**Centurion Questions**

Please clarify what Centurion means with this proposal language “by widely varying possibilities, we assume staffing will be negotiated outside of the per capita adjustments?”

Please specifically clarify Centurion pricing regarding Hepatitis C DAA funding. In one place the proposal states that Centurion anticipates costs of $9.5 million. When the cost of DAAs is included, there is a $12 million difference? Centurion describes a method of obtaining 340B pricing for DAAs. That should reduce DAAs expenditures significantly from the $9.5 or $12 million costs outlined in the bid. How will 340B pricing benefits be passed to KDOC? Will KDOC receive actual reports of the cost savings? How would KDOC benefit from drops in Hep C DAA prices that should occur over time as has been seen with other medications? Centurion states that offenders must be incarcerated for a year prior to being eligible for DAA treatment which is not supported by CDC or AASLD guidelines. Please explain how Centurion will meet CDC and AASLD guidelines in the treatment of Hepatitis C.

Because Centurion is operated by Centene, which also operates Sunflower, there were expectations for lower health care costs because of the Medicaid network Centene has already established for that program. The pricing proposal didn’t appear to pass on any of the advantages of the Sunflower network savings to KDOC as anticipated. Please explain.

In parts of the proposal Vant4age Program seems to be a data mining tool. In parts of the proposal it sounds more like an alternative EHR to NextGen. Please explain.

Centurion promises site audits by corporate clinical teams to review each facility’s performance in meeting contract requirements. There were no specifics regarding this program. Will it occur annually? Can KDOC request an audit if a site appears out of compliance without waiting for a year? What will be including in the KDOC report following these audits?

Centurion alludes to lots of discharge planning opportunities because of its association with Sunflower. However, Sunflower has historically been the least cooperative Medicaid provider for KDOC discharge planners seeking services for qualifying offenders leaving KDOC. Given this history, how will Centurion reach some of the discharge objectives outlined in the proposal? There are many references to discharge planning in the proposal. KDOC does much of the discharge planning activities with their own staff. Describe how Centurion will coordinate efforts with KDOC discharge planners already in place.

In your materials, you discussed using “Behavioral Health Clinical Guidelines”. Would please provide more information about these, including specific examples, how they are trained, implemented and monitored throughout the prison system.

Filling and maintaining positions within corrections is a well-known issue. In your materials you suggest that behavioral health staff may be assigned to an overnight shift at some sites. Would you please elaborate on your staffing plans for behavioral health, how you recruit and retain behavioral health staff, and how/why you would have overnight staff on a shift with no programming? Can you provide details from other Centurion contracts that have used overnight staff as well has data on how that provided positive results for the behavioral health program?

Why does the proposal discuss doing chronic care/infectious disease clinics using guidelines other than every 90 days as outlined in the RFP? How will Centurion meet the 90-day chronic care clinic requirement of the RFP?

How is the Escalation Policy implemented at the sites and then monitored for compliance?

Centurion’s proposal describes onsite specialty services. While it is assumed this would lower offsite medical escorts, please describe what impact this would have for facility transport teams, savings, and if the specialty service is not available, is it that expected costs associated for trips be covered by Centurion?

**Corizon Questions**

The RFP outlines that Periodic Health Assessments be completed during their birth month. The Corizon proposal states that these assessments will be scheduled 12 months after intake. Annual TB testing is associated with the birth month and often corresponds with the Periodic Health Assessment. How does Corizon propose to meet the birth month scheduling of Periodic Health Assessments as outlined in the RFP?

The RFP outlines that Chronic Care Clinics will be completed every 90 days. Corizon’s proposal provided an algorithm that appears to leave it up to a provider’s discretion. How does Corizon propose to meet the 90-day Chronic Care Clinic requirement as outlined in the RFP?

Corizon’s proposal outlined using the “CorCare CQI Plan”. The plan as outlined appeared to be the one in place until January 2020. KDOC found the CQI plan to be inadequate and not state specific. Even the new Corizon VP, Teri Gregory, abandoned its use as it did not address Kansas-specific issues. Please provide the details of a Kansas-specific CQI plan that will be implemented including Behavioral Health parameters.

