Commonwealth of Pennsylvania

Date: **October 19, 2011**
Subject: **Correctional Health Care Services**
Solicitation Number: **6100019380**
Opening Date/Time: **11/18/2011, 1:30PM**
Addendum Number: **4**

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 the second round of questions are attached to this Addendum #4 to the RFP.

2. The following attachments are uploaded to the FTP secure website as a result of some of the questions submitted by Offerors during the second round of questions:

    a) Attachment 12 - Monthly Nurse Complement by Org
    b) Attachment 13 - Network Diagram – EMR
    c) Attachment 14 - EMR WAN Link Information
    d) Attachment 15 - Current Contract Amendments 4 & 5
    e) Attachment 16 - Average Population by Institution
    f) Attachment 17 - Breakdown Current Nursing & Med Records Emp
    g) Attachment 18 - Summary of Changes 10-07-2011
    h) Attachment 19 - Summary of Changes_AFSCME Master Agreement_Revised Final_6 24 2011
    i) Attachment 20 - Current Wages Nurses Med Rec
    j) Historical Data – Additional Documents folder

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,

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Question #	RFP Page #	RFP Section Reference	Question	Answer
	(If Known)	(If Known)	(Required)	(Required)
1			Please identify the makes and models of current Commonwealth-approved printers and copiers.	The current manufacture of printers is Kyocera that is on contract. The current wireless laptop that we procure is the Dell M4600. An estimate for # of these needed would be 6 - 8 per site (average – some sites needing fewer and others needing more). This estimate is being provided with the understanding that this is a point-in-time estimate and that the actual quantity needed is largely dependent upon the solution provided. Namely, additional equipment will be needed when new sites open, including desktop and laptop PCs, printers, USB scanners, etc.
2			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.	No. We are not willing to host/support the EMR servers within the DOC datacenter.
3			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?	Refer to the Historical Data folders on the FTP Secure Site. The data shall assist you in the acuity of patients.
4			Can DOC provide current BP network design and network speeds?	COPA will provide the gigabit Ethernet connection(s) to the Business Partner (BP) which will function as the gateway to all COPA network-connected devices (end user devices and COPA data resources). The WAN design between the COPA location hosting the gigabit Ethernet connection(s) and the BP is up to the BP. Each BP determines their own network design between COPA and BP except for the IP addressing requirements referenced in the RFP. Refer to **Attachment 13 - Network Diagram - EMR** and **Attachment 14 - EMR WAN Link Information**.
5			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.	There is approximately 100 participants in this program, and the program is continuous.
6	39	Part IV-4.L	Section IV-4.L requires the vendor to provide "all general dental services." a. On average, how many inmates require on-site oral surgery each year? b. On average, how many inmates require off-site consultation for oral surgery each year?	From August 2010-July 2011 (12 month) a. Onsite = 1784 b. Offsite = 249
7			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. Refer to response to Question #6. b. Cost is not available.

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8			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.	CLARIFICATION to Question #89 (Addendum 3) - The selected offeror will not be responsible for any dental supplies that are utilized by the dental staff. However, the vendor is responsible for the "Oral Surgeon" specific dental supplies should that service be provided on-site.
9		Appendix V	Other Costs – Is this DOC or vendor related information?	This is DOC information.
10		Appendix V	Other Costs - Can you clarify the shift differential? Does this mean that even if a first shift employee works 7am – 3:30pm, there is a $1.00 differential that starts at 12:00 pm?	If the regular work shift, consisting of 8 hours, begins before 6am or after 12pm, the employee receives $1 shift differential for all hours worked on that shift.
11		Appendix V	SCI Graterford – Does the 2.20 Physician include the Oncologist? If not, where is this position accounted for in the staffing?	The current contractor includes this cost in their administrative costs.
12		Appendix V	SCI Graterford – Is the 1.0 RN listed the oncology nurse? If not, what function does this position provide?	The 1.0 RN is the oncology nurse.
13		Appendix V	SCI Laurel Highlands – During the tour we were told that the dialysis unit is managed by a Full-time Nephrologist but this position does not show on the staffing plan. Can you please clarify where this position is accounted for in the staffing? What is the name of this provider?	The nephrologist is the full–time Medical Director at SCI-Laurel Highlands.
14		Appendix V	SCI Laurel Highlands - Are the RNs and Dialysis Techs employed by the current vendor part of the CBA?	Refer to the vendor staffing that is included in Appendix V.
15		Appendix V	SCI Laurel Highlands - With the opening of both G and I units that is projected to add approximately 400 inmates, what additional staff will be added above that which is currently shown on the staffing plans provided in V?	Additional staff has not been determined yet.
16		Appendix V	SCI Laurel Highlands - During the tour we were told of the therapeutic rec aide yet this position does not show up in Attachment V. Please clarify who is responsible for staffing this position.	This is a DOC position.
17		Appendix V	SCI Laurel Highlands - Who is responsible for staffing the two full time physical therapy aides in LOT 1 and 2?	The vendor is responsible for staffing the 2 full-time physical therapy aides for both lots.
18		Appendix V	SCI Muncy – During the tour we were told that the dialysis unit is managed by an RN yet no RN staff shows up on the vendor staffing plan. Can you please clarify and provide the FTE's by position of	The current contractor subcontracts all dialysis services at SCI-Muncy, including staffing.

