of the RFP.
82	61	Part IV-5.B	§IV-5.B states that "In the event that the DOC needs to add additional personnel to monitor the contract, the Selected Offeror shall reimburse the Commonwealth up to \$250,000 to offset these personnel costs." Please expand on what type of event would cause the DOC to have to expand its contract monitoring staff.	The DOC may be required to add monitoring staff based on the complexity and scope of the contract.
83	66	Part IV-6.2	§IV-6.2 on Page 66 of the RFP requires the Selected Offeror to begin review and approval/disapproval of consult requests 45 days before the start of the contract, "to assure continuity of services and a smooth transition." Is the DOC willing to accept alternate proposals for ensuring continuity of services and a smooth transition regarding consult requests?	The selected offeror will review and process all the consults through their utilization process. If the utilization process has an alternate plan of care it can be used.
84			The RFP ends on "Page 69 of 72." Please either (a) confirm that this is a typo and the RFP has only 69 pages; or (b) provide pages 70 through 72.	The total number of pages includes the cover sheet, calendar of events, and table of contents.

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85			<p>§IV-4.C on Page 35 of the RFP states that "Inpatient costs will be DOC's responsibility." However the descriptions for Lots 1 and 2 on Page 25 state that "the Selected Offeror will provide physician, certified registered nurse practitioner (CRNP), physician assistant (PA), outside hospitalization ..." Please clarify these two apparently conflicting statements.</p>	<p>Inpatient hospital costs will be paid through Medicaid. All other non-inpatient hospital services will be paid by the selected offeror.</p>
86		Appendix D-1	<p>Regarding Appendix D-1 - Cost Submittal Worksheet LOT 1 Rev.110920.xls :</p> <p>a. Please clarify if there should be a line item in the Cost Breakdown box for staffing at Laurel Highlands and Muncy dialysis units.</p> <p>b. The Cost Breakdown box includes a line item for "Outside Hospitalization." However RFP §IV-4.C states that "Inpatient costs will be DOC's responsibility." Does the State want bidders to estimate Outside Hospitalization costs even though bidders are not financially responsible for these amounts?</p> <p>c. Please confirm that bidders should price the Cost Per Institution table at a population of 47,000 inmates.</p>	<p>a. The offeror should include staffing costs for dialysis under dialysis.</p> <p>b. Outside hospitalization will be for all services not covered under inpatient care.</p> <p>c. Price the cost at a population of 47,000 inmates.</p>
87		Appendix D-2	<p>Regarding Appendix D-2 - Cost Submittal Worksheet LOT 2 Rev.110920.xls :</p> <p>a. The Cost Breakdown box includes a line item for "Outside Hospitalization." However RFP §IV-4.C (Page 35) states that "Inpatient costs will be DOC's responsibility." Does the State want bidders to estimate Outside Hospitalization costs even though bidders are not financially responsible for these amounts?</p> <p>b. Please confirm that bidders should price the Cost Per Institution table at a population of 47,000 inmates.</p>	<p>Refer to answer to Question #86.</p>
88			<p>Please confirm that the Selected Offeror will not be financially responsible for non-hospital offsite care costs for Community Corrections inmates.</p>	<p>The selected offeror will be responsible for non-hospital cost for any inmate that is placed in our SCIs, and only two CCC's: Wernersville & Progress.</p>
89			<p>Please confirm that the Selected Offeror will not be financially responsible for the cost of routine dental supplies that have nothing to do with oral surgery, e.g., dental gauze, dental x-ray supplies, dental; prosthetics, etc.</p>	<p>The selected offeror will not be responsible for any dental supplies that are utilized by the dental staff.</p>
90			<p>Calendar of Events. Currently questions are due on Sept 22. Will the DOC consider a later date to allow for questions following the pre-bid, facility tours and release of the appendixes?</p>	<p>There will be another round of questions after the pre-proposal conference and site visits.</p>

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91	12	Part II-4	Page 12 of 72. II-4: Prior Experience. Is the DOC seeking a list of ALL Correctional Medical contracts since 2000 regardless of whether they are still current clients? The next paragraph discusses listing terminated contracts but we want to confirm that the DOC also wants included on the list any medical contracts that the vendor has not renewed (for any reason) or have expired?	The DOC is seeking a list of all correctional medical contracts since 2000, regardless of whether they are still current clients. The DOC also requires a list of terminated contracts, including any medical contracts that have not been renewed or have expired.
92	13	Part II-5	Page 13 of 72. II-5 Personnel. On page 13 it states that "Offerors may not utilize subcontractors for personnel", is this specific to just primary care physicians or would this preclude subcontracting relationships with other groups, e.g. on-site specialty physicians or groups?	This is specific to primary care practitioners and any other personnel who are providing direct care to our inmates on a daily basis. Speciality physicians or groups that provide care periodically may be subcontractors.
93			Page 25 of 72. Outside Hospitalization. Can the DOC please provide all statistics on hospital admits as well as hospital days by Hospital and DOC facility for the last 2 years?	Refer to Historical Data - Health Care Statistics 2010
94			Page 25 of 72. Outside Hospitalization. What has been the total cost of inpatient hospitalizations for each of the last 2 years?	9/1/2009-8/31/2010 \$21,463,626 9/1/2010-7/31/2011 \$26,972,972
95	32	Part IV-4.A.8	Page 32 of 72. Infirmary Operations. Can the DOC please provide any statistics on infirmary capacity by facility and the number of admission and discharges for each infirmary for the last 2 years?	Refer to Historical Data - Health Care Statistics 2010
96	32	Part IV-4.A.6	Page 32 of 72. Sick Call. Can the DOC please provide sick call statistics by facility and by clinical level (Nursing versus Mid-Level versus Doctor) for the last 2 years?	Refer to Historical Data - Health Care Statistics 2010
97	33	Part IV-4.B	Page 33 of 72. B Specialty Clinics. Can the DOC please provide a current list of specialty hours provided by facility?	Refer to Historical Data - Health Care Statistics 2010
98	35	Part IV-4.C	Page 35 of 72. Outside Hospitalization. Can the DOC please provide the number of outside treatments/appointments by facility for the last two years? Any breakdown on these visits would be critical to assist in ensuring an appropriate network (OBGYN vs. Ortho vs. Cardiac, etc.)?	Refer to Historical Data- Health Care Statistics 2010
99	35	Part IV-4.C	Page 35 of 72 states the selected vendor will be responsible for Life Flights but later states the DOC will review and pay these claims on a case by case basis. Can you please clarify and provide statistics on Life Flights over the last 2 years and who has paid for them?	Refer to Historical Data- Health Care Statistics 2010 . DOC will be responsible for life flight costs.

