

<u>Answers to Bidder Questions</u>		
Mississippi Department of Corrections Comprehensive Correctional Healthcare Services RFP # 3120002800		
Number	Questions/ Request for Clarifications	Answer/ Response
1.	<u>Section 5.2.1 and 5.2.2</u> – Section 5.2.1 requests to clearly identify the bidder on the thumb drive provided. Section 5.2.2 requires no identifying information on the thumb drive, including the name of the bidder. Can you please clarify?	<p>Bidder shall submit one (1) paper copy of its Technical Submittal, (1) paper copy of its Cost Submittal in a separately sealed, properly labeled envelope as required in RFP Section 5.6.7, and one (1) corresponding USB or thumb drive all marked “Original Copy.” “Original Copy” materials shall comply with RFP Sections 5.2 and 5.2.1 and include all customary means of Bidder identification.</p> <p>Bidder shall also submit ten (10) paper copies of its Technical Submittal, (10) paper copies of its Cost Submittal in a separately sealed, properly labeled envelope, and ten (10) corresponding USB or thumb drives all marked “Blind Copy.” “Blind Copy” materials shall comply with Section 5.2.2 of the RFP and not include any identifying Bidder information.</p> <p>Bidder shall ensure that the original guarantee or bid bond payable to the State of Mississippi, required in Section 1 of the RFP, is included with the “Original Copy” of Bidder’s Submittals. A copy of said guarantee or bid bond, with all identifying Bidder information redacted, shall also be include with each of the ten (10) “Blind Copy” Submittals.</p>
2.	<u>Section 7.1.4.2</u> – States “A bidder shall have during each of the 3 years prior to proposal submission the following: experience in the delivery of comprehensive correctional healthcare services to at least 4 correctional facilities or systems in separate geographic locations with an aggregate daily population of at least 6,000 incarcerated individuals at all 4 correctional facilities or systems”. Can you confirm the terms “all” and “aggregate” describe a total of 6,000 collectively and not 6,000 at each of the 4 facilities? Providing a requirement of 6,000 each would significantly reduce the number of available companies that would be eligible to bid, in turn severely limiting competition for the State of Mississippi.	The terms “all” and “aggregate” describe a total of 6,000 incarcerated individuals collectively, not 6,000 at each of the 4 facilities.
3.	<u>Section 7.3.2</u> – Is the Bidder responsible for the cost of pharmaceuticals and medical supplies at the Regional Facilities, Community Work Centers, and Technical Violator Centers?	Bidder responsibility for the cost of pharmaceuticals and medical supplies at the Regional Facilities, Community Work Centers and Technical Violator Centers extends only to items prescribed by one of the Bidder’s employed Providers. Bidder bears no responsibility for over-the-counter medications (OTC) unless the OTC is prescribed by the Bidder’s employed provider.
4.	<p><u>Section 7.3.2.1</u> – This section requires weekly staffing and services at the Regional Facilities, Community Work Centers, and Technical Violator Centers. However, it also requires onsite emergency services.</p> <p>a) Can you please clarify how onsite emergency services are to be provided weekly? b) Are you expecting 24/7 onsite nursing coverage at all of these facilities?</p>	<p>a. Provider ‘on-call’ services to triage emergency needs is required. Calls, incidences, and outcomes are to be documented weekly and submitted to Bidder’s utilization management team. Should a designated facility contract with a separate healthcare provider for these services, Bidder will not be responsible for ‘on-call’ services.</p>

		b. It is not MDOC's expectation that 24/7 nursing coverage be provided at the regional facilities, community work centers, and technical violator centers. (See RFP Section 7.3.2)
	<u>Section 7.7.1 Medical Primary Care Services</u> – Can you please clarify the term “benefit claims’ as used in this section regarding the provision of primary care services?	“Benefit claims” in Section 7.7.1 of the RFP refers to preventative healthcare services such as immunizations and annual dental cleanings of diabetics or immune compromised individuals. Inmates will not be charged a sick call co-pay for services related to preventative healthcare services.
6.	<u>Section 7.7.3.4</u> – Can a healthcare practitioner such as a Physician Assistant or Nurse Practitioner satisfy the requirement for consultation within 48 hours for patients on non-critical medications rather than a physician?	Yes.
7.	<u>Section 7.7.3.8.2</u> – This section requires Hep C screening however no serology test is required as part of the intake process. However, Sections 7.7.2.1.3 and Section 7.7.10.6 both require Hep C antibody testing at intake. Can you please clarify?	RFP Section 7.7.3.8.2 requires, utilizing a healthcare screening tool for the interview of incoming inmates, inmates are asked during intake about risk factors associated with Hepatitis C. While blanket testing for Hepatitis C is not required, Section 7.7.10.6 provides that Hepatitis C screening will be offered to all inmates at intake. Should an inmate answer yes to screening tool questions designed to determine high risk for exposure to Hepatitis C or if an inmate requests to be tested for Hepatitis C, serology testing for Hepatitis C shall be provided by Bidder consistent with RFP Section 7.7.21.3.
8.	<u>Section 7.7.12 - Hospitalizations</u> – This section indicates inpatient costs will be MDOC's responsibility. However, Section 7.7.13.2 indicates the cost of inpatient medical services, including the per diem rate for hospital stays of 23 hours or longer, physician and specialty fees incurred in the treatment of inmates while in the hospital, diagnostic testing, and pharmaceuticals and equipment used in treatment will be applied to the annual threshold of \$25 million. a.) Is the vendor responsible for processing and managing all offsite services claims? b) Can you please clarify if the bidder is responsible for inpatient hospitalization costs and if they are to be included in the \$25 million annual threshold?	a.) Yes. b.) Bidder is responsible for inpatient hospitalization costs and those costs are applicable to the \$25 million annual threshold.
9.	<u>Appendix C – Required Minimum Staffing Plan</u> – Is there any staffing requirement for the Regional Facilities? If so, is this included in the required minimum staffing plan with their parent facility?	Please see RFP Section 7.3.2.5.
10.	<u>Appendix C – Required Minimum Staffing Plan</u> – The current MDOC contract includes reimbursement to the counties for staffing at the Regional Facilities to include a .8 FTE RN and .2 FTE physician at each Regional Facility. Should we include costs for this level of staffing in our pricing?	Please see RFP Section 7.3.2.5.
11.	<u>Appendix C – Required Minimum Staffing Plan</u> – Is it the intent of the MDOC to re-open the infirmary at Mississippi Correctional Institute for Women? If so, does the proposed staffing plan included in Appendix C accommodate the additional staff that will be required to staff the infirmary?	Appendix C to the RFP does not include additional staffing to accommodate the opening of the infirmary at Mississippi Correctional Institute for Women.
12.	<u>Appendix C – Required Minimum Staffing Plan</u> – The MSP staffing plan includes a reduction of 9 FTEs of RN staffing from the current contract. With a 50+ bed infirmary, can you please confirm that the staffing plan included in Appendix C is MDOC's preferred staffing plan?	Appendix C to the RFP includes the required <u>minimum</u> staffing levels for each of the respective MDOC facilities and was developed utilizing, in part, current Vendor's staffing plan. On-site total hours of service currently provided by medical and mental health staff are not reduced in Appendix C. Some hours of service provided by a lower level of qualified position,

