



Answers to Questions

Inmate Medical Services Consultant RFP (#2019DOC_RFPSH_IMSCON)

August 22, 2019

1. Q: Should CTDOC issue future RFPs as a result of the consultants' analysis, assessment, and/or reporting, would the consultant/vendor be precluded from bidding on these future opportunities?

A: No.

2. Q: The RFP discusses the inclusion of mental health and dental services in the assessment, are mental health and dental services provided at all 13 CTDOC facilities?

A: Yes.

3. Q: What clinical reporting platform does the GE Centricity EHR utilize to produce outcome and productivity metrics and how frequently are these reports currently being generated?

A: GE Centricity EHR uses a proprietary reporting tool ("Orders Manager"), SAP Crystal Reports, as well as exportable report tools. At CTDOC we utilize SQL Server Reporting Services (SSRS). Outcome measures and metrics which have been defined are specific to CTDOC needs and are internal in nature. Specific data requests will need to be analyzed and responded to on a case by case basis.

4. Q: Is there a list of mineable data elements that can be extracted from the EHR and can that be provided to the respondents?

A: Standard data elements within GE Centricity are mineable data fields. In addition, specific data elements have been programmed by CTDOC as reportable data elements. These variables are specific to the nature and workflows within our business. Upon vendor selection we will certainly begin discussion of sharable information.

5. Q: Given the expense, can additional rationale be provided as to how it was determined that approximately 632 medical case audit reviews are required to be clinically reviewed and can the respondents propose alternative methodologies to accomplish the medical case audit?

A: See page 22 of RFP, Medical Case Audit. Random sample size is to ensure findings will be statistically significant. Yes, the CTDOC is open to alternative statistically significant methodologies.

6. Q: Does CTDOC currently provide utilization review services for its sub-specialty clinic and hospital care? If so, will that information be shared with the contractor?

A: CTDOC does not currently have a utilization review process in place.

7. Q: Does CTDOC have a secure inpatient facility (free world hospital) that they use preferentially?

A: CTDOC uses John Dempsey Hospital/University of Connecticut Medical Center for secure inmate inpatient care.

8. Q: What level of information will be available to evaluate hospital and sub-specialty care claims?

A: CTDOC will provide access to all available relevant information.

9. Q: What is the current pharmacy system being operated in the CTDOC? Is physician order entry part of the Centricity platform? Does CTDOC currently have any exposure to the 340B drug program?

A: CTDOC contracts for pharmacy services. Yes, physician order entry is part of Centricity. CTDOC has limited exposure to 340b drug program at this time.

10. Q: Historically, the University of Connecticut had been involved with the CTDOC healthcare program, to what extent if any do they provide services currently?

A: University of Connecticut provides emergency, inpatient and outpatient specialty care.

11. Q: The RFP indicates that CTDOC provides services in accord with ACA and NCCHC standards. Are CTDOC facilities accredited by these or any other agencies?

A: No.

12. Q: What is the anticipated budget or budget limit for this endeavor? Is there a separate budget for each of the four areas of services?

A: There is no anticipated or separate budget.

13. Q: On page 18 of the RFP there is a description of the incarcerated population that indicates “youth, male, and female sentenced and unsentenced.....”. Does the term “youth” apply to youth incarcerated as adults or is it inclusive of those with juvenile status?

A: Youth refers to incarcerated persons under the age of 21.

14. Q: The requirement for the medical case audit is extensive and will require significant medical expertise and hours to complete. Can an alternative approach for a records review be offered? Can the medical records review be completed remotely via a secure portal? Would you consider a proposed alternative with fewer audits?

A: Yes an alternative approach for record review can be offered. Remote access has not been considered for this, however this may be considered based on proposal submitted. The agency has a mix of electronic and paper records that may be part of this review. CTDOC is open to alternatives, see answer to question #5.

15. Q: What level of review is the State seeking related to pharmacy services? Does this include procurement of pharmaceuticals, rebate opportunities, formulary recommendations, pharmacy staffing, dispensed versus may-carry medications?

A: Pharmacy services is not part of this review, only as it relates to inmate medical case review.

16. Q: On page 22 of the RFP there is the requirement that “The contractor must provide a detailed report including the various components of a Correctional Health Service Unit in the areas of assessment and intake, on-site service delivery, off-site specialty care, treatment and special programs.” Can the State provide a description of the special programs that are to be included in the review and recommendations?

A: Special programs would include e.g. Mental Health, Addiction treatment (MAT) etc..

17. Q: Page 20 of the RFP mentions healthcare provider involvement providing services to employees in emergency situations and inoculations/vaccinations. Is this service to employees considered in the scope of this RFP?

A: No, scope only pertains to inmate care.

18. Q: Are the DOC facilities currently accredited by the American Correctional Association (ACA) or the National Council on Correctional Health Care (NCCHC)? If not, are there plans to seek accreditation in the future?

A: No, and not at this time. CTDOC is moving towards accreditation.

19. Q: There is a minimum qualification on RFP page 9 to demonstrate the employment of a registered dietitian, as defined in Section I. B.6 of this RFP. Is this correct, or perhaps leftover from a previous RFP?

A: This is an error and does not pertain to this RFP.

20. Q: The budget format requires salaries of proposed staff. As a for-profit company, we typically utilize fully-burdened labor category hourly rates that are inclusive of all costs except subcontractors and travel. Would use of labor category hourly rates (plus subcontractors and travel) instead of salary rates be acceptable?

A: Yes.

21. Q: RFP Page 9 E.3 d) requires that the proposal must “demonstrate the employment of a registered dietitian, as defined in Section 1.B.6 of this RFP.” Was this requirement meant to be a part of this RFP?

A: See answer to question #19.

22. Q: Is there a maximum length of duration for the vendor to complete all portions of the contract’s project?

A: See page 5, number 3 of the RFP.

23. Q: We understand that vendors must submit the Workforce Analysis Affirmative Action Report Form #5 with their proposals. There are current references to Connecticut employees on this report form

but should we assume that this form should be completed with our own company's information as the staff exist at the time of submission of the proposal?

A: Yes.

24. Q: Please confirm that the Gift and Campaign Contribution Certification Form #1 is not completed with our submission but only prior to contract execution.

A: The Gift and Campaign Contribution Certification Form #1 must be completed and submitted with the proposal.