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100	36	Part IV-4.D	Page 36 of 72. Renal Dialysis. Can the DOC please provide total dialysis treatments by month for the last two years?	Refer to Historical Data- Health Care Statistics 2010
101	43	Part IV-4.W	Page 43 of 72. Utilization Review. Can the DOC please provide any Utilization Review/Management reports for the last two years (by facility)?	Refer to Historical Data - Health Care Statistics 2010
102	6	Appendix C	Appendix C: Requirement 1 (page 6). Would the analysis of network bandwidth be required before award or performed as part of the implementation?	Yes. Analysis/projection of bandwidth requirements must be completed prior to the award.
103	7	Appendix C	Appendix C: Requirement 2 (page 7). Will this COPA connection act as a gateway for EMR network access to all DOC Facilities?	Yes.
104	7	Appendix C	Appendix C: Requirement 2. Given the requirement for a hosted solution, what is the expected equipment to be installed at the Data Center?	There is no "expected" equipment by the DOC. Requirement 2 simply identifies that rack space will be made available for provisioning of specific contractor provided network equipment as determined by the contractor.
105	11	Appendix C	Appendix C: Requirement 20 (page 11). Is the SAS 70 required pre-award or would a post award SAS 70 be considered? Is there an expectation of annual SAS 70 post award?	Post award SAS 70 would be sufficient and annual thereafter.
106	16	Appendix C	Appendix C: Requirement 28 (page 16). Is the Diamond Sapphire system already in use within the system?	Currently implemented at SCI Mercer, Greensburg, Houtzdale, and Quehanna Boot Camp. Plans are to have all sites implemented by end of 2012.
107			Can the DOC please provide a few examples of monthly pharmacy reports, for each facility, to best understand the acuity of the patients, volume of those on medications, and chronic care needs?	DGS is obtaining the information and will respond via Addendum 4 (Oct.19) with the second round of questions/answers.
108			Can the DOC please provide Chronic Care numbers, by site, for the last 2 years?	Refer to Historical Data - Health Care Statistics 2010
109			Please provide a copy of the current medical contract inclusive of all referenced attachments and documents and any amendments.	Refer to answer to Question #9. Refer to Attachment 4 - Provider Directory .
110			Please provide current staffing for each facility.	Refer to Appendix V of the RFP.
111			Please provide a copy of the last 12 months detail associated with worked versus contracted hours (perhaps from invoice or staffing report)?	Information not available.

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112			How much has the DOC paid the incumbent provider in each of the last 3 years?	2008 \$73,543,480.80 2009 \$89,288,442.95 2010 \$93,976,781.20 2011 \$65,340.99 Contract year runs from September through August.
113			How much has the DOC paid the incumbent provider through July of 2011 (or August if available)?	Refer to answer to Question #112.
114			What was the anticipated inpatient savings associated with Act 22?	Not applicable for this RFP.
115			What was the anticipated outpatient savings associated with Act 22?	Act 22 was implimented in July 2011; data not yet available.
116			Please provide any analysis shared with legislators or other parties associated with support of Act 22?	Not applicable for this RFP.
117			With respect to Act 22, what is the current process to confirm inmate eligibility with the Department of Welfare? Do the sites utilize the COMPASS system and will the selected vendor be responsible for this going forward?	Staff utilizes the COMPASS system to send information to DPW, and DPW staff sends out the eligibility notices to the facility, BHCS, and hospitals. The CHCA is responsible to enter the information into the COMPASS system.
118			Please provide the dollars, by month, associated with vacancies (or staff shortages) for the last two years. Any detail associated with these credits would be appreciated.	From 7/1/2010 thru 6/30/2011, the total was \$288,364 for staff shortages.
119			Please provide any and all statistics (stat versus regular, # of labs, breakdown of lab types) available associated with lab services by site. Any costs data would also be appreciated.	The number of lab specimens sent for processing was 306,040. Cost is not available.
120			The DOC is requesting a complete copy of all hospital records, is this the current practice?	Yes.
121			Please provide all liquidated damages charged the current vendor over the last 3 years.	Refer to answer to Question #118.
122			EMR Question: Has the DOC evaluated any E.M.R. systems that they prefer be considered or ruled out?	The DOC has not previously posted an RFP for an EMR.
123			What is the current year and next year's budget for healthcare services within the DOC? Please provide any breakdown that exists by category (Pharmacy versus DOC versus Mental Health versus Vendor).	Current year \$238,810,000 and at this time, next year is to be the same.
124			Please provide any statistics associated with Telemedicine, by facility, for the last two years?	Refer to answer to Question #31.
125			Please provide any facility-specific statistics associated with health care (e.g. monthly Health Services Report) for the last two years.	Refer to Historical data - Health Care Statistics 2010
126			Which service provider(s) does currently provide the Commonwealth BP Network?	The Commonwealth is currently transitioning to Verizon provided services.