		however, were converted in the RFP to a higher level of qualified position. By way of example, current Vendor reports at MSP 22.0 FTEs provided by RNs and the hours of service provided by Nurse Practitioners as 3.0 FTEs. The minimum staffing required in Appendix C of the RFP reduces RN FTEs at MSP to 21.20 but also increases the Nurse Practitioner FTEs to 3.8.
13.	<u>Appendix J – Salary Ranges</u> - Current market pricing for all clinical staff including Mental Health Professionals, APRNs, RN’s and LPN’s working within the MDOC system is considerably higher than the maximum of the pricing ranges identified in Appendix J. Will you consider increasing the proposed salary ranges or eliminating the ranges altogether and allow bidders to recommend more competitive wages?	The <u>minimum</u> salary ranges listed in Appendix J to the RFP, Minimum Salary Ranges, are based on both historical and current local market trends and represent just one potential resource for Bidders. Consistent with RFP Section 8.35, Bidders are not obligated to utilize the minimum salary ranges provided and, in fact, MDOC encourages Bidders to budget for salaries that “encourage hiring, ensure retention, and reduce staffing turnover.”
14.	Please provide a copy of the current contract and all contract amendments with the current incumbent, VitalCore, for bidder’s review.	Please see Appendix A.
15.	Please confirm that there are no performance measurements that would result in financial penalties in this procurement.	Please see RFP Section 8.36, Staffing Paybacks for Unfilled Hours.
16.	In addition to the terms and conditions set forth in the RFP, can the DOC please specify if there is separate form contract by which vendors should look to take exceptions?	For the purpose of responding to this RFP, Bidders shall focus entirely on the content provided in the RFP and Appendices thereto.
17.	Please confirm if there are any pending legal matters in which the successful bidder will be expected to participate (either directly as a party or through an indemnification tender)?	MDOC expects successful bidder expected to participate in the following legal matters: <u>Alexander v Hall</u> , 4:20-cv-21-DMB JMV <u>Wallace v MDOC</u> , 3:21-cv-00516 CWR LGI <u>Cruse v MDOC</u> , 3:23-cv-00212 CWR LGI <u>Williams v MTC</u> , 3:23-cv-00161 TSL MTP <u>Bobinger et al v Jackson County et al</u> , 1:22-cv-00140 HSO BWR <u>Lopez v Harrison County et al</u> , 1:22-cv-00329 TBM RPM <u>Crawford v VitalCore Health Strategies et al</u> , 3:23-cv-00140 TSL MTP <u>Gibson v VitalCore Health Strategies LLC</u> , 3:23-cv-00298 DPJ FKB <u>Edwards v Cain et al</u> , 3:23-cv-03096 HTW LGI <u>Balfour v Jackson HMA, LLC</u> , 3:24-cv-00093 KHJ MTP
18.	Please confirm if there are any professional liability settlement agreements in place with injunctive relief orders/components that would impact the future contractor.	The following settlement agreements are in place and my impact successful bidder: <u>Amos et al v Taylor et al</u> , 4:20-cv-007 DMB JMV
19.	Please provide the annual data on spend for patients with HIV, Hepatitis C, and hemophilia.	The annual spend on inmates with HIV, Hepatitis C, and hemophilia is \$3,412,883.15.

20.	<p>In regards to the electronic health record:</p> <ul style="list-style-type: none"> a. Can the DOC please provide clarification about the licensing structure of their EHR? b. Does the DOC hold the license with the EHR vendor? c. Will the vendor's employees hold individual end-user licenses? 	<ul style="list-style-type: none"> a. The EHR system is Sapphire, which is cloud based, and accessed through any browser. b. It is currently held by vendor. c. Upon information and belief, it is a group license. 																
21.	<p>Please clarify the insurance requirements and reconcile those listed on RFP page 21 with those listed on RFP page 71. There appears to be some inconsistencies. For instance, page 21 requires the bidder to have \$250K/person in minimum coverage for bodily injury with \$500K per occurrence. By contrast, page 71 requires the bidder to have \$250K/person with a \$1M per occurrence. Please clarify.</p>	<p>MDOC requires \$1,000,000.00 per occurrence.</p>																
22.	<p>RFP Pages 21 and 71: Please provide clarification as to precisely what type of risk they would expect to be insured by "public liability and casualty insurance"?</p>	<p>Please see Sections 7.4.4.2 and 8.40.3 of the RFP.</p>																
23.	<p>Please provide the current staffing vacancy of custody at all locations.</p>	<table> <tr> <td>Central Mississippi Correctional Facility</td> <td>25.67%</td> </tr> <tr> <td>Mississippi State Penitentiary</td> <td>32.55%</td> </tr> <tr> <td>South Mississippi Correctional Institution</td> <td>41.40%</td> </tr> <tr> <td>Walnut Grove Correctional Facility</td> <td>27.27%</td> </tr> <tr> <td>Marshall County Correctional Facility</td> <td>42.06%</td> </tr> <tr> <td>Delta Correctional Facility</td> <td>11.32%</td> </tr> </table>	Central Mississippi Correctional Facility	25.67%	Mississippi State Penitentiary	32.55%	South Mississippi Correctional Institution	41.40%	Walnut Grove Correctional Facility	27.27%	Marshall County Correctional Facility	42.06%	Delta Correctional Facility	11.32%				
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24.	<p>Please provide the number of current in-patients within the facilities.</p>	<p>As of February 2, 2024, the number of current in-patients within the facilities was, as follows:</p> <table> <tr> <td>Central Mississippi Correctional Facility</td> <td>9</td> </tr> <tr> <td>Delta Correctional Facility</td> <td>0</td> </tr> <tr> <td>East Mississippi Correctional Facility</td> <td>8</td> </tr> <tr> <td>Marshall County Correctional Facility</td> <td>3</td> </tr> <tr> <td>Mississippi State Penitentiary</td> <td>47</td> </tr> <tr> <td>South Mississippi Correctional Institution</td> <td>10</td> </tr> <tr> <td>Walnut Grove Correctional Facility</td> <td>2</td> </tr> <tr> <td>Wilkinson County Correctional Facility</td> <td>0</td> </tr> </table>	Central Mississippi Correctional Facility	9	Delta Correctional Facility	0	East Mississippi Correctional Facility	8	Marshall County Correctional Facility	3	Mississippi State Penitentiary	47	South Mississippi Correctional Institution	10	Walnut Grove Correctional Facility	2	Wilkinson County Correctional Facility	0
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25.	<p>Please provide the current discipline staffing (i.e. ARS, behavioral health, nursing, etc.) at all facilities.</p>	<p>Please see Section 7.8.16 of the RFP.</p>																