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19		Appendix V	Community Corrections Centers - The RFP indicates responsibility for staffing in LOT 2 yet current vendor supplies staffing to SCI Wernersville. Please provide specifics regarding the Community Corrections Centers, the services required and the requirements for staffing for LOT 1 and LOT 2.	Physician assistants/nurse practitioners and physicians provide sick call services at the Progress Secure unit, and these hours are included in SCI-Greene vendor staffing. Currently, they usually provide 6-8 hours weekly. The contractor currently provides 4 physician assistant/nurse practitioner hours and 2 Medical Director hours weekly at SCI-Wernersville. The selected offeror will be required to provide sick call and any other services that are necessary for which the inmate is sent off-site. The inmates at these sites are included in the monthly population totals, so the contractor is responsible for all medical services provided to these inmates.
20		Appendix V	Because we were unable to tour all facilities, can we be provided a weekly or monthly staffing schedule for each facility, names can be marked thru, but would like position (e.g. RN) and shift?	Refer to **Attachment 12 - Monthly Nurse Complement by Org** Appendix V provides current positions at each site. The facilities are normally staffed in the morning to provide pill lines, sick call, infirmary care, clinics, and treatment lines. The afternoon shift normally provides evening pill lines, finishing clinics, and infirmary care. Most night shifts have 1 RN and 1 LPN for infirmary care and going through medication totes and completing forms. All shifts handle emergencies and usually the infection control functions; and quality improvement functions are completed during the day. Please see attachment that just lists the nurse staffing at each site within Appendix V.
21		Appendix V	Can a staffing plan that outlines the current vendor Regional Office Staff and salaries be provided?	Salary information is not available because those costs are not specifically broken down in the administrative costs of the current contract.
22		Appendix V	Are there District Medical Directors not reflected on the vendor staffing plan? If so can FTE's and salary information be provided?	The District Medical Directors are reflected in the vendor staffing plan, and they are currently located at SCI-Albion, SCI-Fayette, SCI-Rockview, SCI-Graterford, SCI-Dallas, and SCI-Smithfield
23		Appendix V	Does the Department of Corrections know of any changes that need to made to this plan for the next quarterly adjustment?	At this time, we are not aware of any. But due to budgetary constraints, we try to be as budget neutral as possible when adjustments are being considered.
24		Appendix V	Regarding the Correctional applicant trainee physicals which have averaged over the past three years 1,053 annually – where is the staff that provides these physicals allocated in the current staffing provided?	Correctional applicant trainee physicals are completed off-site by facilities contracted by the vendor.
25			Regarding Treatment of HEP C - Who is conducting the liver biopsies on site at SCI-Dallas and how many have been conducted annually for the past three years?	Liver biopsies are being completed by Dr. Mark Caliendo, Invasive Radiologist. There are approximately 90 completed per year.
26			Regarding Treatment of HEP C - Is there a surgical suite on site where the biopsies are performed?	Liver biopsies are performed in the SCI-Dallas trauma room.
27			Regarding Treatment of HEP C - Who is conducting the liver biopsies for females at SCI-Muncy and SCI-Cambridge Springs? How many have been conducted annually over the past three years?	They are provided by a specialist off-site. The number conducted annually is unknown.
28		SCI Profiles (Attachment 1 to Addendum 3)	On the tour of Graterford, we were told that physical therapy runs 8 hours weekly yet the profile indicates 16 hours monthly. Which is accurate?	Currently, physical therapy is provided 4 hours every week at SCI-Graterford, or a total of 16 hours monthly.

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29		Dialysis Equipment (Attachment 8 to Addendum 3)	Will the chosen vendor have responsibility for Entire RO, Loop, and DI system which is listed in poor condition?	Yes.
30		Dialysis Equipment (Attachment 8 to Addendum 3)	Who is responsible for the back up power supply?	The selected offeror is responsible for the back-up power source.
31		Dialysis Equipment (Attachment 8 to Addendum 3)	Will the chosen vendor have responsibility for replacing the 15 TV's which are listed in poor condition?	This is the DOC's responsibility.
32		Dialysis Equipment (Attachment 8 to Addendum 3)	Will the chosen vendor have responsibility for replacing the 2 chairs which are listed in poor condition?	Selected Offeror is responsible for all dialysis chairs.
33			The Pittsburgh-Gonorrhea stats were quite elevated for the first several months in 2010. The data provided shows Newly Diagnosed Cases for the Current On-Hand Population as follows: January-1,714 February-1,679 March-1,729 April 1,688 After those four months, the Gonorrhea rate goes down to 6 more cases for the remaining 8 months of calendar year 2010. Can the DOC confirm the accuracy of this data and if accurate, what caused the elevated numbers?	The facility was reporting their actual population from January – April. This was brought to their attention, and then they started to report the information that was being requested.
34			The following sites did not have data collected for following months: Retreat – February 2010 Quehanna-March 2010 Laurel Highlands-May 2010 Can this missing information be provided?	Refer to **Historical Data - Additional Documents** folder uploaded on the FTP secure site.
35			Can Health Care Statistics for 2008, 2009 and 2011 to date be provided so that three years of historical data is available for analysis? 2008 is important because of the $15m annual jump in costs paid to the incumbent vendor following this year.	Refer to **Historical Data - Additional Documents** folder uploaded on the FTP secure site.

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36			Can statistical data be provided for the past three years regarding number of one day surgeries by type and by facility.	Information not available.
37			Regarding Database Management - Until the implementation of any Electronic Medical Record System, the Offeror will provide a database that will be utilized to track/schedule inmate health care services. Specifically acknowledge the intended compliance with the requirement to transfer this database and all rights, licenses, source code etc thereto to a successor contractor. Specifically acknowledge the requirement to incorporate new treatment or testing services into the chronic care regimen of appropriate inmates within a reasonable timeframe when new treatment or testing for chronic somatic conditions are recommended by the Centers for Disease Control and Prevention or other recognized authorities in treatment protocols. Does PTRAX software meet this requirement?	PTRAX is the current contractor's proprietary software. Currently, the way the regimen is now, Ptrax meets the requirement. Ptrax may have to be enhanced depending on new treatment or testing regimen.
38			Is the current PTRAX utilized software and customizations made by the current vendor considered “Developed Works” under the IT Ownership Rights in Appendix Y and thus the property of the Commonwealth?	PTRAX is not the property of the Commonwealth.
39			Is the current data, including source data, look up tables, configuration tables and other metadata stored in the PTRAX software the property of the Commonwealth? Will such data be provided to the Contractor in a way to facilitate a smooth transition of services?	PTRAX software is not property of the Commonwealth. The current contractor would provide all stored data in a spreadsheet format.
40		RFP Part IV-4.M	The selected Offeror will be expected to utilize electronic methodology for transmission of prescriptions/orders to Pennsylvania Correctional Industries (PCI) Optical Lab at SCI Cambridge Springs. This methodology will incorporate modern optical software applications for placing orders for eye glasses and services through intra-net connections. The contracted provider will be mandated to implement such devices and methodology within six (6) months of the awarded contract. Would the Department be willing to defer this requirement until the EMR is in place?	Yes, as long as this is in the first phase of EMR implementation.
41			In regards to the EMR: During the tours it was apparent that there are a number of service areas where there is no computer. Is the Department prepared to add computers where they are needed to ensure effective utilization of the EMR? If not, and because not all facilities were toured, how many computers will be required to ensure all service areas have availability?	The Offeror is responsible to provide all computers, printers and lap tops for the EMR. The computers currently in the facilities can be utilized for the EMR. We are averaging around 6-8 additional computers needed at the sites for EMR. However, with the approval of lap tops, this could minimize the number needed.