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127			Can DOC provide current BP network design and network speeds?	DGS is obtaining the information and will respond via Addendum 4 (Oct.19) with the second round of questions/answers.
128			Please provide a list of all specialty care providers currently being accessed by the facilities, and please provide copies of these contracts.	Refer to Attachment 4 - Provider Directory .
129			Please provide a list of all positions by site and shift for each facility.	Refer to Appendix V of the RFP.
130			Please provide the current staff vacancies by institution by position.	Refer to Appendix V of the RFP.
131			Please provide: a. Average current salary rates by position by institution. b. Summary of benefits offered to the current staff. c. Cost of benefits provided to staff by benefit type. d. Percent of benefits to salary.	Refer to Appendix V of the RFP.
132			For telemedicine, we are concerned that limiting bandwidth for off-site consults to 384 KB/s may hinder video quality. Will vendors be allowed to procure individual communication lines to enhance video quality?	The offeror can request and DOC will work with the Bureau of Information Technology staff, but this will be at the selected offeror's expense.
133	39	Part IV-4.M	Part IV-4, Section M: For each of the previous 5 years, what has been the current usage of optometry and ophthalmology services to the inmates? Will the Commonwealth provide a current price list for frames, lenses, polycarbonate lenses and other eyeglass items from the DOC Correctional Industries? What is the usage of contact lenses and related supplies for the last 5 years?	a. Refer to Historical Data- Health Care Statistics 2010 b. Refer to Appendix N and Appendix O of the RFP. u. Usage of contact lenses and related materials not available.
134			In the fee for service program, does the Offeror keep the inmate co-pay? If so, what amount has been collected for each of the last 5 years?	Offeror does not keep the inmate co-pay.
135			What is amount spent by the incumbent contractor for equipment in the Community Corrections Centers for each of the last 5 years? How is it been determined if the appropriate funds are not available from the inmate or family?	Incumbent contractor only provides services at 2 secure Community Correction Centers, and equipment expenditures were minimal. Upon release from an institution(s) to a community corrections center, if an inmate needs a special type of medical equipment, DOC just asks the inmate if he/she or their family have funds available to provide the medical equipment. If there are no other means of obtaining the medical equipment, then the selected offeror is responsible to provide the medical equipment.
136	12	Part II-5	In Part II-5 Personnel, the RFP states, "Please note: Offerors may not utilize subcontractors for personnel (agencies for primary nursing staff, physicians, physician assistants, and medical records) or utilization review services." Please confirm if this provision is specific to only those positions/titles in parentheses or if it applies to all personnel?	Refer to answer to Question #92.

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137	30	Part IV-4.A.1.d	In General Requirements, item D states, "In addition, the offeror responsible for cost of providing UpToDate (on-line) for each physician, PA, and CRNP, preferably through the electronic medical record." Prior to the EMR implementation, will access to online capabilities be made available for all the staff to access this service?	The current contractor is responsible to purchase this program for their staff. The selected offeror will have to purchase this for their staff.
138	32	Part IV-4.A.7	Section IV-4.7 requires the completion of physician lines. On average, how many inmates are seen through physician lines each day at each of the facilities?	Refer to Historical data - Health Care Statistics 2010
139			Can physician lines be accomplished by properly certified PAs and/or CRNPs?	Inmates who have been seen by a PA or CRNP and need further assessment and/or diagnosis are referred to the physician line. A physician must see inmates in physician lines.
140			In the infirmary, the RFP specifies inpatient rounds must be conducted by physician Monday through Friday. Can a properly certified PA and/or CRNP complete these rounds Monday-Friday, in addition to the weekend and holidays indicated?	DOC Policy 13.2.1 Section 7 stipulates the practitioner must complete daily rounds and document an assesment on inpatient unit. Practitioner includes physician, PA and CRNP. However, only a physician may discharge an inmate from the infirmary. Please note this is a further clarification than what is stated in the RFP. Refer to DOC policies at http://www.cor.state.pa.us/portal/server.pt/community/department_of_corrections/4604/doc_policies/612830 .
141			Please provide the monthly, quarterly and annual reports and/or data submitted by the current vendor on clinical encounters, specialty clinics, patient demographics and other clinical statistics for the prior 12 months.	Refer to Historical data - Health Care Statistics 2010
142	36	Part IV-4.E	For renal dialysis, the RFP indicates current dialysis equipment at SCI-Laurel Highlands is owned by the DOC and the Offeror is responsible to maintain and replace equipment if necessary. a. Please provide a list of current equipment. b. Will the DOC consider a lease arrangement if machines need replacement?	a. Refer to Attachment 8 - SCI-Laurel Highlands' Dialysis Equipment . b. The selected offeror is responsible ot maintain all equipment in good working order and replace it with new or state-of-the-art equipment if necessary. The offeror will determine the arrangements they will utilize to replace the equipment
143			How many inmates are currently receiving dialysis treatment at each institution, including onsite at SCI-Laurel Highlands and SCI-Muncy and locations using outside services?	on-site SCI-Laurel Highlands 74; SCI-Muncy 1; no one for outside services
144			What was the number of incidents of outside dialysis services during the last fiscal year and the cost of those outside services?	Refer to Historical data- Health Care Statistics 2010 . Cost is not available, and with Act 22 it would be Medicare rates.
145			What is the age and condition of the dialysis equipment currently at SCI Laurel Highlands?	Refer to Attachment 8 - SCI-Laurel Highlands' Dialysis Equipment .
146			What is age and condition of the equipment and the terms of the contract under which the dialysis equipment is provided at SCI-Muncy? What was the cost of leasing and maintaining that equipment during the prior physical year?	Refer to Attachment 4 - Provider Directory . The current subcontractor can provide you the information you are requesting.

