

ADDENDUM #002

Solicitation Number: FDC ITN-17-185
Solicitation Title: Comprehensive Healthcare Services-Institutional Medical Care for Inmates
Opening Date/Time: August 29, 2017 at 2:00 p.m. (Eastern Time)
Addendum Number: 002

Failure to file a protest within the time prescribed in Section 120.57(3), Florida Statutes, or failure to post the bond or other security required by law within the time allowed for filing a bond shall constitute a waiver of proceedings under Chapter 120, Florida Statutes.

Please be advised that the changes below are applicable to the original specifications of the above referenced solicitation. Added or new language to the ITB is highlighted in **yellow**, while deleted language has been struck.

This Addendum includes the Department's answers to written questions received.

This Addendum also includes the following revisions:

Change No. 1:

A change to Section 1.5 to revise the deliverable below:

3.4.1.5 Program Management Deliverables

DEL-PGM-6 Annual Performance Measure Report	Quarterly By the 10 th business day of July, for the prior fiscal year (the fiscal year runs July 1st - June 30th) following the end of the fiscal year	Document actual performance in each service area, against each contracted performance measure.
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Change No. 2:

A change to Section 3.4.7.25.2 to remove the language below:

~~3.4.7.25.2 OBIS Cost Reimbursements~~

~~The Contractor shall utilize the Offender Based Information System (OBIS) and shall bear the costs for utilizing this system. Costs are based on transaction usage and/or Central Processing Unit (CPU) utilization.~~

Responses to Written Questions
 FDC ITN-17-185
 Comprehensive Health Care Services-Institutional Medical Services for Inmates

Question Number	Question	Answer
1	Is the FDC willing to consider alternate performance measures?	Per Section 4.9, TAB D of the Vendor's Reply, they are to indicate any proposed modifications to the identified performance measures.
2	Is the FDC open to alternate EHR systems?	The Department is interested in any EHR solution that meets the requirements listed in Section 3.4.6.1 of the ITN. We do not have a specific system identified.
3	Please provide the following information by facility: a. Pharmacy expenses b. Reimbursements by RMC	This information has been included with the resources referenced in Section 2.8 of the ITN.
4	Please provide the most recent available medical facility profile report.	This information has been included with the resources referenced in Section 2.8 of the ITN.
5	For Centurion sites, please provide all Monthly Staffing Reports from contract activation through the most recent available month, including authorized and filled FTEs, by position.	This information has been included with the resources referenced in Section 2.8 of the ITN.
6	For Centurion sites, please provide current salaries by position, by site.	This information has been included with the resources referenced in Section 2.8 of the ITN.
7	For Centurion sites, please provide all cost reports and reimbursement requests from contract activation through the most recent available month.	This information has been included with the resources referenced in Section 2.8 of the ITN.
8	For all sites, please provide all financial consequences paid over the past 18 months.	The Department has assessed \$117,750 in Financial Consequences for Contract C2869, as of 06/30/2017.

Question Number	Question	Answer
9	Please provide a detailed list of all expenditures, by site, for each of the past 24 months.	The Department only has detailed information regarding Contract C2869. Due to the prevalence of personal health information, the Department is unable to provide detailed claim information. However, the Department has provided monthly claim expenditures, per Region. Additionally, the Department has provided monthly equipment, supply and personnel expenditures Statewide. This information has been included with the resources referenced in Section 2.8 of the ITN.
10	Please provide the current authorized staffing plan and vacant/filled FTEs by position, by site.	Please see the Answer to Question #5.
11	Please provide non-formulary prescription costs for each of the past two years.	This information has been included with the resources referenced in Section 2.8 of the ITN.
12	Please provide all monitoring reports for the past 12 months.	This information has been included with the resources referenced in Section 2.8 of the ITN.

Question Number	Question	Answer
13	<p>Please provide off-site event data broken down for the past 18 months, including:</p> <ul style="list-style-type: none"> a. Number of IP admits b. Average length of stay per IP admit c. Number of ER trips, number of ambulance trips d. Number of office visits e. Number of office visits with procedures f. Number of outpatient surgeries 	<p>This information has been included with the resources referenced in Section 2.8 of the ITN.</p>
14	<p>Please provide a recent health services report that includes all available health data broken down by facility, including HIV inmates, chronic care inmates, sick call visits, physician encounters, etc.</p>	<p>This information is now available in accordance with Section 2.8 of the ITN.</p>