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42			Is the contractor responsible for Computer Equipment (PC's, Laptops, Printers, Scanners) necessary to provide services and access to the EHR system? Does the obligation, if one exists, to provide hardware, extend to staff not employed by our company, such as Nurses, Contract Monitors and other Commonwealth Vendors?	To clarify, the system is referred to as Electronic Medical Record (EMR) system; not EHR. Selected Offeror is responsible to provide all computers necessary to provide services and access to the EMR system, including Commonwealth employees and other Commonwealth contractors.
43			Please provide a list of all the locations of the Telemed Equipment.	The telemed equipment is located in a treatment area in the Medical area at all facilities.
44			How many and which facilities have interpretive EKG machines?	All facilities have at least one interpretive EKG machine. SCI-Camp Hill has two.
45		RFP Part IV-5.B	In regards to IV-5.B and the requirement to reimburse the Commonwealth up to $250,000 if required for monitoring staff based on the complexity and scope of the contract and in clarification to Q/A #82. If we assume an award based on LOT 2 would increase the scope and complexity of the contract and in order to create a level playing field, can the DOC specify a position and dollar amount to be added to all responses to LOT 2 for this purpose?	Undetermined at this time. Offeror should allocate appropriate financial resources.
46			Where does the money recovered for copying medical records go? Would that change if awarded Lot 2?	The monies are sent out to the facility's business office for processing. This would not change under Lot 2.
47			If a county inmate is remanded by the court to Laurel Highlands for dialysis services, who is responsible for the cost?	The Selected Offeror is responsible for the cost. The facility can charge the county for the medical costs associated with the inmate.
48			Are there statistics available regarding the number of wheelchairs sent home with inmates on an annual basis for which the vendor is responsible?	Information not available.
49			In regards to the new officer physicals that are conducted by the vendor – who is responsible for the cost of the Tuberculin solution for TB testing? Who is responsible for the Blood lead level and zinc protoporphyrin testing cost?	The vendor is responsible for the cost of any TB testing completed off-site. The vendor is responsible for the blood level and zinc protoporphyrin testing cost.
50			During the tour we were informed that negotiations are currently underway for the staff at SCI Chester. Has there been any move to organize at SCI Pine Grove?	Not at this time.
51			Can you please clarify the vendor's responsibility for background checks? Is paperwork submitted to the DOC for this purpose or is the vendor responsible for conducting the actual checks?	The selected offeror is responsible for submitting the paperwork for the background check. The DOC completes the background check.
52			We understand Medicare guidelines to include limiting the length an observation stay to 72 hours or less, that the status is only used for diagnostic purposes, and that if the stay extends beyond 72 hours that the entire stay reverts to an inpatient stay from the date of admission. Is it the expectation of PA DOC that hospitals must follow Medicare guidelines with relation to observation hospital stays which fall under outpatient services (Act 22 does not fully address)?	The DOC is responsible for inpatient costs (admissions). The selected offeror is responsible for all other costs. The charges will be based on the selected offeror's negotiated agreement with the hospital.

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53			Since the enactment of Act 22 has the DOC seen an increase in outpatient observation status claims? Our fear is that some hospitals will take advantage of observations status (billed as outpatient) to be paid Medicare versus inpatient Medicaid rates? Assuming the policy is to follow Medicare guidelines, this issue should be moot (Act 22 does not fully address).	The current contractor is monitoring the outpatient observation status claims. The hospital is liable to provide medically necessary services.
54			Considering we have inpatient costs data by contract year and statistics for just 2010 (#94 addendum 3), it is impossible to complete an accurate financial analysis since timeframes for costs and statistics are different. Would the DOC please consider providing 2011 stats thru August and 2009 monthly statistics by facility? This is critically important considering the $5.5m (or 20+%) increase in inpatient costs from contract years ending in 2009 and 2010 ($21.5m vs. $27m per addendum 3, #112).	Refer to **Historical Data - Additional Documents** folder uploaded on the FTP secure site.
55			Please confirm whether the answer to #112 in Addendum 3 was calendar year or contract year?	Contract year.
56			Can the DOC please provide all contract addendums as currently the last addendum/amendment available online is from 2007/2008. This is especially important considering the large increase in payments to the incumbent provider from 2008 to 2009 ($15m increase)?	Refer to **Attachment 15 - Current Contract Amendments 4 & 5**. Please note, these documents are inadvertently missing from the the DOC website.
57			The answer to question 94 in Addendum 3 provides annual costs but the timeframes provided for the second year is only 11 months. Was this an error or is the $26.97m an 11th month figure?	Beginning July 1, 2011, the inpatient costs are being billed through Medicaid. The contractor is still waiting on some hospital charges, so this is what is available to date.
58			Considering the huge variance provided in Addendum 3, question 94, can the DOC please provide 2 additional years of historical data for inpatient hospitalizations (2008 and 2009)?	Refer to **Historical Data - Additional Documents** folder uploaded on the FTP secure site.
59			Please confirm the answer to question 94 in Addendum 3 is ONLY inpatient hospitalizations versus all off-site costs (outpatient + specialty + inpatient, etc.)	For inpatient costs, the following information has been reported: Inpatient costs for Contract year 9/1/09-8/31/2010 is $27,534,418. As of July 31, 2011, the inpatient costs for contract year 9/1/2010 to 7/31/2011 is $26,908,856. Please disregard the response to Question #94 on Addendum 3.
60			When calculating inpatient costs for answer 94 in Addendum 3, were professional fees included or just hospital charges?	Please disregard response to Question #94 on Addendum 3 and refer to the response to Question 59 above, which includes all services provided in inpatient care.

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61			Please confirm that Dialysis costs (less facility staffing) are included in past outside hospitalization costs/cap?	Yes. Dialysis costs (less facility staffing) in the past, were included in the outside hospitalization costs/cap.
62			Please provide the last 4 years (contract years) of total outside hospitalizations 'CAP' costs per the current contract?	Please note, the cap is for all outside medical services Cap Monies DOC Paid Above Cap 2010 $30,864,633 $2,325,589.66 (billing is as 2/28/2011, DOC is awaiting on additional invoices for this contract yr) 2009 $29,720,398 $13,205,428.17 2008 $28,577,306 $11,190,926.61 2007 $25,405,121 $10,551,279.33
63			What percentage of total offsite costs included within the cap were associated with inpatient care (last 3 years please)?	Inpatient care costs contract year 9/1/07- 8/31/2008 $25,639,156. Inpatient care costs contract year 9/1/08-8/31/2009 $23,093,409. Inpatient care costs contract year 9/1/09 to 8/31/2010 $27,534,418. Inpatient care costs contract year 9/1/2010 to 7/31/2011 $26,908,856.
64			Please provide the malpractice costs that were paid by the DOC to the incumbent provider for each of the last 5 years per the current contract.	2010 $2,739,306 2009 $2,551,215 2008 $2,596,131 2007 $2,587,058
65			In the current contract, did staffing reimbursement rates always increase consistent with the contract annual increases (e.g. Position at $100/hr would increase to $105/hr if contract increased 5%)?	Yes.
66			Appendix X-DC ADM Co-Payment for Medical Services states that if an inmate has private insurance or VA benefits that medical care must be paid for under those benefits. Please provide how many veterans with VA benefits are currently in the DOC system and how successful the state has been in making the VA pay?	We have not billed VA for any services.
67			Upon transition to an EMR is the DOC expecting medical records of the then current inmate population to be scanned so that there won't be necessity for both a paper and electronic medical record when providing services?	There are no requirements or plans for scanning of current DOC medical records.
68	10	RFP Part I-30	Will the RFP be reposted with revisions highlighted from the addenda?	No. The addendum(s) will become part of the contract.