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147			If the number of inmates requiring dialysis service at SCI-Laurel Highlands and/or SCI-Muncy exceed capacity on an on-going basis, will the DOC pay for the cost of additional equipment at these locations?	The selected offeror will be responsible for all costs associated with additional equipment.
148	38	Part IV-4.H	Section H. Imaging Services states, "The selected Offeror may use any radiographic equipment that the DOC has on-site, but the selected Offeror is responsible for maintaining the equipment in working condition." Please provide an inventory and the condition of current equipment provided by institution.	Current subcontractor, Mobile X, can provide the information. Refer to Attachment 4 - Provider Directory .
149	42	Part IV-4.S	In item S. Medical Supplies and Equipment, the RFP states, "The selected Offeror will also be responsible for the replacement and maintenance of existing medical equipment, including telemedicine." a. Please provide an inventory list and current condition of this equipment by location. b. This section also indicates that the DOC will be responsible for furnishings in the medical areas, to include hospital beds, mattresses, linens, and inmate clothing. What about miscellaneous furnishings like desks, chairs, and exam tables?	a. For telemedicine, refer to Part IV-4, Section CC of the RFP. For other medical equipment, refer to answer to Question #25; no inventory list is available. b. The DOC can provide desks and chairs if needed. Exam tables are the selected offeror's responsibility.
150	30	Part IV-4.A.1.a	Section IV-4.A.1a of the RFP requires sufficient on-site physician staff to make rounds in the infirmaries and RHUs. For each facility, please indicate: a. The capacity, average daily census and average length of stay for the medical infirmaries. b. What are the expectations for physician rounds of the long term care beds (164 skilled intermediate care beds and 159 personal care beds at SCI Laurel Highland; 15 beds at SCI Muncy; 90 personal care beds at SCT Waymart)? c. Number of negative air pressure rooms d. The capacity, average daily census and average length of stay for the RHUs	a. Refer to Attachment 1 - SCI Profiles Chart 2011 for capacity. The infirmaries are on the average 75-80% filled b. Refer to DOC Policy 13.2.1 Section 7 at http://www.cor.state.pa.us/portal/server.pt/community/department_of_corrections/4604/doc_policies/612830 regarding physician rounds in the units. c. Each facility has at least one, and most of the facilities with a population over 1,500 have 2-3, the numbers have always been adequate to meet the facilities' needs. d. Refer to Attachment 9 - RHU Beds by Institution . Average daily census is approximately 85-90% filled

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151	30	Part IV-4.A.1.c	<p>Section IV-4.A.1c of the RFP refers to the treatment of HIV, TB, Hepatitis and other communicable diseases. To provide prospective bidders with sufficient information to develop responsible staffing matrices, please provide the number of inmates requiring medical treatment each year for the following conditions:</p> <ul style="list-style-type: none"> a. Congestive heart failure b. Other heart disease c. Hypertension d. Stroke e. Diabetes f. Cancer (specify types) g. Pneumonia h. Tuberculosis i. Hepatitis B j. Hepatitis C k. AIDS/HIV l. Huntington's m. Traumatic brain injury n. Any other medical illnesses/conditions that have represented significant costs to the Commonwealth (specify) 	Refer to Historical data - Health Care Statistics 2010
152	30	Part IV-4.A.1.d	<p>Section IV-4. A, 1d of the RFP refers to the inclusion of DOC medical staff in healthcare training provided. Does DOC medical staff refer to the nursing and medical record staff or does the DOC employ other on-site medical staff?</p>	DOC employs nursing, medical records, and dental staff in the medical areas.
153			<p>Sections IV-4.A.3j and IV-4.5d-e of the RFP refers to medical monitoring for asbestos and/or lead abatement. Please describe the extent of these projects in terms of the number of inmates or staff requiring such monitoring and the anticipated length of time these abatement projects will last.</p>	DGS is obtaining the information and will respond via Addendum 4 (Oct.19) with the second round of questions/answers.
154	31	Part IV-4.A.3.k	<p>Section IV-4.A.3k of the RFP refers to the Respiratory Protection Program. Please describe this program, including the services provided, the locations it is offered and the number of inmates enrolled.</p>	Refer to DOC Policy 15.1.1 Section 8 at http://www.cor.state.pa.us/portal/server.pt/community/department_of_corrections/4604/doc_policies/612830
155	31	Part IV-4.A.5.a	<p>Section IV-4.5a included the requirement for physical examinations of correctional officer trainee applicants.</p> <ul style="list-style-type: none"> a. On average, how many of these physical examinations are conducted each month? b. Does the Commonwealth have a preference with regard to the six or more locations at which these examinations are to be conducted? 	<ul style="list-style-type: none"> a. Refer to answer to Question #57 for the numbers provided. b. The locations must be adequate to meet the needs of all the facilities.
156	32	Part IV-4.A.6	<p>Section IV-4.6 outlines the requirements for responding to inmate sick calls.</p> <ul style="list-style-type: none"> a. For each facility, what is the average number of inmates seen in sick call clinics each month? b. Please identify the location, capacity and average daily census of each skilled care unit referred to in Section IV-4.6. 	<ul style="list-style-type: none"> a. Refer to Historical Data Health Care Statistics 2010 b. Refer to Part IV-4, Section D, Long Term care of the RFP for number of beds. These beds are filled with waiting lists.