Corizon’s workflow diagram outlining their utilization management process utilizing “CARES”. There is no mention in the diagram of how all utilization management process get documented in NextGen as required by the RFP. How does Corizon propose to meet the requirement that all utilization management activities be documented in the EHR?

Corizon’s Inpatient Utilization Management Workflow Diagram provides for no communication with the Office of Health Care Compliance on inpatients’ conditions. How does Corizon propose to keep the Office of Health Care Compliance updated on a daily basis regarding inpatients’ conditions?

The RFP mandates opt-out HIV testing for all offenders at intake. Corizon’s proposal didn’t address the issue other than it will be done on a voluntary basis if the patient requests it. How will Corizon meet the opt-out HIV testing for all offenders at intake?

Providing services within restrictive housing has become more of an urgent issue throughout the nation. Would you please elaborate and provide more details on how mental health services will be provided to this population including those from specialized programs (i.e. IRU and TRU) as well as those with less pronounced mental health concerns but who still require services?

Individuals in prison with serious mental health needs present a unique challenge for treatment professionals. Even within the specialized programs (i.e. IRU and TRU) it is often difficult to engage individuals consistently in treatment. Please tell us more about how you will implement, monitor and assist in the treatment processes at these specialized units, including how you will measure and gauge the effectiveness of each in meeting KDOC and patient outcomes.

KDOC requires in-person psychiatric care/coverage at Lansing, El Dorado, Hutchinson and Topeka correctional facilities. The psychiatric position at Hutchinson has been vacant since September 2018 and this has caused operational hardships for KDOC in the timely resolution of crisis level patients’ status and providers being unfamiliar with patients when seen via telepsychiatry. How does Corizon propose to keep these in-person psychiatry positions filled?

Corizon’s proposal outlines that they will utilize RX Outreach to see that offenders can receive medications for up to 90 days post discharge. KDOC has tried to start this process with Corizon and RX Outreach and Kansas Corizon leadership has not been supportive of the process. Please outline how Corizon will resolve this inconsistency between the proposal and current practice so that offenders can receive medications for up to 90 days post discharge.

The RFP outlines that a marketing survey needs to be done yearly and staff salaries kept to at least the 50th percentile of the survey. Corizon appears to use the current salary scales as compensation. How does Corizon propose to meet the annual marketing survey and salary scale adjustment as outlined in the RFP?

**VitalCore Questions**

Kansas law seems to clearly state that telehealth users must be licensed in the state of Kansas to provide services. Your RFP response indicates you only plan to license a couple of those individuals from the many at George Washington University. How will you reconcile your response with Kansas Board of Healing Arts regulations?

We appreciate Vitalcore returning excess Hepatitis C DAA funds to KDOC. How will your company track these Hep C expenditures to determine what will be returned to KDOC as you’ve outlined in your proposal?

Staffing resources are often limited within the correctional setting, particularly in those facilities with high custody individuals as well as those in rural areas. Your materials presented an aggressive, near immediate assessment and implementation of behavioral health treatment for individuals entering the system at all facilities. Would you please provide more details on how this will work not just at admission units (i.e. RDUs) but with entries into special programs (i.e. IRU and TRU) as well as entries into rural facilities (i.e. Norton, Ellsworth Correctional Facilities), where staffing may not be as robust as in the larger facilities?

Consistent with the above initiation of treatment, the use of a treatment plan is an essential element in providing effective, partnered treatment for anyone with mental health needs. Please elaborate on how you will train, implement and monitor the use of effective treatment plans throughout the KDOC, and how you will gauge if these are meeting the needs of the KDOC, specialized programs and more traditional “outpatient” individual.