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69	25-26	RFP Part IV-2	We understand the provision stating that bidders cannot charge the State more than 100% of Medicare rates for off-site outpatient care. However, because community providers are not required to provide services to PA DOC inmates at those rates and may in fact have negotiated for rates significantly higher than 100% of Medicare in order to continue providing services through a network of appropriate size/scope to properly serve the State, will bidders be expected to absorb those additional costs in their base price proposal?	This is a full risk contract, so the offeror should bid on the contract as appropriate.
70		Appendices D-1 and D-2, Instructions	Offerors are required to bid based on a total population of 47,000 and to provide pricing by institution. Please provide the average bid population by institution.	Refer to **Attachment 16 - Average Population by Institution**.
71			What obligations would bidders be bound to under the current Collective Bargaining Agreements between the State of Pennsylvania and various unions?	None. The current agreements are between the unions and the Commonwealth.
72			Unlike the current contract, please confirm that bidders are required to include costs for Professional Liability Insurance as part of their proposal base fees.	Correct.
73			Does the PADOC currently utilize agencies to fill any positions required under Lot 2? If so, at what level/number of average FTEs and at what annual cost?	Some sites use agency staff for PRN, but they are utilized very infrequent. Cost is unknown.
74		Appendix P Policy 7.3.1 Section 3	RFP-Appendix P-Policy 7.3.1 Section 3 Community Orientation and Reintegration Program. Please confirm whether this program has been discontinued. It is our understanding that the program has been cancelled.	Correct. That program has been cancelled.
75		Appendix P Policy 7.3.1 Section 4	RFP Appendix P-Policy 7.3.1 Section 4 Health Care Release Planning A-2. Can you confirm that there is a designated Health Care Release Coordinator at each site? If so, what are their titles? Are there sites where there is not a designated Health Care Release Coordinator? If so, who completes the duties of the Health Care Release Coordinator?	There is no person or position for this function. The CHCA and Nurse supervisor assist with this function.
76			Please provide a breakdown of the current Nursing and Medical Records employees as follows: a. by gender b. by age bracket: < 25 years 25 - 35 years 36 - 45 years 46 - 55 years 56 – 65 years 65+ years	Refer to **Attachment 17 - Breakdown Current Nursing & Med Records Emp**.

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77			We understand that alternate proposals will not be accepted. However, are Offerors allowed to present more than one "option" within their proposal for consideration (i.e., offering two choices for the delivery of an EHR solution, both of which meet the requirements of the RFP but at different cost)?	No. To clarify, the system is referred to as Electronic Medical Record (EMR) system; not EHR.
78			Since inpatient hospitalization is now being paid directly by the State through the Department of Public Welfare (DPW) and is therefore not a part of this contract, how does the DOC plan to evaluate each vendor's clinical program, utilization management program and staffing plan to determine that the vendor's proposal is adequate to ensure inpatient utilization does not increase resulting in a hidden increase in cost to the State?	The DOC is only assuming the financial payment of inpatient services. The vendor's clinical programming, UR management and staffing apply to all services they provide including management of inpatient stays, such as, but not limited to admissions to inpatient facilities, case management while they are hospitalized, and discharges back to the facilities.
79			Is it an option for the State to potentially make a separate award for the Electronic Health Record apart from the medical services scope of work?	No. EMR is included within the statement of work of this contract. There will be one (1) selected offeror for this contract.
80	33	Appendix C	RFP Appendix C - EMR Functional Requirements - Reporting, Pg. 33 Question 9. – The Contractor's solution shall provide data export to other system applications. Encryption of the exported data must be provided as an option. To what other system applications will data need to be exported?	PA DOC's Jail Management System (currently DOCNet, soon-to-be Integrated Offender Case Management System (IOCMS), pharmacy and laboratory data systems.
81	25	Appendix C	RFP Appendix C - EMR Functional Requirements - Clinical Workflow and Tasking, Pg. 25 Question 152. – The application shall the capability to automate clinical task creation. What clinical tasks do you want to automate?	As many as can be profitably automated. For example, error-checking and decision support, protocols for diagnosis and management of clinical syndromes, alerts to clinicians for lab results or receipt of reports. The application should support and facilitate the creation of like clinical tools as they become desirable with the goal of clinical practice enhancement, beyond simple documentation of clinical practice.
82		Appendix C	RFP Appendix C - Format The document contains many fonts, highlights, etc. Is this done purposely or can we change to ensure we submit a more consistent response?	The formatting may be changed.
83			Please provide the current network / telecomm architecture as well as the BP network connections, type and speed of connections between facilities, and current internet connections at the facilities.	Refer to **Attachment 13 - Network Diagram - EMR** and **Attachment 14 - EMR WAN Link Information**
84			Which of the prison locations have a wheelchair van that is owned and operated by the Department?	SCI-Laurel Highlands, SCI-Graterford, SCI-Mahanoy, SCI-Coal, SCI-Albion, SCI-Waymart, and SCI-Pittsburgh
85			Will the vendor have the ability to hire 3rd and/or 4th year Residents to assist with weekend rounds and weekend on-call responsibilities?	3rd and 4th year residents will be acceptable, provided they are fully licensed and have prescribing capacity for scheduled drugs.
86			May we assume that the Commonwealth will be responsible for paying for Long Term Care placements in the Community being that this would most likely be in regular hospitals or rehab facilities or Nursing homes?	Yes.