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157	33	Part IV-4.B	For each of the specialty services listed under Section IV-4.B, please provide the average number of inmates treated on an annual basis. Internal Medicine Gastroenterology General Surgery Orthopedic Surgery ENT Podiatry Dermatology Urology Neurology Audiology Neurosurgery Oncology Nephrology Endocrinology Infectious Disease Ophthalmology Respiratory Therapy Cardiology Rehabilitative Services/Physiatry to include: Physical Therapy, Occupational Rehabilitative Services Oral Surgery OB/Gynecology	Refer to Historical Data - Health Care Statistics 2010
158			Please provide the cost by service type, including on-site versus off-site service, for the prior physical year for all Specialty Services listed on page 33 of 72.	Refer to Historical Data - Health Care Statistics 2010
159	34	Part IV-4.B.6	In item B. Speciality Services, number 6, the RFP states that "oncologic care is overseen by a contracted oncologist". What are the terms of this contract? Will the Offeror be expected to continue services with this oncologist under the current contract?	The present oncologist is a full-time employee of Corizon. Any future oncologist would be expected to be employed or contracted by the selected offeror.
160			Page 34 of the RFP states that "elective same day or short stay surgeries are preferentially performed at one or two contracted hospitals." Please identify the outside hospitals at which same-day or short stay surgeries are currently performed. What are the terms of the current contracts with these hospitals? Will the Offeror be expected to continue services under the current contract with these hospitals?	a. Currently, Somerset Hospital and St. Catherines are the hospitals utilized. b. Refer to Attachment 4 - Provider Directory . c. The offeror should submit in their technical proposal the plan on providing elective same day or short stay surgeries.
161	34	Part IV-4.B.4	Section IV-4.B.4 refers to the provision of on-site specialty clinics when more than six inmates require the specific care within a 30 day period. Please provide the types of specialty care clinics currently provided on-site at each facility.	Refer to Historical data - Health Care Statistics 2010
162	34	Part IV-4.B.5	Section IV-4.B.5 described the requirement to provide prosthetics if ordered by a specialist. These prosthetics include hearing aids, orthopedic shoes, braces, etc. How many inmates are provided with prosthetics on an annual basis?	Refer to Historical data - Health Care Statistics 2010

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163	34	Part IV-4.B.6	Please identify the facility at which chemotherapy services are currently provided; the facility at which CT Scans and MRIs are provided; and the two facilities at which treatment for Hepatitis C is administered, as discussed in Section IV-4.B.6. Please describe how these medical services are provided to female inmates.	<p>a. Chemotherapy is currently being provided at SCI-Graterford, but the DOC is working with the current contractor to have this service provided at SCI-Pittsburgh.</p> <p>b. CT scans and MRIs are being provided at SCI-Smithfield</p> <p>c. Hep C treatment is being provided at SCI-Forest and SCI-Dallas</p> <p>d) For female facilities, these services are provided off-site, except for Hep C treatment, which is provided at both female sites SCI-Muncy and SCI-Cambridge Springs.</p>
164			On average, how many inmates require outpatient surgery each year, as referenced in Sections IV-4.B.6 and IV-4.C?	Refer to Historical data - Health Care Statistics 2010
165			Sections IV-4.C and IV-4.E indicate that the vendor will be responsible for dialysis. On average, how many inmates require such treatment?	Refer to Historical data - Health Care Statistics 2010
166	35	Part IV-4.C	<p>For Section IV-4.C. Outside Hospitalization, please provide the following information:</p> <p>a. Number of outpatient hospital visits by type or reason of visit and the associated costs of the visits for the prior fiscal year.</p> <p>b. Page 35 of the RFP under Specialty Services states that the Offeror is responsible for, among other items, life flights. In this same paragraph, there is the statement "life flight services will be reviewed and paid for by the DOC on a case by case basis." The Appendix D pricing instructions state that "Life flight services will be paid by DOC". Could the DOC clarify this responsibility? What are the circumstances under which the DOC will or will not pay for life flight services? How many life flight incidents occurred in the prior fiscal year? How many of these prior year incidents were paid by the DOC and how many were paid by the current vendor? What was the total cost in the last fiscal year of life flights paid by the DOC and the total cost paid by the current vendor?</p>	<p>a. Refer to Historical Data - Health Care Statistics 2010 for number of outpatient hospital visits. Costs are unknown.</p> <p>b. Refer to Historical Data- Health Care Statistics 2010 for number of life flights. The DOC will be responsible for the life flights costs in this Contract.</p>