26.	Please provide the latest inventory and equipment certifications specifically those for the negative pressure rooms.	Please see Appendix B.
27.	Please confirm if there is allocated space for an increase in staff? Are there identified spaces at each location for staff?	Identified space for healthcare staff exists at each location.
28.	The latest national standards in suicide watch and psychiatric observations cells (NCCHC Standard B-05) reflect and enforce requirements to be considered suicide resistant. Does the DOC plan to utilize these standards going forward?	Yes.
29.	In cases of acute monitoring, is camera observation the only method of one to one observation or is there an officer/inmate observer who provides direct monitoring of the patients on acute monitoring?	Trained Inmate Observers, monitored by an officer assigned to the area where suicide watch is taking place, conduct constant one-on-one mental health observation. Certified Medical Assistants or mental health staff trained in observation and suicide watch shall be used to conduct watch if an Inmate Observer is not available.
30.	What are the most challenging positions to fill in behavioral health? What is the current behavioral health vacancy rate statewide?	Licensed Counselor, Psychologist, and Psychiatrist. Please see Appendix D for a listing of the current vacancies at each facility.
31.	Please confirm where acute level patients in need of a higher level of care be housed on a more long-term basis?	MSP has a large dorm in one of the main housing units and a wing in the healthcare infirmary designated for inmates with long term special medical needs or disabilities that require assistance with ADL.
32.	Please confirm if there are any active patients on Medication-Assisted Treatment? (MAT)? If so, is MAT available at all facilities or designated facilities?	No patients currently receive Medication-Assisted Treatment (MAT). Designated facilities host MAT.
33.	Please provide clarification for how cost will be calculated for each bidder. Will the lowest bidder's cost be given the full 40% cost points or a majority of the cost % total?	The Bidder with the lowest cost gets the full 40% cost points allotted in the evaluation.
34.	Please provide three years of annual spend for offsite services.	The annual spend for offsite services from July 2022 to June of 2023 was \$12,698,761.00.
35.	For offsite services, what is the current designated CAP spend amount for the current contract?	\$12,000,000.00 is the CAP spend amount for offsite services for the current contract.
36.	For offsite services, how many times has the total exceed the designated CAP in the last three years?	The CAP spend amount for offsite services has not been exceeded the past three years.

37.	Please provide the annual spend for pharmaceutical services in the last three years	MDOC does not currently capture pharmacy as a separate cost in the base billing.
38.	Please provide a list of staffing vacancies per staff discipline per facility.	Please see Appendix D.
39.	In regard to ambulance services: a. Please provide the ambulance transport service utilized by each facility? b. How many offsite EMS transports were completed in the last three years? c. Please breakdown the data by month.	Please see Appendix E.
40.	What are the total number of hospital stays by month for the last 12 months?	In 2023, the total number of hospital stays, by month, were as follows: January 76 February 71 March 71 April 73 May 68 June 51 July 60 August 66 September 63 October 57 November 49 December 46
41.	What is the number of outpatient specialty visits that occurred in the last 24 months by facility and by month?	Please see Appendix C.
42.	Please provide the local area hospitals that are used for each facility?	Please see Appendix F.
43.	Please confirm if incarcerated individuals are currently the only observers for suicide watches or are their medical contractor staff observing in addition to inmate observers?	Trained Inmate Observers, monitored by an officer assigned to the area where suicide watch is taking place, conduct constant one-on-one mental health observation. Certified Medical Assistants or mental health staff who are trained in observation and suicide watch shall be used to conduct watch if an Inmate Observer is not available. RFP Sections 7.8.8.11 and 7.8.8.12. require mental health staff and medical staff to do periodic random checks and ensure the documentation and assessment by the Inmate or mental health staff observers comply with protocol and document the same.

44.	Please provide the current staffing makeup of the Youthful Offender Unit at CMCF	The Youthful Offender Unit (YOU) is the smallest unit at CMCF with an average daily population of 30 or less offenders. The RFP staffing matrix for CMCF includes a 1.00 FTE Director of Mental Health dedicated to the YO unit. The Assistant Health Services Administrator included in the CMCF staffing matrix is responsible for scheduling healthcare services for YOs to include, but not limited to: nurse and provider sick call, medication administration, and dental services. Healthcare staff will provide these services, as scheduled by the Assistant Health Services Administrator and coordinated with security. Due to restrictions on movement of youthful offenders in a facility also housing adult offenders, most services are provided in the YO unit.																											
45.	Please provide the number of pregnant females that were housed at CMCF over the last three years.	2021 – 21 pregnant females 2022 – 17 pregnant females 2023 – 15 pregnant females																											
46.	Please provide the number of dialysis treatments that were completed in the last 12 months, broken down by month.	<table border="0"> <tr><td>January</td><td>162</td></tr> <tr><td>February</td><td>168</td></tr> <tr><td>March</td><td>200</td></tr> <tr><td>April</td><td>166</td></tr> <tr><td>May</td><td>197</td></tr> <tr><td>June</td><td>210</td></tr> <tr><td>July</td><td>179</td></tr> <tr><td>August</td><td>183</td></tr> <tr><td>September</td><td>169</td></tr> <tr><td>October</td><td>169</td></tr> <tr><td>November</td><td>175</td></tr> <tr><td>December</td><td>186</td></tr> </table>	January	162	February	168	March	200	April	166	May	197	June	210	July	179	August	183	September	169	October	169	November	175	December	186			
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47.	Please provide the name of the current radiology provider. How many x-rays were completed onsite by facility in the last two years?	<p>TridentCare</p> <table border="0"> <thead> <tr> <th></th> <th style="text-align: right;"><u>2022</u></th> <th style="text-align: right;"><u>2023</u></th> </tr> </thead> <tbody> <tr> <td>Central Mississippi Correctional Facility</td> <td style="text-align: right;">5,517</td> <td style="text-align: right;">3,380</td> </tr> <tr> <td>Mississippi State Penitentiary</td> <td style="text-align: right;">1,795</td> <td style="text-align: right;">1,696</td> </tr> <tr> <td>South Mississippi Correctional Institution</td> <td style="text-align: right;">2,054</td> <td style="text-align: right;">2,209</td> </tr> <tr> <td>East Mississippi Correctional Facility</td> <td style="text-align: right;">366</td> <td style="text-align: right;">445</td> </tr> <tr> <td>Marshall County Correctional Facility</td> <td style="text-align: right;">425</td> <td style="text-align: right;">485</td> </tr> <tr> <td>Wilkinson County Correctional Facility</td> <td style="text-align: right;">235</td> <td style="text-align: right;">357</td> </tr> <tr> <td>Walnut Grove Correctional Facility</td> <td style="text-align: right;">71</td> <td style="text-align: right;">211</td> </tr> <tr> <td>Delta Correctional Facility</td> <td style="text-align: right;">0</td> <td style="text-align: right;">17</td> </tr> </tbody> </table>		<u>2022</u>	<u>2023</u>	Central Mississippi Correctional Facility	5,517	3,380	Mississippi State Penitentiary	1,795	1,696	South Mississippi Correctional Institution	2,054	2,209	East Mississippi Correctional Facility	366	445	Marshall County Correctional Facility	425	485	Wilkinson County Correctional Facility	235	357	Walnut Grove Correctional Facility	71	211	Delta Correctional Facility	0	17
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48.	Please confirm who is responsible for internet connectivity in the medical units, the state or the medical contractor.	Successful Bidder may share MDOC’s network or they may install their own network. Network communication for either option shall strictly adhere to the state’s security policies, as provided in the State of Mississippi Enterprise Security Policy and the State of Mississippi Enterprise Cloud and Offsite Hosting Security Policy. Successful Bidder will be required to conduct an IT assessment and submit an IT plan that will govern implementation of the Vendor’s technology in fulfillment of the agreement for consideration within one month of contract award or within a mutually agreed period. MDOC and Successful Bidder will work together to finalize																											