Question Number	Question	Answer
15	P. 29, PGM-015: What is the annual cost of environmental permitting designs and experts as incurred by the current vendor for the last 5 years?	The Department is not aware of our contractor incurring any costs for environmental permitting designs and experts.
16	Please provide a list of medical equipment by facility, age, and condition.	This information is now available in accordance with Section 2.8 of the ITN.
17	Indicate the minimum required number of flame-retardant mattresses, restraint materials/devices, and suicide garments required per facility.	These items will be provided by the Mental Health CHCC.
18	P. 32, PGM-019: Please provide the number of Life Flight events per year for the last 5 years and the cost per year.	There were 278 Life Flight events from April 2016-June 2017 at a cost of \$895,320. The Department is unable to provide this information prior to April 2016.
19	Please identify the date of last ACA accreditation audit by facility/institution. Please provide a copy of any deficiencies.	This information is now available in accordance with Section 2.8 of the ITN.
20	Please provide the approximate number of FDC employees eligible for the annual TB testing and Hep B vaccination offering.	The Department has 20,744 employees who work in correctional institutions, and all are required to complete an annual TB screening and are eligible for a Hepatitis B vaccination. For FY 2016-2017, approximately 25,000 TB Screenings and approximately 15,000 TST Tests were administered in Centurion-operated facilities. Hepatitis B vaccinations are offered to all staff. However, in Fiscal Year 16-17, approximately 1,000 staff elected to receive the Hepatitis B vaccine.

Question Number	Question	Answer
21	P. 91-92, 3.4.2.4: Are financial consequences where indicated (PM-005, PM-006, PM-007) per facility, statewide, or both in regards to percentage point or fraction thereof?	The required standard of performance for PM-005, PM-006 and PM-007 has both a statewide and per facility measurement. Financial Consequences will be assessed for performance that falls below the stated levels of performance.
22	PM-024: Is the cause of death per the findings of the Medical Examiner? If not, who is the determining entity?	Yes, the Medical Examiner determines the Cause of Death. However, the Department leads the mortality review process, which will assess the Vendor's performance for PM-024.
23	Please provide annual cost of emergent/urgent dental services for the last 5 years.	This cost will be borne by the Dental CHCC.
24	Please provide annual laboratory costs for the Medical CHCC (excluding those of dental) for the last 5 years.	The Department paid Centurion of FL, LLC, \$7,887,396, for laboratory services, from April 2016-June 2017. The Department is unable to provide this information prior to April 2016, and is unable to provide detailed information for Wexford-operated facilities.
25	P. 148, 3.4.7.25: Please identify the location(s) and frequency of OBIS-HS training.	OBIS-HS Training is provided once a year or as requested by the vendor.
26	P. 149, 3.4.7.25.2: Please identify the cost per transaction and/or CPU. Please provide the annual amount billed to the current vendor for the last 5 years.	Please see Change No. 2 of this Addendum. The Vendor will no longer be responsible for this cost.
27	Would the Department consider allowing a follow-up question and answer period? Doing so will allow vendors to seek additional clarification to answers provided and provide a more responsive submission.	This ITN is a re-procurement of ITN 15-111 with largely the same specifications. ITN 15-111 afforded two Question and Answer periods with this ITN offering an additional period (not including the Pre-Reply Site Visits and Conferences). The Department has provided sufficient opportunities for Vendors to submit questions and receive the Department's answers.
28	I wanted to inquire on the mandatory site visits listed in the above referenced ITN. The dates are listed as June 12-16, 2017, but Santa Rosa CI is listed as June 7, 2017. Is that site part of the mandatory visits?	Previous Response Released: Yes, as indicated on Page 167 of the ITN, Site Visits shall occur according to the schedule in the Table, and one for Santa Rosa CI will be held 6/7/2017 at 9:00 a.m., Central Time.

Question Number	Question	Answer
29	<p>The FDC has included an “I” in the “SOAPIE” acronym for nursing documentation, with the “I” standing for “intervention” and the “E” standing for “evaluation then education.” It is our understanding that nursing documentation does not currently require or prompt for a separate “I” section in the nursing note. We want to be sure we understand the Department’s intentions with this requirement. Please elaborate on expectations for nursing progress note content under “I” and distinguish this content from what is currently documented under “P” for “plan” in the progress note.</p>	<p>The Department is removing the “I” (Intervention) from the nursing documentation standard, which changes SOAPIE to SOAPE wherever referenced in the ITN.</p>
30	<p>The due date for the Annual Performance Measure Report is listed as “Quarterly by the 10th business day of July, following the end of the fiscal year.” Should the word “quarterly” be removed from the due date language and replaced with the word “annually”?</p>	<p>Yes, please see Change No. 1 of this Addendum.</p>
31	<p>PGM-025 on page 34 of the ITN requires that the Contractor participate in “annual disaster drill and performs quarterly Mock Codes, <i>as outlined in Contractor Staff Development section of this document</i>” (emphasis added). PGM-022 at page 32 of the ITN includes the additional requirement that the Contractor establish a system for ensuring that staff participate in disaster drills and mock codes, and there are multiple requirements throughout the ITN that delineate the orientation and training required for healthcare staff (e.g., PGM-036). However, we were unable to identify a designated “Contractor Staff Development section” of the ITN. To what does the phrase “Contractor Staff Development section of this document” refer?</p>	<p>The Contract Staff Development portion was intended to refer to PGM-036 which lists the requirements for training and development of Contractor staff.</p>