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167			<p>Sections IV-4.C, IV-4.I and IV-4.J indicate that the vendor is responsible for ambulance services and emergency room visits that do not result in admission.</p> <p>a. On average, how many inmates require emergency transportation by ambulance each year?</p> <p>b. On average, how many inmates require non-emergency transportation by ambulance each year?</p> <p>c. Please provide the cost of emergency and non-emergent ambulance services in the prior fiscal year.</p> <p>d. On average, how many inmates require treatment in an outside hospital's emergency department each year? Of these, how many inmates' visits to the emergency department do not result in admission to the outside hospital?</p> <p>e. On average, how many inmates require emergency treatment in an outside hospital for treatment of self-injury?</p>	<p>Refer to Historical data - Health Care Statistics 2010</p> <p>c. Cost is unknown.</p>
168	35	Part IV-4.C	<p>Section IV-4.C requires the vendor to maintain clinical oversight and utilization review services for all inmates who require inpatient medical services at outpatient hospitals. For the past five years, please provide annual averages for the following parameters:</p> <p>a. Number of patient-days required for inpatient medical care at outside facilities?</p> <p>b. Number of FTU patients requiring admission to an outside hospital</p> <p>c. Number of FTU patients requiring admission to an Intensive Care Unit</p> <p>d. Number of patient-days needed for ICU</p>	<p>a-b. Refer to Historical Data - Health Care Statistics 2010</p> <p>c-d. Unknown.</p>
169	36	Part IV-4.D	<p>Section IV-4.D indicates that no ventilator services are currently available for female inmates at SCI-Muncy.</p> <p>a. Over the last five years, how many female inmates have required ventilator services?</p> <p>b. At what facility has this level of treatment been provided?</p> <p>c. Are there plans to provide this level of treatment at SCI-Muncy in the future?</p>	<p>a. Unknown.</p> <p>b. The inmate would receive this service at a hospital or long term care facility.</p> <p>c. Not at this time.</p>
170	36	Part IV-4.E	<p>As referenced in Section IV-4.E, how many inmates receive off-site hemodialysis each year?</p>	<p>Refer to Historical Data - Health Care Statistics 2010</p>
171	36	Part IV-4.E	<p>Section IV-4.E appears to indicate that the vendor will be responsible for procuring and maintaining back-up power sources for the two dialysis units.</p> <p>a. Are there currently back-up power sources for the two dialysis units?</p> <p>b. If so, will this back-up equipment be made available to the successful bidder?</p>	<p>a. There is currently a back-up power source to the RHU, but none for the main unit. The facility is working on obtaining this.</p> <p>b. Back-up equipment is property of the DOC and will be made available to the successful offeror.</p>

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172	38	Part IV-4.F	<p>Section IV-4.F requires the vendor to assist with hospice services.</p> <p>a. Please describe the current hospice program in the DOC.</p> <p>b. On average, how many inmates require hospice treatment each year?</p> <p>c. Are hospice services provided at all facilities or only at SCI-Laurel Highlands and SCI-Muncy?</p>	<p>a. Refer to DOC Policy 13.2.1 Section 9 at http://www.cor.state.pa.us/portal/server.pt/community/department_of_corrections/4604/doc_policies/612830.</p> <p>b. Numbers unknown.</p> <p>c. Hospice services are provided at all facilities. The inmates are housed in the infirmary and receive palliative care.</p>
173	39	Part IV-4.L	<p>Section IV-4.L requires the vendor to provide "all general dental services."</p> <p>a. Is regular preventive care included in this requirement?</p> <p>b. Are dental prosthetics included in this requirement?</p> <p>c. On average, how many inmates require on-site oral surgery each year?</p> <p>d. On average, how many inmates require off-site consultation for oral surgery each year?</p>	<p>a. Dental care is provided by dentists employed by DOC, the selected offeror is responsible to provide onsite-offsite oral surgery services and emergent dental care and/or stabilization when the dental staff is not present.</p> <p>b. DOC provides the dental prosthetics</p> <p>c. DGS is obtaining the information and will respond via Addendum 4 (Oct. 19) with the second round of questions/answers.</p> <p>d. DGS is obtaining the information and will respond via Addendum 4 (Oct. 19) with the second round of questions/answers.</p>
174	39	Part IV-4.M	<p>Section IV-4.M requires the vendor to provide vision care services.</p> <p>a. On average, how many inmates require routine vision care services each year?</p> <p>b. On average, how many inmates require emergency eye care services each year?</p>	<p>Refer to Historical Data - Health Care Statistics 2010</p>
175	42	Part IV-4.R	<p>Section IV-4.R outlines requirements for medical records and appears to refer to a paper record. Appendix C indicates that the successful bidder and DOC will develop a transition plan for implementation of the EMR with an agreed-upon date. Does the DOC have a timeframe requirement or expectation for the implementation of an electronic medical record?</p>	<p>12-18 months</p>
176			<p>What is the current number of inmates receiving long term care in each care category, including skilled nursing, intermediate care, personal care, and specialty medical care by facility?</p>	<p>Currently, there are 164 skilled/intermediate care beds and 159 personal care beds at SCI-Laurel Highlands; 90 personal care beds at SCI-Waymart; and 15 beds designated for these services at SCI-Muncy. There are 10 skilled beds and 8 personal care beds at SCI-Laurel Highlands that are not filled, and we have some referrals that are being processed. Inmates are housed in the institution's infirmary while the referrals are being processed.</p>
177			<p>What ECG equipment is currently in use by the current vendor by facility?</p>	<p>Refer to Attachment 4 - Provider Directory.</p>
178			<p>How many ECG's were performed during the prior fiscal year? Please provide data by institution.</p>	<p>Refer to Historical data - Health Care Statistics 2010</p>
179			<p>Will the ECG equipment used by the current medical services vendor be available for use by the Offeror?</p>	<p>Refer to Attachment 4 - Provider Directory for contact information of current vendor.</p>
180			<p>How many x-rays and scans by type of service and by institution were performed in the prior fiscal year?</p>	<p>Refer to Historical data - Health Care Statistics 2010</p>