		the IT Plan for each of the facilities and sites covered under the agreement and will ensure that proposed network communications adhere to security protocols.										
49.	Please provide the type of telehealth equipment being used within facilities? Is this equipment owned by the State or the medical contractor?	All Telehealth equipment is owned and supported by MDOC, with the exception of Telehealth Emergency Medicine units which the University of Mississippi owns.										
50.	Can the DOC please provide the current telehealth service types and utilization, to include current specialty type and utilization?	<p><u>University of Mississippi Medical Center</u></p> <table> <tr> <td>HIV</td> <td>1,096</td> </tr> <tr> <td>Dermatology</td> <td>47</td> </tr> <tr> <td>Nephrology</td> <td>11</td> </tr> </table> <p><u>On-Site</u></p> <table> <tr> <td>Psychiatry</td> <td>3,774</td> </tr> <tr> <td>Medical</td> <td>1,034</td> </tr> </table>	HIV	1,096	Dermatology	47	Nephrology	11	Psychiatry	3,774	Medical	1,034
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51.	Is there a list of DOC applications, file services, or other resources accessed by contractor staff?	Vendors have access to MDOC's offender management application, OffenderTrak, a Motorola product.										
52.	Can the DOC please confirm if there are any education or treatment programs currently provided via tablets or other portable devices that would be under the contractor's responsibility?	There are no treatment programs currently provided via tablets or other devices.										
53.	Can the DOC please confirm if there are any specifications or restrictions regarding the system allowing providers to review documents and diagnostic tests offsite?	Bidder shall ensure patient confidentiality is maintained in accordance with HIPPA guidelines for correctional settings and applicable law.										
54.	Can the DOC please describe the DOC's process to allow contractors to install software (i.e. support tools) on DOC imaged PC's or request internet site whitelisting?	Network communication shall strictly adhere to the state's security policies, as provided in the State of Mississippi Enterprise Security Policy and the State of Mississippi Enterprise Cloud and Offsite Hosting Security Policy. Successful Bidder will be required to conduct an IT assessment and submit an IT plan that will govern implementation of the Vendor's technology in fulfillment of the agreement for consideration within one month of contract award or within a mutually agreed period. MDOC and Successful Bidder will work together to finalize the IT Plan for each of the facilities and sites covered under the agreement and will ensure that proposed network communications adhere to security protocols.										
55.	Considering the growth of telemed and collaboration technologies, can the DOC please provide the current network bandwidth for each site and wireless connectivity?	The current network bandwidths and wireless connectivity for each site are as follows:										

		<ul style="list-style-type: none"> o Central MS Correctional Facility – 2Gbps bandwidth o MSP – Parchman - 2Gbps bandwidth o SMCI – Leakesville - 2Gbps bandwidth o Delta Correctional – 1Gbps bandwidth o Marshall Correctional -1Gbps bandwidth o Walnut Grove Correctional - 1Gbps bandwidth <p>Telehealth carts are in use at each of the facilities listed above. These Telehealth carts may operate on a wireless or wired connection. MDOC uses Cisco Meraki wireless access points at each facilities listed above.</p>
56.	Does the DOC provide e-fax services or is that the vendor’s responsibility?	E-fax services are Vendor’s responsibility.
57.	Can the DOC please confirm if there is any bandwidth information available for each WAN connected facility?	East Mississippi Correctional Facility - 2Gbps bandwidth Wilkinson County Correctional Facility – 1Gbps bandwidth.
58.	Can the DOC please confirm what facilities are not connected to the WAN? Is there a list of the connection types and bandwidth?	The 15 county regional facilities are not connected to the MDOC WAN. The bandwidth for these facilities are provided independently by each site.
59.	Can the DOC please confirm if the contractor staff PC's are on a separate network (or VLAN) than other DOC owned end-points?	The contractor staff PC’s at the six (6) state-operated facilities and the two (2) private facilities are currently on the MDOC network.
60.	Is the DOC open to the idea of the contractor installing their own isolated network separate from the DOCs to serve contractor end points?	Successful Bidder may share MDOC’s network or they may install their own network. Network communication for either option shall strictly adhere to the state’s security policies, as provided in the State of Mississippi Enterprise Security Policy and the State of Mississippi Enterprise Cloud and Offsite Hosting Security Policy.
61.	Can the DOC please confirm the existing VPN or other connections between the DOC's network and contractors?	MDOC does not have a VPN connection between MDOC’s network and the contractor’s
62.	Can the DOC please confirm who is responsible for implementing the electronic health record exchange interface?	MDOC coordinates with the medical provider to share inmate data to the EHR system. Currently, this is a unilateral exchange; no data is imported into the MDOC system from the EHR.
63.	Can the DOC please confirm if the DOC provided phones for contractor staff are VOIP phones? If so, are the phones and PC's at staff desks for the most part daisy changed or independently network connected?	MDOC provides analog Phones.
64.	Can the DOC please specify what domain the contractor’s PCs are installed on?	mdoc.state.ms.us