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87			Does the Department expect the successful Offeror to pay the inpatient hospital invoices and then bill the Department, or will the Department pay the invoices directly?	Providers for inpatient care will bill the DPW/MA directly. DOC will pay DPW for all paid invoices.
88			Please confirm that the $1,000,000 per incident and $3,000,000 aggregate liability insurance required for each physician can be satisfied with the $500,000/$1,500,000 from a carrier and $500,000/$1,500,000 from MCARE.	This proposal is acceptable.
89			Please provide the Basic Correctional Nurse Training curriculum that is expected to be completed by all new nursing staff within six months of hire by the Department of Corrections.	The offeror is required to propose training they will utilize.
90			Is the Offeror responsible for addressing infectious waste generated by the dental program?	The offeror is responsible for addressing infectious waste generated by the dental program.
91			Question #16 in Addendum 3 asked “Please provide current health care staffing schedules by facility, shift, and day of the week for each DOC facility.” The response provided was, “Refer to Appendix V of the RFP.” Appendix V does not breakout staffing by shift or day. Will the Department please provide a recent nurse staffing schedule from each facility?	Refer to response to Question #20.
92		Appendix V	The first two columns (“Work Contract” and “Pos. Fil, Vac, New”) in Appendix V, Institutional Medical Staff Salaries is somewhat confusing as it describes staffing by salaried filled, followed by salaried vacant, followed by wage filled, and then lastly by wage vacant. Please explain these different designations (i.e. are vacant salaried positions frozen and that is why wage positions exist, and/or do we add all filled and vacant positions, both salaried and wage to arrive at the actual pattern?) so a determination of actual current staffing for nursing and medical records can be determined.	Wage positions are used to replace a salary position that is out for a long period of time, but that person is still in the complement number.
93			On page 36 in Section E. Renal Dialysis, the RFP states, “The Offeror’s staffing pattern at LAU will include an onsite, full time Board Certified Nephrologist and Dialysis RN Manager.” Will the department entertain this program and these positions being subcontracted to a dialysis vender?	Yes, these positions can be subcontracted if it is a cost efficient option.
94			On page 36 in Section E. Renal Dialysis, the RFP states that in 2012, SCI-Muncy will have an expansion of the existing infirmary, where an additional 3 chairs will be added, increasing the capacity to accommodate 36 patients total. Is this addition to be at the Departments’ or Offeror’s expense?	Offeror’s expense.

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95			In Section E. Renal Dialysis, the RFP states the Offeror will pay for dialysis services to "those returning temporarily to institutions for court appearances and/or other necessary temporary transfers, and for those inmates deemed not appropriate for SCI-Laurel Highlands and SCI Muncy. a. In our previous experiences in other contracts, sometimes court appearances can become lengthy processes. If an inmate is housed at a local jail and not another institution is the Offeror still responsible for this cost?	a. The offeror is not responsible for any costs when an inmate is housed at a local jail. b. SCI-Laurel Highlands cannot accept an inmate with a custody level higher than 3 (an inmate that requires a single cell, an inmate that has extensive psychiatric needs, a dementia inmate, and an inmate that cannot function in a dormitory style setting).
96			On page 44, the RFP states, "The Offeror will provide a written plan of active and ongoing strategies, resources and activities for recruitment and retention of personnel for each classification." Please explain which positions are included in certain "classifications"? Is the RFP referring to just Prescriber and RN staff or for all job types?	Main emphasis is for personnel that provides direct care.
97			Please provide copies of the current union agreements.	Refer to **Attachment 3 - Union Agreements**, which was uploaded to the FTP secure website as part of Addendum 3.
98			On-Site Hours SLA Assessments. i.) Statewide. The assessment of an SLA will be based on statewide aggregate totals per position type. No liquidated damages shall be assessed, should the total number of on-site hours provided for each position category (e.g. MD, PA, CRNP, RN, LPN, etc.) be at or above 95% of the total statewide hours of each position category hours as reflected in the current staffing plan across all sites. Any addition to or deletion from rescheduled hours must be approved by the CHCAs or designee at the affected institutions. For unfilled hours in the 90%-95% range, DOC may assess liquidated damages in the amount of 100% of the hourly rate by position category. For any unfilled hours that fall below 90% in the MD, PA, CRNP, LPN, or RN categories, DOC may assess liquidated damages in the amount of 150% of the hourly rate by position. Are SLA assessments made on all position categories or just the MD, PA, CRNP, LPN and RN categories (e.g. must vendors backfill clerical positions to avoid penalties)	SLA assessments are made on all positions.
99			Regarding the staffing information provided in Attachment V: The staffing provided showed an RN at Dallas making $5,308 bi-weekly or over $138,000 per year. Can you please confirm this is accurate as it appears to be an outlier? If accurate, does this position have any unique qualifications or responsibilities versus the other RN's?"	Upon our review of the current staffing records, there is no RN with that biweekly salary. Refer to **Attachment 20 - Current Wages Nurses Med Rec** for current wages.

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100	13	RFP Part II-5	The RFP prohibits the use of subcontractors for certain medical staff providing direct care to inmates on a daily basis. We understand the DOC's concern regarding the use of independent third parties as an unacceptable substitute for the primary vendor. Recognizing the legal restrictions in place in Pennsylvania relating to the Corporate Practice of Medicine doctrine, would it be permissible for a corporation to provide the required medical services through the use of an agreement with an affiliated professional corporation created to comply with applicable law?	No.
101	26	RFP Part IV-2	Will the Department require its mental health and pharmaceutical contractors to provide the Selected Offeror the same indemnification protections required of Offeror in the last paragraph of Section IV-2?	Yes. This provision is currently in those contracts as well.
102			How are work release medications dispensed for work camp inmates? Are policies in place in addition to 13.2.1, section 12?	Keep-on person medications are given to these inmates if necessary.
103			Does the DOC hold DEA registrations for each individual site where narcotics are distributed?	Yes.
104			Regarding ACT 22 - Does PA Medicaid pay claims directly to the providers for inpatient stays?	Yes.
105			What has been the mechanism with the current vendor post Act 22 for communication of authorization denial for non-medically necessary care? e.g. ER trip that results in an unnecessary inpatient admission	To date, there have been no medical claims denied, and we do not expect any to be denied because Medicaid program utilizes McKesson Interqual for utilization determinations, which we are requiring the offeror to use.
106			Given that observations stays are classified as an outpatient service, our understanding is that PA Medicaid would not pay these claims. Is this correct?	Correct.
107			Please confirm the current on-site OB/GYN clinic hours at SCI Cambridge Springs.	Approximately 4 hours weekly.
108			What services does Bustleton Radiology provide and for which facilities?	Currently, Bustleton radiology is not providing any services at our sites. Mobile X takes Bustleton xrays (from Philadelphia County Jail) and then the film is scanned and available on-line to be viewed.
109			Please expand on the State's response to Question #92 in Addendum #3. We understand that "Specialty physicians or groups that provide care periodically may be subcontractors." Can we use a subcontracted Disadvantaged Business staffing company to supply the physicians who periodically provide care in our onsite specialty clinics (e.g., orthopedics, general surgery, etc.) and telemedicine clinics?	Yes. Subcontractors can be utilized for on-site specialty clinics and telemedicine clinics.