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181			What radiographic and developer equipment owned by the DOC will be available for use by the Offeror and at what institutions?	Offerors are to propose their plan for digital imaging services and use of mobile x-ray equipment within their technical proposal. Refer to answer to Question #70.
182			What is the age and condition of radiographic and developer equipment owned by the DOC?	Refer to answer to Question #181.
183			Will the Offeror be responsible for replacing radiographic and developer equipment owned by the DOC?	Refer to answer to Question #181.
184			Please provide the number of encounters for vision care services and the cost for vision care services in the prior physical year. Also, please provide the number and cost of eyeglasses provided in the last fiscal year.	Refer to Historical data - Health Care Statistics 2010 Approximately 14,000 pairs of glasses were provided last fiscal year. Refer to Appendix N of the RFP for costs.
185			Please provide the number of incidents and costs of Laboratory Services.	Refer to answer to Question #119.
186			Please provide the names of laboratory vendors currently being used and the number and cost of labs performed in the prior physical year.	Bio Reference is the current vendor. Cost is not available.
187			How many onsite and how many offsite incidents of dental surgery occurred in the prior fiscal year and what was the cost of onsite and offsite dental surgery?	a. DGS is obtaining the information and will respond via Addendum 4 (Oct.19) with the second round of questions/answers. b. Cost is not available.
188		Appendix D-1 Appendix D-2	In Appendix D: Cost Breakdown, the instructions for this Appendix state, "The Offeror may propose a per diem rate of reimbursement for providing services to inmates between the population increments of 200 over the final increment." Will the DOC clarify this statement, including what is meant by the "final increment", and/or specify what population should be used in this per diem calculation?	Refer to the <i>Cost Breakdown tab - Monthly and Annual Costs</i> . The worksheet has population in increments of 200 starting at 45,000 up to 49,000. Offerors can either propose a per diem rate after 49,000 or expand the population by 200 increments and then propose a per diem rate after the last increment.
189		Appendix D-1 Appendix D-2	Also in Appendix D, is the requested Per Diem Rate intended to represent the first contract year or an average for the 5 year term of the contract?	Per diem rate is for the first year of the contract.
190			Please provide the type, number and cost of liquidated damages assessed to the current vendor during the prior fiscal year.	Refer to answer to Question #10.
191			Please provide the amount and frequency of assessed liquidated damages for the past 5 years.	Refer to answer to Question #190.
192			For on-site hours SLA assessments – statewide, will the 95% statewide position fill requirements be based on the total fill rate over an invoicing period (one month) or some other period of time?	An invoicing period.

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193	61	Part IV-5.B	In section IV-5. Lot 2, B Nursing and Medical Records Staffing for All Institutions, the RFP states, "In the event that the DOC needs to add additional personnel to monitor the contract, the Selected Offeror shall reimburse the Commonwealth up to \$250,000 to offset these personnel costs." a. Please confirm that this section applies only to Lot 2 of the RFP and not also to Lot 1. b. Is the \$250,000 an annualized amount? c. Would the DOC consider removing this clause from the RFP, in that vendors are likely to include the full amount in their pricing to the detriment of the DOC with no value added if additional personnel are not needed?	a. Confirmed. It is a requirement for Lot 2 only. b. Yes. c. No.
194	12	Part II-5	Pursuant to Page 12, Part II, Section II-5, Offerors are required to submit names and credentials for key personnel that would be utilized to fulfill the contractual requirements of RFP 6100019380. As Offerors who are bidding against the incumbent vendor do not have access to current key personnel, would the provision of names and credentials of all senior support / management staff, as well as a detailed plan for the recruitment of current PA DOC medical personnel, meet this requirement of the RFP?	Refer to answer to Question #55.
195	26	Part IV-2	Pursuant to Page 26, Part IV, Section IV-2, the Pennsylvania DOC contracts with two other Contractors to provide other health services: Mental Health and Pharmaceutical. Is an Offeror who is submitting a proposal for RFP 6100019380 also permitted to submit proposals for Mental Health and/or Pharmaceutical Services pursuant to their respective RFP's?	The DOC already has existing contracts for mental health and pharmaceutical services. Those contracts are not currently posted for bid.
196	27	Part IV-3.B	Pursuant to Page 27, Part IV, Section IV-3, Offerors are required to submit a completed and signed Non-Disclosure Agreement during the Mandatory Pre-Proposal Conference. Once this process is completed, such Offerors will be provided access to additional key information necessary to complete responses to the RFP. As this information is not being made available to Offerors until after the question submission deadline (09/22/2011), will the Issuing Officer allow for additional questions to be submitted after 09/22/2011?	Yes.
197			With regards to the staffing penalty for any shifts that remain vacant, will a reasonable time period be granted prior to the initiation of the staffing penalty? If so, how many days will the Offeror be permitted to recruit and fill the vacant position(s)?	No. The offeror is responsible to provide services as contracted.
198			Does the PA DOC intend to include a provision in the new medical services contract for any other financial penalties and/or liquidated damages?	No.
199			What is the anticipated start date of a new medical services contract for the PA DOC?	Refer to answer to Question #6.

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200			Can the Issuing Officer provide the PA DOC's intentions with regards to time frames for the transition of the PA DOC facilities if a new vendor is selected (i.e., all facilities turned over immediately upon a contract award, facilities to be regionalized with one region to be transitioned to a new vendor at a time, etc)?	Refer to answer to Question #5.
201			If Lot 2 is selected, how does the PA DOC anticipate the Offeror transition the salaries, wages, and benefits of existing personnel?	The existing personnel will have to follow the offeror's hiring procedures and discuss with the offeror wages and benefits. The DOC is not requiring the offeror to offer existing personnel any specific salary and/or benefits.
202			Who is financially responsible for inmate health care costs when PA DOC inmates are being housed (possibly temporarily) in other facilities (i.e., county jails)?	The entity that has care, custody, and control of the inmate is financially responsible for inmate health care costs.
203			Will Offerors be provided a copy of any and all existing Collective Bargaining Agreements covering any health care personnel covered under the RFP?	Refer to answer to Question #19.
204			Will Offerors be provided a copy of the current health care services contract, to include any and all addendums issued thereafter?	Refer to answer to Question #9.
205			Pursuant to the "Instructions" section of the RFP, it states that "The DOC will not accept a cap on the vendor's liability for hospitalization and other services." Does such a cap exist in the current medical services contract? If so, what is the amount of the current cap and would the Issuing Officer consider a cap for outpatient services, which are not covered by Medicaid, in Offeror's proposals?	a. Yes. A cap exists in the current Contract. b. Current cap is \$8,990,652. c. Issuing officer will not consider a cap for this Contract.
206			Will the Issuing Officer accept annual bonds? Is the bid security required in order for Offerors to submit a proposal?	Annual bonds would be acceptable, but must be renewed each year during the term of the contract. No bid security is required.
207			Pursuant to the RFP, there is dialysis equipment currently in place and being utilized at various PA DOC facilities. Please provide the total number of units currently in use, to include their current condition, year of purchase, hours, and any scheduled future replacements of such equipment. With regards to the dialysis equipment at SCI-Muncy, will the Offeror be financially responsible for the replacement of the existing dialysis units upon a contract award? Upon the completion of the expansion at SCI-Muncy or any other future expansions, who will be financially responsible for the procurement of additional required dialysis units?	Refer to answers to Questions #142, #143, #144, #145, and #146.
208	59	Part IV-4.II	What is the PA DOC's required minimum professional liability / malpractice / insurance limits of the Offeror?	Refer to Part IV-4, Section II, Liability Insurance of the RFP.