65.	Can the DOC please confirm if there are any PC hardware specification minimum requirements, restrictions, limitations, or brand/preferences?	Successful Bidder will be required to conduct an IT assessment and submit an IT plan that will govern implementation of the Vendor's technology in fulfillment of the agreement for consideration within one month of contract award or within a mutually agreed period. MDOC and Successful Bidder will work together to finalize the IT Plan for each of the facilities and sites covered under the agreement and will ensure that proposed network communications adhere to security protocols.																											
66.	Can the DOC please provide the number of desktop printers used by contractor staff? Can those be migrated to a larger and centralized network printer?	<table border="1"> <thead> <tr> <th></th> <th><u>Desktop</u></th> <th><u>Centralized</u></th> </tr> </thead> <tbody> <tr> <td>Central Mississippi Correctional Facility</td> <td>6</td> <td>2</td> </tr> <tr> <td>Delta Correctional Facility</td> <td>4</td> <td>1</td> </tr> <tr> <td>East Mississippi Correctional Facility</td> <td>3</td> <td>1</td> </tr> <tr> <td>Marshall County Correctional Facility</td> <td>5</td> <td>1</td> </tr> <tr> <td>Mississippi State Penitentiary</td> <td>15</td> <td>4</td> </tr> <tr> <td>South Mississippi Correctional Institution</td> <td>8</td> <td>1</td> </tr> <tr> <td>Walnut Grove Correctional Facility</td> <td>2</td> <td>2</td> </tr> <tr> <td>Wilkinson County Correctional Facility</td> <td>4</td> <td>1</td> </tr> </tbody> </table>		<u>Desktop</u>	<u>Centralized</u>	Central Mississippi Correctional Facility	6	2	Delta Correctional Facility	4	1	East Mississippi Correctional Facility	3	1	Marshall County Correctional Facility	5	1	Mississippi State Penitentiary	15	4	South Mississippi Correctional Institution	8	1	Walnut Grove Correctional Facility	2	2	Wilkinson County Correctional Facility	4	1
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67.	Can the DOC please provide a list of DOC applications, file services, or other resources accessed by contractor staff?	Vendors have access to MDOC's offender management application, OffenderTrak, a Motorola product.																											
68.	Can the DOC please provide a list of telehealth consults and frequency currently conducted?	<u>University of Mississippi Medical Center</u> <table border="1"> <tbody> <tr> <td>HIV</td> <td>1,096</td> </tr> <tr> <td>Dermatology</td> <td>47</td> </tr> <tr> <td>Nephrology</td> <td>11</td> </tr> <tr> <td colspan="2"><u>On-Site</u></td> </tr> <tr> <td>Psychiatry</td> <td>3,774</td> </tr> <tr> <td>Medical</td> <td>1,034</td> </tr> </tbody> </table>	HIV	1,096	Dermatology	47	Nephrology	11	<u>On-Site</u>		Psychiatry	3,774	Medical	1,034															
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69.	Can the DOC please confirm if there are any education or treatment programs currently provided via tablets or other portable devices that would be under the contractor's responsibility?	There are none.																											
70.	Can the DOC please confirm if there is a wireless network in any of the facilities? What is the access authorization process?	Wireless networking is available and WPA2-Enterprise is used.																											
71.	Can the DOC please confirm if there are any Thin Clients used by contractor staff?	The current Vendor does not utilize Thin Clients.																											
72.	Can the DOC please confirm if audiology services are currently being provided onsite?	Audiology services are currently provided onsite. a. CQ Partners, LLC b. 2021 - 360 patients \$107,435.00																											

	<p>a. If yes, who is the current vendor?</p> <p>b. If yes, please provide the annual patient count and spend.</p>	<p>2022 - 369 patients \$137,025.00</p> <p>2023 - 320 patients \$55,990.00</p>
73.	Can the DOC please confirm that any staff working at the facilities on the transition date, hired by the new vendor directly from the incumbent will not be required to undergo a background check.	New background checks of existing employees will be conducted if, in accordance with MDOC policy, the individual's background information is due to be updated.
74.	Can the DOC please confirm if the current EHR an internally developed system, or a system purchased/leased/provided from a vendor?	The EHR system, Sapphire, is provided by the medical vendor.
75.	Can the DOC please confirm if there is a list of Department applications, file services, or other resources that will be accessible to the awarded Provider staff?	Vendors have access to MDOC's offender management application, OffenderTrak, a Motorola product.
76.	Can the DOC please confirm if the current interfaces is using HL7 or flat file structure?	Data files provided by MDOC are extracted in flat file structure.
77.	Can the DOC please confirm if there is rack space, power, and cooling available within current network closets to install additional equipment?	MDOC rack space is limited at each facility. MDOC can provide the dimensions and rack space availability request.
78.	Can the DOC please confirm if the DOC has backup generators at each facility in case of power outages?	Yes, MDOC has back-up generators at each facility.
79.	Can the DOC please confirm if the vendor will be allowed to install secure, IT based time clocks which communicate to an external server for purposes of staff time management?	Successful Bidder will be required to conduct an IT assessment and submit an IT plan that will govern implementation of Vendor's technology in fulfillment of the agreement for consideration within one month of contract award or within a mutually agreed period. Proposed communication paths for unilateral and/or bi-directional traffic to external servers and systems shall be part of that IT assessment and plan. Successful Bidder may share MDOC's network or they may install their own network. Network communication for either option shall strictly adhere to the state's security policies, as provided in the State of Mississippi Enterprise Security Policy and the State of Mississippi Enterprise Cloud and Offsite Hosting Security Policy.
80.	Can the DOC please confirm if the current network provides PoE (power over ethernet), for time clock usage	PoE is provided.

81.	Can the DOC please confirm if a clock needs to be relocated on site, who is responsible for the cost, the DOC or vendor?	MDOC is responsible.
82.	Can the DOC please confirm if the vendor is required to use the DOC network, can the network including wireless be expanded to provide optimal coverage for medical and behavioral health services throughout the facilities?	Successful Bidder may share MDOC's network or they may install their own network. Network communication for either option shall strictly adhere to the state's security policies, as provided in the State of Mississippi Enterprise Security Policy and the State of Mississippi Enterprise Cloud and Offsite Hosting Security Policy. Unassigned cable drops and fiber runs at the facilities can be made available for Successful Bidder's use to the extent that such assignments do not adversely impact MDOC's business needs. Successful Bidder will be required to conduct an IT assessment and submit an IT plan that will govern implementation of the Vendor's technology in fulfillment of the agreement for consideration within one month of contract award or within a mutually agreed period. MDOC and Successful Bidder will work together to finalize the IT Plan for each of the facilities and sites covered under the agreement and will ensure that proposed network communications adhere to security protocols.
83.	Can the DOC please confirm if internet connectivity is available in all areas where healthcare services are rendered? If not, which institutions/housing units/areas do not?	MDOC can confirm that internet connectivity is available for healthcare services at the six (6) state-operated facilities and the two (2) private prisons.
84.	Can the DOC please confirm if time clocks will be allowed to reside on the state network or will the vendor be required to add a dedicated network?	<p>The DOC is amenable to work with the vendor to allow time clocks to reside on the DOC network and determine a feasible method for managing the time clock traffic.</p> <p>The contractor will be required to request VPN access from Mississippi Information Technology Services (ITS), the IT oversight authority for all state agencies.</p> <p>Successful Bidder may share MDOC's network or they may install their own network. Network communication for either option shall strictly adhere to the state's security policies, as provided in the State of Mississippi Enterprise Security Policy and the State of Mississippi Enterprise Cloud and Offsite Hosting Security Policy.</p>
85.	Can the DOC please confirm if the vendor be allowed to install VPN tunnel between vendor network and the DOC network for use by medical staff for administrative and medical applications?	The contractor will be required to request VPN access from Mississippi Information Technology Services (ITS), the IT oversight authority for all state agencies.
86.	Can the DOC please confirm if current telehealth systems/kiosks are separate from current inventoried computers or laptops? If so, what are these?	The telehealth carts are AMWELL carts and use the Cisco WebEx platform. Telehealth carts are on a VLAN that is separate from computers and laptops.