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110			RFP Section IV-4.H requires the Contractor to provide for digital and regular radiographs. Please clarify the DOC's definition of "digital." Are digitized versions of film x-rays acceptable?	a. We are looking for the offeror's proposal to maximize on-site digital x-rays where feasible. Other variations of digital processing, either centrally or regionally may be presented in conjunction with a. above.
111			RFP Section IV-4.H also requires bidders to discuss the "storage and retention of digital images." Does the Contractor have to digitally archive existing/historic films?	No. The contractor will not have to digitally archive existing/historic films.
112			Please clarify the scope of the Contractor's role in the Re-Entry/Discharge Planning process described in RFP Section IV-4.Q, as our understanding is that DOC employees (Community Resource Specialists, Reentry Coordinators, Reentry Specialists, Referral Specialists, etc.) perform the bulk of this work.	The CHCA and Nurse Supervisor assist in assuring there is continuity of care for medical issues, nurses orders and pack the medications and release forms are completed. The practitioners advise the inmates on follow-up care necessary upon release.
113			Will the Health Care Release Coordinator described in DOC Policy 7.3.1 Inmate Reentry and Transition be a DOC employee or a Contractor employee?	Currently, DOC Nurse Supervisor and Infection Nurse completes this function; so depending which lot is chosen, this could be completed by the Commonwealth employee or a contractor employee.
114			Will the Corrections Health Care Administrators (CHCAs) remain State employees or become Contractor employees if Lot II is awarded?	CHCAs will remain State employees.
115			Please clarify the DOC's definition of "hosted EMR solution" as referenced in RFP Appendix C EMR Requirements. Do you mean (a) hosted by the State, e.g., within the Department's data center; or (b) hosted by the Contractor?	Hosted by the contractor.
116			Thank you for the Collective Bargaining Agreements (CBAs) provided with RFP Addendum #3. a. We notice that these CBAs expired on June 30, 2011. Please provide the current contracts/contract extensions. b. The rate sheets in the CBAs are dated October 1, 2010. Please either (a) confirm that these rates are still in effect; or (b) provide current rate sheets for each contract.	Refer to **Attachment 18 - Summary of Changes_SEIU 10-07-2011** and **Attachment 19 - Summary of Changes_AFSCME Master Agreement_Revised Final_6 24 2011.**
117			Please expand on the State's response to Question #92 in Addendum #3. We understand that "Specialty physicians or groups that provide care periodically may be subcontractors." Can we use a subcontracted Disadvantaged Business staffing company to supply PRN, locums tenens, and other back-up provider staff for the facilities?	Yes.
118			Please expand on the State's response to Question #92 in Addendum #3. We understand that "Specialty physicians or groups that provide care periodically may be subcontractors." Can we use a subcontracted Disadvantaged Business staffing company to supply PRN and other back-up nursing staff for the facilities?	Yes.

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119			Please confirm that a graduated 8A-certified business fulfills the requirements of the RFP with regard to RFP Section II-9.A Disadvantaged Business Information.	No. A graduated company does not fulfill the requirements. The company must be currently active in the 8(a) program and must provide documentation to show proof.
120			Please clarify if the Medicaid/Medicare rates mandated by Act 22 apply to the following types of clinical encounters. a. Onsite specialty clinics. b. Telemedicine encounters.	Medicaid/Medicare rates mandated by ACT 22 do not apply to onsite specialty clinics and telemedicine encounters.
121			Please provide a list of the titles/positions and FTE levels for the incumbent Contractor's regional management staff.	6 Regional Medical Directors, 4 Regional Directors, and 2 Regional Vice Presidents.
122			With regard to 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, 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?	No. The selected offeror will be given access to PCI upon award of the contract.
123			What are the "devices" that the DOC refers to in RFP §IV-4.M?	"Devices" is the hardware utilized to transmit the prescriptions/orders to PCI.
124			In Column H: Bi-Weekly Amount of the "Sheet 1" tab of RFP Appendix V Institutional Medical Staff Salaries, do the amounts reflect (a) the actual hours worked for the week ending July 8 or (b) the dollar amount for the average hours the position is scheduled to work, according to the hours listed in Column I: Scheduled Hours?	Normal hours worked per week for that position.
125			If the answer to the preceding question is (a), does the amount include non-regular hourly pay, e.g., holiday pay (for instance July 4), overtime, shift differential, paid time off, etc.?	Regular pay.
126			Are the amounts in Column H: Bi-Weekly Amount (a) gross pay or (b) net of deductions?	Gross pay.
127			Are the positions designated as "Central Office" the "Sheet 1" tab of RFP Appendix V Institutional Medical Staff Salaries going to remain State employees or become the Vendor's contract administration staff?	Central Office positions are not included in this contract.
128			What is the difference between the positions labeled as "Salary" in Column B: Work Contract of the "Sheet 1" tab of RFP Appendix V Institutional Medical Staff Salaries, and the positions labeled as "Wage"?	Salary are full time positions, wage positions are allocated as PRN positions or to provide staffing for someone who is out on long term leave
129			To use the SCI-Albion numbers on the "Sheet 1" tab of RFP Appendix V Institutional Medical Staff Salaries as an example, please clarify whether Albion has 10.0 FTE Licensed Practical Nurses (LPNs) or 13.85 LPNs (10.0 Salary and 3.85 Wage).	SCI-Albion has 13.85 positions on their complement, but the wage positions include PRN positions; so the 13.85 are not all full-time positions.