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209			What percentage target (as part of total contract value) has been established for level of participation by M/WBE subcontractors?	There is no established level of participation for this RFP. Each DB Participation Submittal will be rated for its approach to enhancing the utilization of Small Disadvantaged Businesses and/or Socially Disadvantaged Businesses. Each approach will be evaluated, with Priority Rank 1 receiving the highest score and the succeeding options receiving scores in accordance with the above-listed priority ranking. To the extent that there are multiple DB Participation submittals that offer subcontracting commitments to Small Disadvantaged Businesses, the proposal offering the highest total percentage commitment shall receive the highest score in the Priority Rank 3 category and the other proposal(s) in that category shall be scored in proportion to the highest total percentage commitment offered.
210			What criteria will be used in allocating/scoring the 200 points allocated to the DB component?	Refer to answer to Question #209.
211	20-21	Part III-4.C	How will scoring be allocated across various bidders if there are a range of DB proposals submitted? For example, if a joint venture proposal is submitted and others utilize subcontractors, will the JV bid automatically receive the maximum 200 points? How will other bids be evaluated / scored?	Refer to answer to Question #209, as well as Part III-4, Section C of the RFP.
212			Please clarify the prohibition on utilizing M/WBE subcontractors for staffing services.	The DOC made this determination to maintain quality and continuity of care, policy compliance, minimal training expense, adherence to security requirements, minimize clearance checks, and for the contractor and the DOC to have more control over the staff. Subcontractors may be used to supplement the contractors' staff, such as per diem and on a PRN (as needed) basis.
213	20	Part III-4.A	If a primary bidder or joint venture utilizing an M/WBE business organization with minimal or no experience in delivering correctional healthcare is proposed, what criteria will be utilized in technical scoring of the proposal?	The technical scoring criteria is found in Part III, Section III-4A of the RFP.
214			The evaluation criteria states a priority ranking will be used to award Disadvantaged Business Participation points. Will the DOC being using a formula to weight the priority rankings? If so, what is the formula?	The scoring of the DB submittals will be done by the Bureau of Minority and Women Business Opportunities (BMWBO). Below is a link to scoring formulas. http://www.portal.state.pa.us/portal/server.pt/community/rfp_scoring_formulas_overview/20124
215			Lot 2: We understand certain existing DOC nursing and medical records staff is represented by a union(s). Please specify which positions are covered and which union is providing representation. Please provide all Collective Bargaining Agreements covering these positions. Please provide historical overtime hours/costs for all positions that will be privatized.	Refer to answer to Question #19. Refer to Attachment 10 - Overtime .
216			Lot 2: Please provide a seniority list for existing DOC nursing and medical records staff.	Refer to Attachment 11 - Nurses Med Rec - Yrs Svc .
217	62	Part IV-5.B	RFP Pg. 62, Part IV-5, LOT 2 Proposal: In the event that the Issuing Office selects a Lot 2 proposal for award, please discuss the likelihood or need for adding personnel to monitor the expanded contract.	This would be based on the Offeror's proposal. See also answer to Question #193.

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218		Appendix D-1 Appendix D-2	Appendix D-1 and D-2: It is our understanding that the per diem rate will cover the incremental cost of the inmate population that falls above (between) the levels provided on the forms. For example, if the monthly average population was 47,065, the contractor would be reimbursed at the fixed monthly rate for 47,000 plus the per diem rate multiplied by 65. Please confirm or clarify.	Correct.
219		Appendix D-1 Appendix D-2	Appendix D-1 and D-2: It is stated in the instructions that annual increases may be tied to the Department of Labor's Consumer Price Index. If an Offeror decides to propose annual increases in this manner, how should the rates & cost for these years be reflected on the forms considering the actual amount of the adjustment is unknown at the time of this proposal and the proposals will be evaluated based on the five-year total?	Offerors should indicate their proposed fixed increase for Years 1-5. The index will be used for determining the increase for the renewal years.
220		Appendix D-1 Appendix D-2	Appendix D-1 and D-2: Please confirm that offerors are not required to price extension year options and that such costs are excluded from the pricing proposal scoring.	Correct.
221	20	Part III-4.B	RFP Pg. 20, Section III-4, Evaluation Criteria: How will the 30% allocated to proposal pricing be awarded? Will there be a specific formula utilized (i.e., will lowest bidder receive the maximum 300 points and others a reduced number based on percentage comparison of their price to the lowest bid)?	Refer to answer to Question #46.