87.	Can the DOC please confirm if current treatments and programming are available on patients' tablets?	There are no treatment programs on the offender tablets.
88.	Can the DOC please confirm if there are any restrictions in service type that can be delivered via telehealth?	Please see RFP Section 8.28.1.
89.	Can the DOC please confirm if there are any restrictions in service type that can be delivered via telehealth?	Please see RFP Section 8.28.1.
90.	Can the DOC please confirm if there is a restriction to the percentage of telehealth vs in person contacts?	The utilization of telehealth in providing medical or mental health services shall be in accordance with guidance from the American Medical Association, particularly in the prescribing of medications. Facility Midlevel Practitioners, such as Licensed Nurse Practitioners and Physician Assistants that maintain a collaborative agreement with a telehealth physician, may facilitate these requirements to the extent permitted by law.
91.	Can the DOC please confirm if the DOC will provide telephones for the Contractor, or is this a Contractor responsibility?	MDOC provides telephones.
92.	Can the DOC please list the interfaces are currently in place with the existing EHR, for example, with the Offender Management System, the current DOC pharmacy subcontractor, the current lab services contractor, etc.?	Offender Management System (Offendertrak) Lab Corp Diamond Pharmacy TridentCare
93.	Can the DOC please provide the name and version of the EHR?	Sapphire Health Systems
94.	Can the DOC please provide where the EHR is currently hosted?	The EHR is hosted by Sapphire Health Systems in their data center.
95.	Can the DOC please provide the hosting vendor for the current EHR?	The EHR is hosted by Sapphire Health Systems in their data center.
96.	Can the DOC please confirm if the contractor is responsible for the cost and management of new network runs if needed?	Any additional network runs required to support Bidder's computer systems and software are the responsibility of Bidder.
97.	Does the DOC have a process to allow contractors to install software (i.e. support tools) on DOC imaged PC's or request internet site whitelisting?	Network communication shall strictly adhere to the state's security policies, as provided in the State of Mississippi Enterprise Security Policy and the State of Mississippi Enterprise Cloud and Offsite Hosting Security Policy. Successful Bidder will be required to conduct an IT assessment and submit an IT plan that will govern implementation of the Vendor's technology in fulfillment of the agreement for consideration within one month of contract

		award or within a mutually agreed period. MDOC and Successful Bidder will work together to finalize the IT Plan for each of the facilities and sites covered under the agreement and will ensure that proposed network communications adhere to security protocols.																
98.	Can the DOC confirm if the existing PC and/or printing hardware is available for incoming contractor staff to use? If so, is there a listing of warranty (replacement) dates for all end-points?	While Bidder is free to negotiate with existing Vendor to evaluate what equipment may be available for sale or transfer, MDOC will not facilitate or participate in negotiations between vendors.																
99.	Can the DOC please confirm if there is any connectivity between the telehealth network and the DOC's network or is it completely isolated?	Telehealth carts at the state facilities and private prisons are on the MDOC network; telehealth carts at the 15 regional facilities operate on their respective facility's network.																
100.	Can the DOC please confirm how many telehealth systems exists across the contract? Is there a breakdown by location that can be provided?	<table border="0"> <tr> <td>Central Mississippi Correctional Facility</td> <td>4</td> </tr> <tr> <td>Delta Correctional Facility</td> <td>1</td> </tr> <tr> <td>East Mississippi Correctional Facility</td> <td>2</td> </tr> <tr> <td>Marshall County Correctional Facility</td> <td>1</td> </tr> <tr> <td>Mississippi State Penitentiary</td> <td>4</td> </tr> <tr> <td>South Mississippi Correctional Institution</td> <td>3</td> </tr> <tr> <td>Walnut Grove Correctional Facility</td> <td>2</td> </tr> <tr> <td>Wilkinson County Correctional Facility</td> <td>1</td> </tr> </table>	Central Mississippi Correctional Facility	4	Delta Correctional Facility	1	East Mississippi Correctional Facility	2	Marshall County Correctional Facility	1	Mississippi State Penitentiary	4	South Mississippi Correctional Institution	3	Walnut Grove Correctional Facility	2	Wilkinson County Correctional Facility	1
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101.	Is the DOC or contractor responsible for layer 1 maintenance, wiring, etc., for the telehealth network?	The Contractor is responsible.																
102.	Can the DOC please confirm if it is the intent of the DOC that all facilities have equipment to conduct telemedicine consults? If so, please identify those facilities for which services are intended.	The extent of telemedicine utilization rests with Bidder. Should Bidder determine a need for additional telemedicine equipment, it bears financial responsibility for purchase of the equipment.																
103.	Can the DOC please confirm if the Contractor will be responsible for the cost of any new interfaces needed? If so, what will be the cost for any new interface?	Bidder bears the cost for any additional network runs to support Bidder's computer systems and software, to include the need for any new interfaces. MDOC will not predict or project the cost of a new interface system Bidder may require.																
104.	Can the DOC please provide the results of the operations audits for the previous 12 months, the Corrective Action Plans submitted, and the dollar value of each individual penalty assessed to the current Provider	MDOC has not conducted any audits.																
105.	Will the Contractor be able to utilize the DOC's internet system to communicate by electronic mail with each other and with the Contractor's corporate office?	Successful Bidder may share MDOC's network or they may install their own network. Network communication for either option shall strictly adhere to the state's security policies, as provided in the State of Mississippi Enterprise Security Policy and the State of Mississippi Enterprise Cloud and Offsite Hosting Security Policy.																

106.	If the DOC will provide internet access, will it be on a shared or dedicated network?	Successful Bidder may share MDOC's network or it may install their own network. Network communication for either option shall strictly adhere to the state's security policies, as provided in the State of Mississippi Enterprise Security Policy and the State of Mississippi Enterprise Cloud and Offsite Hosting Security Policy.
107.	Can the DOC please confirm if the facility's living units have Wi-Fi access?	The facility living units do not have Wi-Fi access.
108.	Can the DOC please confirm if there are any facilities currently under a consent decree or DOJ monitoring? If so, please provide details.	No facilities are currently under a consent decree or DOJ monitoring.
109.	Can the DOC please confirm if the current Contractor provides wireless connectivity/access to medical, or will the DOC provide this? a. If access is already established, what locations are in scope? b. If the Contractor provides access, are there any preferred/existing vendors that can be leveraged to provide this service?	MDOC provides wireless access. Current locations with wireless access include those areas designated by the medical provider. a. The MDOC provides broadband to Mississippi State Penitentiary, Central Mississippi Correctional Facility, Southern Mississippi Correctional Institute, Walnut Grove, Delta Correctional Facility, Marshall County Correctional Facility, East Mississippi Correctional Facility, and Wilkinson County Correctional Facility. b. N/A
110.	Can the DOC please confirm if the Contractor is required to provide Internet, LAN, Wi-Fi, or end user equipment, are there any restrictions to the products used, or can the vendor implement its standard design and equipment?	MDOC provides Internet and Wi-Fi that can be used by the medical vendor in state facilities.
111.	Can the DOC please confirm who is responsible for providing network infrastructure (switches and firewall) – the DOC or the Contractor? a. If the Contractor, does the current Contractor provide network infrastructure?	MDOC provides network infrastructure equipment in state and private facilities.
112.	Can the DOC please confirm if structured cabling is required, who is financially responsible?	MDOC provides structured cabling. Expansion of the structured cabling plant at the state facilities are the responsibility of MDOC. Expansion projects will require mutual agreement.
113.	Will the DOC provide standard POTS telephone lines for the Contractor's fax machines, or will the Contractor provide?	Yes, DOC will provide phone lines.