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130			Does the data provided in the "Other cost and benefit rates" tab of RFP Appendix V Institutional Medical Staff Salaries represent the State's contribution to DOC employee benefit costs or the employee's?	State's contribution.
131			RFP §I-4 states that the Contractor will provide services for all correctional institutions and "2 Community Correctional Centers." However there are three Community Correctional Centers listed in Appendix J (Eastern, Central, and Western); and a fourth one (Wernersville) listed in Appendix V. Please clarify which two of these four facilities bidders will be included under the contract.	This contract includes inmates housed at Progress Secure Unit and Wernersville CCC only.
132			For any of the Community Correctional Centers that will be included under the contract, please provide comprehensive staffing and salary data, of a scope similar to what the State provided for the SCIs.	Refer to response to Question #19.
131			Will SCI Wernersville be included in the contract award for either Lot? It is included in RFP Appendix V Statewide Medical Service Staffing.	SCI-Wernersville is included in both Lots.
133			With regard to Ptrax: a. At which facilities is this software currently implemented and in use? b. Is Ptrax proprietary software of the incumbent vendor? Or does it belong to the DOC, and will therefore be available to the incoming Contractor?	a. All facilities b. Refer to response to Question #39.
134	60	RFP Part IV-4.kk.6	Our understanding is that SCI-Waynesburg has closed, but we see that it is still included in some of the RFP appendices and attachments. Please confirm that the contract EXCLUDES SCI-Waynesburg.	SCI-Waynesburg is currently closed. However, there is a provision in this contract regarding opening/closing of facilities which will cover it if it opens back up. Refer to RFP Part IV-4.kk.6.
135			For employees moving from state service to vendor service, who will be financially responsible for recognizing and/or paying out banked time off that the employees have accrued (but not used) over the term of their tenure with the DOC: the State or the incoming vendor?	DOC will be responsible for paying banked time off.
136			Will employees moving from state service to vendor service be eligible to continue health and welfare benefits through the Pennsylvania Employees Benefit Trust Fund (PEBTF)?	If they are not employees of the Commonwealth, they will no longer receive benefits from the PEBTF.
137			Will the selected Contractor be required to make contributions to the PEBTF as outlined in the CBAs?	No.
138			With regard to the number of years in Column G: Service Years in Attachment 11: Nurses Med Rec-Yrs Svc of RFP Addendum #3, please clarify from when the years are counted: (a) from the date the employee started service with the State; (b) from the date the employee started service with the DOC; (c) from the date the employee became a union member; or (d) from the date the employee started service in his or her current position.	From the date the employee started service with the state.

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139			Thank you for the wage and seniority information the State has already provided in RFP Appendix V Institutional Medical Staff Salaries and in Attachment 11: Nurses Med Rec-Yrs Svc of RFP Addendum #3. These documents will allow bidders to calculate an average wage for each listed position. However, given that the CBAs contain strict seniority requirements, an average wage will result in labor bids that are far less accurate and cost-effective than ones based on actual wages. So that bidders can provide the State with the most optimal pricing possible on the staffing component of the contract, please provide the actual current wage for each of the employees listed in Attachment 11: Nurses Med Rec-Yrs Svc of RFP Addendum #3.	Refer to **Attachment 20 - Current Wages Nurses Med Rec**.
140			We have reviewed and analyzed the current health care contract posted at the website referenced in the State's response to Question #9 in RFP Addendum #3. Please confirm that the current annual base fee of $74.225 million that we calculated is accurate. If not, please provide the actual current annual base fee.	The monthly base rate based on a population of 47,400 is $5,022,315.92.
141			In its response to Question #205 in RFP Addendum #3, the State indicates that the current cap on the vendor's liability for hospitalization and other services is $8,990,652. Please clarify this statement, as the original contract included a cap of $20.5 million, and we did not see where this was changed. In which Contract Modification was the cap reduced to $8,990,652?	With the implementation of Act 22, the current cap is $8,990,652. A contract modification has not been finalized to date.
142			In the original contract, the State and the Contractor PHS equally shared any costs incurred for hospitalization and other offsite services between $20,500,000 and $22,500,000. What are the current minimum and maximum values for this risk share pool?	Before the implementation of Act 22, the risk share pool was $28,121,112 to $30,864.633. With the implementation of Act 22, the risk share pool is $8,990,652 to $9,990,652.
143			With proven operational efficiencies following the implementation of an electronic medical record (EMR), will consideration be given for modifying current medical staffing plans?	Yes, we expect that to occur.
144			As the Offeror will be financially responsible for outpatient consultations, can we be provided with outpatient statistical data for the previous three (3) contract years?	Refer to Historical Data folders on the FTP Secure Site.
145			Who is financially responsible for the fees associated with ACA and/or NCCHC Accreditation?	The DOC facilities.
146			Pursuant to Page 10, Para I-30, can Offerors be provided with Microsoft Word versions of the RFP?	Yes. A *Word* version may be provided to offerors upon request to the Issuing Officer.
147			Pursuant to Appendix D-1 "Cost Submittal Worksheet", please provide the definition of a "Blended Rate" (i.e., inclusive of hourly wages, cost of benefits, state-wide average hourly wage for specific job title, etc.).	Blended rate is the state-wide average hourly wage, plus benefits for a specific job title.

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148			Pursuant to Appendix D-1 “Instructions”, cost breakdown minimum categories are provided. However, all respective categories do not match all categories provided for at the “Cost Breakdown” Spreadsheet. For example, malpractice insurance and emergency room services are listed on the “Instructions”, but are not provided as a category on the “Cost Breakdown” Spreadsheet. Please explain how Offerors are to respond to this requirement.	Offerors can add a category and clarify what the category includes.
149			For pricing purposes, what average daily populations (ADP) are to be used for each facility?	Refer to response to Question #70.
150			Attachment V has several tabs, on the “Nurse, MR” tab there is a position listed as Clerk Typist 2. Are we to understand that this position is also a part of the current medical record component?	Yes. Some sites have clerk typist(s) working in Medical Records.
151			Appendix V also has nurses aids listed in one tab but not in the “Nurse, MR” tab. Are we to assume that these nurse aides are part of the current complement of nursing staff?	Yes. We have some sites with nurse aides.
152			Section IV-4, Subsection V, of the RFP requires the successful Offeror to participate in each institution’s annual Medication Management Review. a) Please provide copies of the most recently completed Medication Management Reviews for each facility. b) Please indicate the number of records that are expected to be reviewed, when a Medication Management Review standard requires record review.	To clarify, this review is referred to as **Medical** Management Review; not Medication Management Review. a. Results are internal documents. b. The contractor staff who participates on these reviews usually completes the "Health Appraisal" section (approximately 18 records) and also may complete "Access to Emergency Care" section. The other records are reviewed by Central Office DOC staff.
153			Appendix U of the RFP, the Medical Management Review, contains pages 1 through 14 of a document that is apparently 28 pages long. Please confirm that all necessary content for the Medical Management Review is contained in the first 14 pages supplied by the Department, or supply the additional pages.	The document is 14 pages.
154			Appendix J provides population data for each of the SCIs and three populations designated Eastern, Central and Western “CCC’s.” Do these designations refer to Community Corrections Centers?	Yes.
155			Please describe the process by which inmates are assigned or transferred to the Community Corrections Center.	Inmates are either paroled or transferred to Community Corrections Centers by DOC. Inmates are placed in these centers according to their program completion and or program needs.
156			Addendum 3 to the RFP indicates that the two Community Corrections Centers under consideration for Lot 2 are Wernersville and Progress. a) What is the average daily census at each of these Centers? b) What are the average monthly admission and release data for each of these Centers?	a. Wernersville currently has 49 inmates and Progress has 100 inmates. b. Average admissions and releases are 10 at each site.