114.	Please confirm the DOC will provide the Local Area Network (LAN) that computers will be connected to. Can the DOC please provide the bandwidth available to all sites?	DOC will provide the LAN for medical computers. Please see the answer to Question 55.
115.	Can the DOC please confirm who bears financial responsibility for other IT-related hardware (e.g., printers, docking stations, scanners, etc.) the DOC or the Contractor?	Bidder bears the cost for any additional network runs to support Bidder's computer systems and software, to include the need for any new interfaces. MDOC will not predict or project the cost of a new interface system Bidder may require.
116.	Can the DOC please confirm if internet connectivity is available in housing units currently? If so, at which institutions and housing units?	For state-operated facilities, MDOC provides Internet connectivity to the housing unit offices, but not to the housing unit living areas. In private prison facilities, Internet connectivity is limited to the medical areas within the facility.
117.	Can the DOC please confirm where wireless access available? If in housing units, do both residents and contractor have access to the network?	Wireless access is available in office areas and medical areas in the state-operated facilities. Contractors have access to the SSID that are assigned to them. Inmate residents do not have access to the network.
118.	What speed of internet service is provided at each location for use by the winning bidder?	Please see answer to Question 55.
119.	What EHR system does MDOC utilize? i. What version is the EHR? ii. Which web based digital imaging solution is the MDOC's EHR compatible with?	Sapphire Health Systems. There is no web based digital imaging solution.
120.	Will MDOC provide a, not-to-scale, floor plan of only the healthcare space available to the bidder depicting the available number of rooms for each location?	Due to security concerns, MDOC cannot provide the requested information in the format required in order to comply with State rules and regulations pertaining to the procurement process. MDOC will consult with PPRB and other State officials to determine whether such security-related information can be provided in a confidential manner.
121.	<u>Section 5.2.2</u> - Can you please confirm that the intent of the proposal submission is to submit proposals in such a manner that there is no identifying information in the proposal and that the intent is to conduct a blind scoring process? If so, there are a number of areas of the RFP that require identifying information, including the following: <ul style="list-style-type: none"> - Section 5.6.4 Prior Experience – This entire section appears to request information that will identify the bidder, i.e., provide up to 3 contracts in which the bidder is presently under contract including reference information, a list of all contracts since 2013, contracts that have ended, etc. - Section 5.6.13.2.1 -This section requires a letter executed by a person with signature authority and requires the name of bidder. - Appendix A – Proposal Form – This form requires proposal name, address, etc. 	Please see the Answer to Question 1. The Evaluation Committee utilizes Blind Copies of each Bidder's Technical Submittal and Cost Submittal to score each proposal.
122.	Would you consider modifying the RFP so that Section 7, Performance Requirements, is the only section of the RFP that is required to be de-identified, submitted separately, and scored blindly?	No.

123.	If the intent is a blind scoring process, is this applicable to both the technical and cost proposals?	Yes.
124.	<u>Section 7.7.11, Outpatient Services</u> – Are emergency room services that do not result in an inpatient hospital admission included in the \$25 million annual aggregate threshold for offsite services?	Emergency room services that do not result in a hospital admission are subject to review and will be assessed on a case-by-case basis. MDOC’s Health Authority will review the materials identified in RFP Sections 7.7.11.1, 7.7.11.2, and 7.7.11.3 and determine if the services provided by the emergency room (ER) staff could have been provided within the confines of the sending MDOC facility. The assessment considers staffing and resources available at the sending MDOC facility when the offender was sent to the ER. Incidents requiring a higher level of intervention than the facility could provide may be applied to the aggregate cap. On the other hand, treatment of superficial injuries that could have been managed by the facility staff who instead chose to send the inmate to the ER may be considered an outpatient procedure not applicable to the funded aggregate cap.
125.	<u>Section 7.7.13.11</u> - This section of the RFP excludes onsite specialty care from the \$25 million aggregate cap. We understand and support the goal to increase the level of onsite specialty care and maximize the care that can be provided onsite. However, excluding it from the cap creates a financial disincentive to the Bidder as offsite specialty services are included in the cap while onsite specialty services are excluded. Will the MDOC consider including onsite specialty services in the \$25 million aggregate cap to align the financial incentives of the Bidder with the goals of the department?	For purposes of responding to this RFP, onsite specialty services are not included in the \$25 million aggregate cap.
126.	What major medical equipment will the MDOC provide?	See Section 7.7.26 of the RFP. MDOC provides medical equipment that is affixed to the structure of an MDOC facility, as well as medical grade beds in the infirmaries of the major facilities.
127.	7.7.17.1 Does the requirement of Mobile Digital X-ray eq paid by the bidder as explained in the RFP replace fixed X-ray equipment at each site?	No. Should Bidder utilize the fixed x-ray equipment within an MDOC facility, the cost of supplies, maintenance, and general repairs to that equipment will be the responsibility of Bidder. Bidder will not, however, be required to replace any affixed x-ray equipment in its entirety.
128.	Will MDOC provide appropriate power supplies to the locations required by all needed medical equipment?	Yes. MDOC intends continued allocation of appropriate power supply for all necessary medical equipment.
129.	Is the Bidder financially responsible for the interfaces associated with EHR to lab and Imaging solutions?	Yes.
130.	Regarding Section 7.4. Being there are no Healthcare Systems in the State of MS that meet the minimum qualifications as described in section 7.4 this RFP seemingly eliminates the possibility of any competent JV or collaborative between Healthcare Systems from submitting a viable RFP. Would the MDOC be willing to add another standalone qualification as section 7.4.1.4 that would allow capable Health system joint venture/collaborations to submit a competitive RFP?	Correctional Healthcare is unique to the delivery of healthcare services to individuals in the care, custody, and control of a correctional system. As required in Section 5.6.4 of the RFP, Bidder shall, therefore, demonstrate experience providing healthcare in a correctional environment.

	<p>The section could be worded as follows (or something similar)</p> <p><u>Add section 7.4.1.4 “Or, be a formal hospital collaborative comprised of more than 5 Mississippi Hospitals spread across the State to include Healthcare Systems and Clinics. The Collaborative must possess more than 150 physicians and or mid-level providers on staff and over 2,000 healthcare workers. Over each of the last three years the collaborative members must be able to demonstrate that they were capable of providing care for over 200,000 outpatient visits, 5,000 inpatient stays, over 250,000 outpatient registrations and over 2,000 surgeries as well as operate CLIA certified laboratory services and other ancillaries. The Collaborative members must also operate retail pharmacies in each of the past three years. The collaborative must be able to demonstrate experience in recruiting and staffing healthcare employees in the State of Mississippi for each of the last 5 years and be able to demonstrate to the satisfaction of MDOC that the Collaborative can meet the comprehensive health needs of the inmate population of the Mississippi Dept of Corrections.</u></p>	<p>There is no stipulation in the RFP, however, prohibiting a joint venture between two entities to provide correctional healthcare services to MDOC when at least one partner possesses the required minimum experience in correctional healthcare. Correctional Healthcare Companies may collaborate and utilize inner-state and local providers to assist in delivery of services. The same applies to subcontractors for individual components required in the delivery of services, to include but not limited to, the following: Hospital and Community Specialty Services Network; Dialysis; Pharmaceuticals; X-ray and diagnostics; Staffing and Specialty Physicians; Medical Supplies and Equipment.</p>
131.	<p>What major medical equipment does MDOC require the winning bidder to provide?</p>	<p>See Section 7.7.26 of the RFP. Generally, medical equipment not affixed to the structure of an MDOC facility is Bidder’s responsibility, to include:</p> <ul style="list-style-type: none"> a) EKG Machines b) Portable x-ray equipment for areas that do not have fixed x-ray equipment c) Ultrasound equipment d) Dental hand tools e) Scales f) Glucose (CBS) monitoring machines g) Gurneys h) Wheelchairs i) Walkers j) Canes k) ER (Crash) Carts l) Portable O2 units
132.	<p><u>Section 7.1.4.2</u> – States “A bidder shall have during each of the 3 years prior to proposal submission the following: experience in the delivery of comprehensive correctional healthcare services to at least 4 correctional facilities or systems in separate geographic locations with an aggregate daily population of at least 6,000 incarcerated individuals at all 4 correctional facilities or systems”. Can you confirm the terms “all” and “aggregate” describe a total of 6,000 collectively and not 6,000 at each of the 4 facilities? Providing a requirement of 6,000 each would significantly reduce the number of available companies that would be eligible to bid, in turn severely limiting competition for the State of Mississippi.</p>	<p>The terms “all” and “aggregate” describe a total of 6,000 incarcerated individuals collectively, not 6,000 at each of the 4 facilities.</p>
133.	<p><u>Section 7.3.2</u> – Is the Bidder responsible for the cost of pharmaceuticals and medical supplies at the Regional Facilities, Community Work Centers, and Technical Violator Centers?</p>	<p>Bidder responsibility for the cost of pharmaceuticals and medical supplies at the Regional Facilities, Community Work Centers and Technical Violator Centers extends only to items prescribed by one of the Bidder’s employed Providers. Bidder bears no responsibility for over-the-counter medications (OTC) unless the OTC is prescribed by the Bidder’s employed provider.</p>
134.	<p><u>Section 7.3.2.1</u> – This section requires weekly staffing and services at the Regional Facilities, Community Work Centers, and Technical Violator Centers. However, it also requires onsite emergency services.</p> <ul style="list-style-type: none"> a) Can you please clarify how onsite emergency services are to be provided weekly? b) Are you expecting 24/7 onsite nursing coverage at all of these facilities? 	<p>a. Provider ‘on-call’ services to triage emergency needs is required. Calls, incidences, and outcomes are to be documented weekly and submitted to Bidder’s utilization management team. Should a designated facility contract with a separate healthcare provider for these services, Bidder will not be responsible for ‘on-call’ services.</p>

		b. It is not MDOC's expectation that 24/7 nursing coverage be provided at the regional facilities, community work centers, and technical violator centers. (See RFP Section 7.3.2)
135.	<u>Section 7.7.1 Medical Primary Care Services</u> – Can you please clarify the term “benefit claims’ as used in this section regarding the provision of primary care services?	“Benefit claims” in Section 7.7.1 of the RFP refers to preventative healthcare services such as immunizations and annual dental cleanings of diabetics or immune compromised individuals. Inmates will not be charged a sick call co-pay for services related to preventative healthcare services.
136.	<u>Section 7.7.3.4</u> – Can a healthcare practitioner such as a Physician Assistant or Nurse Practitioner satisfy the requirement for consultation within 48 hours for patients on non-critical medications rather than a physician?	Yes.
137.	<u>Section 7.7.3.8.2</u> – This section requires Hep C screening however no serology test is required as part of the intake process. However, Sections 7.7.2.1.3 and Section 7.7.10.6 both require Hep C antibody testing at intake. Can you please clarify?	RFP Section 7.7.3.8.2 requires, utilizing a healthcare screening tool for the interview of incoming inmates, inmates are asked during intake about risk factors associated with Hepatitis C. While blanket testing for Hepatitis C is not required, Section 7.7.10.6 provides that Hepatitis C screening will be offered to all inmates at intake. Should an inmate answer yes to screening tool questions designed to determine high risk for exposure to Hepatitis C or if an inmate requests to be tested for Hepatitis C, serology testing for Hepatitis C shall be provided by Bidder consistent with RFP Section 7.7.21.3.
138.	<u>Section 7.7.11, Outpatient Services</u> – Are emergency room services that do not result in an inpatient hospital admission included in the \$25 million annual aggregate threshold for offsite services?	Emergency room services that do not result in a hospital admission are subject to review and will be assessed on a case-by-case basis. MDOC's Health Authority will review the materials identified in RFP Sections 7.7.11.1, 7.7.11.2, and 7.7.11.3 and determination if the services provided by the emergency room (ER) staff could have been provided within the confines of the sending MDOC facility. The assessment considers staffing and resources available at the sending MDOC facility when the offender was sent to the ER. Incidents requiring a higher level of intervention than the facility could provide may be applied to the aggregate cap. On the other hand, treatment of superficial injuries that could have been managed by the facility staff who instead chose to send the inmate to the ER may be considered an outpatient procedure not applicable to the funded aggregate cap.
139.	<u>Section 7.7.12 - Hospitalizations</u> – This section indicates inpatient costs will be MDOC's responsibility. However, Section 7.7.13.2 indicates the cost of inpatient medical services, including the per diem rate for hospital stays of 23 hours or longer, physician and specialty fees incurred in the treatment of inmates while in the hospital, diagnostic testing, and pharmaceuticals and equipment used in treatment will be applied to the annual threshold of \$25 million. a.) Is the vendor responsible for processing and managing all offsite services claims?	Yes.
140.	Can you please clarify if the bidder is responsible for inpatient hospitalization costs and if they are to be included in the \$25 million annual threshold?	Bidder is responsible for inpatient hospitalization costs and those costs are applicable to the \$25 million annual threshold.

141.	<p><u>Section 7.7.13.11</u> – This section of the RFP excludes onsite specialty care from the \$25 million aggregate cap. We understand and support the goal to increase the level of onsite specialty care and maximize the care that can be provided onsite. However, excluding it from the cap creates a financial disincentive to the Bidder as offsite specialty services are included in the cap while onsite specialty services are excluded. Will the MDOC consider including onsite specialty services in the \$25 million aggregate cap to align the financial incentives of the Bidder with the goals of the department?</p>	<p>For purposes of responding to this RFP, onsite specialty services are not included in the \$25 million aggregate cap.</p>