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157			Please provide historical data for healthcare services provided at Wernersville and Progress Community Corrections Centers.	Refer to response to Question #19.
158			Statewide, how many inmates are currently aged 55 and over? Where are these inmates located?	There are 4,643 inmates aged 55 and over. They are housed throughout the Commonwealth. (Anyone over age 55 can be housed at any of our facilities, so they are present in all of our facilities.)
159			Does the Department currently have an inventory list of which, if any, computers will be made available to the new Vendor?	All computers currently installed throughout the medical department at each SCI will be utilized to access the EMR application.
160			With respect to the EMR, how will cabling be completed inside the facilities? Will cabling be done by departmental personnel or will the selected Offeror pay a company to cable inside the facilities?	Institution maintenance personnel handle all telecommunication cabling within the institutions.
161			Has a survey for the EMR been completed at every facility? If yes, how many "points of service" are there throughout the facilities?	The offeror should determine this in developing their EMR, but the basic points of service would include at a minimum, sick call, chronic clinics, treatment rooms, dental, psychiatry, medication room, infirmary, dispensary, CHCA office, Medical Director office, Nurse Supervisor office, restricted housing units, other units that require the practitioner to go to the area to provide services etc. However, the DOC has approved the utilization of wireless laptops, which assists in having mobile units.
162			While reviewing the historical data, we noticed some information was missing. Please provide the following data for the following locations and months: a) SCI Mahanoy – January b) MBC Quehanna – January and March c) SCI Retreat – February d) SCI Cresson – February e) SCI Laurel Highlands – May (only cover page contains information, remainder of report is blank) f) SCI Fayette – May's report was found in June. Please provide June. g) SCI Somerset – July	Refer to **Historical Data - Additional Documents** folder uploaded on the FTP secure site.
163			In Addendum 3 #25, a request was made for facility inventories of medical equipment. In the response it was noted that "most sites have mobile x-ray equipment." Since X-ray machines are such a large capital expense for the sites that have state owned x-ray equipment, will the Department please provide the current condition and last maintenance provided for this equipment?	According to the current contractor, the current equipment cannot be utilized for digital x-rays. However, the following facilities have fixed x-ray machines being utilized currently: Albion, Greene, Pittsburgh, Somerset, Fayette, Pine Grove, Forest, Camp Hill, Cresson, Huntingdon, Rockview, Houtzdale, Coal, Graterford, and Mahanoy. Last maintenance provided for this equipment is unknown.
164			In Section IV.4, T, Continuing Education/Training, it indicates that the DOC will provide training to all selected Offeror staff in accordance with the DOC Policy, 05.01.01 Staff Development and Training Policy. Please clarify the type and the time commitment required for completion of the orientation/education the DOC will be providing newly hired healthcare staff.	The training usually takes approximately 20 hours and covers the facility procedures, games inmates play, emergency procedures, use of phones, layout of the facility, etc.

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165	26	RFP Part IV-2 (8th paragraph)	Will the state department of corrections have their own pharmacy director providing oversight of the pharmacy vendor should the department choose to privatize pharmacy services?	Pharmacy services are currently privatized under a separate contract, which is managed and administered by the DOC.
166			Is an annually renewable security bond acceptable in satisfying the performance bond requirements?	Yes.
167			In order to provide the Department with an accurate/cost effective bid while still allowing bidders to fully understand the utilization and cost of caring for the underlying population, we request that the state provide a seriatim claim listing (in a text file or other suitable database file) of all claims for the last two complete contract years for all off-site care. For example, bidders need to know not simply the diagnosis, but will need to know as much other information as is available for off-site care, including the length of stay, costs, procedures performed, severity of the diagnosis, etc. A complete claims file would include at a minimum: For all claim types: originating facility (prison unit the patient came from), prisoner ID, provider ID (could be a facility or a professional), Place of service (inpatient, outpatient, office), Inmate DOB, Inmate Gender, Claim Financial information (Billed charges, allowed/paid amounts) For specified claim types: Outpatient Facility Services: ICD9 Diagnosis codes (generally up to 10), UB Revenue Codes, HCPCS codes (all levels which would include CPT4 codes) Professional Services:	Information not available.
168			If a seriatim claim file cannot be provided, please provide actuarial cost models that will show utilization rates per 1,000 and average costs per service by claim cost category for incurred dates a) July 2009 to June 2010, and b) July 2010 to June 2011, with claims paid through September 30, 2011. These cost models at a minimum should include the following claim cost categories: Hospital Outpatient a. Emergency Room, Surgery, Radiology, Pathology/Lab, Other Professional a. Surgery ,inpatient Visit, Office Visit, ER Visit, Other Visit, Radiology, Lab/Pathology, Other professional Other a. Ambulance, DME/Prosthetics	Information not available.
169			How has the Department administered the claims payment function for care provided by community doctors and hospitals? Has the Department retained a Third Party Administrator, and if so, who is it?	Effective July 1, 2011, all inpatient admissions are being processed through Medicaid. Prior to this, all inpatient admissions were processed by the current contractor, and all other claims are processed by the current contractor.

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170			Is the Department using a qualified actuary to handle data compilation, data validation, capitation analysis, and related professional functions? If so, what firm has the Department retained?	No.
171			Please provide the Department's operating financial statements for the prior two fiscal years which provide a breakdown of medical services cost by major expense category.	There are no financial statements specifically as requested, but please refer to the link below and use the last 2 CAFR reports for a breakdown of medical services cost by major expense category. http://www.portal.state.pa.us/portal/server.pt?open=512&objID=4574&&PageID=473437&mode=2
172			The only mention of any peripherals in RFP were electronic stethoscopes located at Smithfield, Somerset, Pittsburgh, and Albion. Is the Department currently using other peripherals for telemedicine services in place? If yes, please provide which ones and location.	All of the other telemedicine equipment is listed in IV 4. CC.