VitalCore’s proposal outlines two pharmacy providers and states that KDOC can choose which one they prefer be utilized. Typically, the proposed vendor makes the selection of a pharmacy partner. KDOC is willing to partner in discussions regarding the pharmacy, but how will VitalCore decide which is the appropriate pharmacy for this KDOC contract?

VitalCore was very non-specific in describing ancillary services. Please provide specific details on ancillary services including ECG and laboratory services.

VitalCore’s proposal didn’t address some of the specific RFP requirements under Initial Health Assessments. Please provide specific details of how VitalCore proposes to meet the RFP requirements outlined under Initial Health Assessments.

VitalCore’s proposal outlines ACLS-certification for all RNs. How would this be accomplished given frequent RN turnover? Are ACLS protocols appropriate to be used in KDOC if no physician is present or cardiac monitors?

VitalCore’s proposal regarding infirmary care is incomplete. There is discussion of creating and destroying infirmary records. The provider rounding seems incomplete with the only options of daily or monthly rounding. Please provide a detailed account of how VitalCore proposes to utilize, staff, and monitor care in KDOC’s infirmaries.

VitalCore’s pricing proposal is less than the current vendor’s pricing which is a matter of public record. Describe in detail how VitalCore proposes to provide equivalent or better services at a lower price than the current vendor is receiving?

**Wexford Questions**

How would you propose converting an already established program such as Kansas’ IRU program at El Dorado into a TC program which you discuss in depth in your technical proposal?

In your proposal, there were many specific mental health assessment tools mentioned. Please share with us data on the actual use of these tools in your other contracts.

Your materials present what could be taken as several specialized approaches in meeting the diversity of mental health needs across the spectrum. The programs appear to have depth, but it is not clear how all these programs can be implemented effectively within the staffing confines of each facility, particularly when it has been difficult to keep positions filled. Please elaborate on how you will train, implement, and monitor the effectiveness of these processes. In doing so, please include information on how you will prioritize the implementation (with anticipated timelines) to ensure the greatest benefit to the population and to the KDOC within the least amount of time.

Would you please provide additional information about how you review, develop, implement and update, evidenced-based programming into the daily work practice for all sites? This includes the use of group and individual approaches at the specialized programs (i.e. IRU and TRU), the use with the restrictive housing population, and in the more general “outpatient” programs at all facilities. How will you evaluate the effectiveness of these approaches on an on-going basis?

Why were nursing care guidelines not submitted for review even though requested in the RFP?

Why were chronic care guidelines not submitted for review even though requested in the RFP?

Why was a CQI manual not submitted for review even though requested in the RFP?

Why does the proposal discuss doing chronic care every 6 months rather than every 90 days as outlined in the RFP? How will Wexford meet the 90-day chronic care requirement of the RFP?

The proposal discusses multi-disciplinary teams and “Medical Assistants” being used to provide treatment rather that primary care physicians. On the surface, this appears to indicate having individuals practicing outside the scope of their licensure. Please explain how Wexford will treat patients with all staff working within their appropriate scope of practice.

The proposal uses a lot of language about following FBOP guidelines for treatment of Hepatitis C. Kansas primarily follows AASLD guidelines. How will Wexford align their Kansas policies for Hepatitis C treatment to align with AASLD community standards of care?

The proposal describes a Comprehensive Internal Staffing agency to deal with shortages. Please describe what professionals (MD, BHP, RN) are included, how large the agency is, and how this would impact Kansas positions. Describe how these individuals would meet KDOC orientation requirements.

Quality Scorecards were described in the proposal. Exactly what scorecards/data would be available to the Office of Health Care Compliance?

The RFP mandates opt-out HIV testing for all offenders at intake. Wexford’s proposal didn’t address the issue. How will Wexford meet this requirement?

Elaborate on the development of onsite specialty services considering the geographical locations of facilities in Kansas. Please describe what impact this would have for facility transport teams, savings, and if the specialty service is not available, is its costs associated for specialty trips to be covered by Wexford?

Please elaborate on the advantage that exists when you state administration of KDOC program does not have to be limited to one health care provider.

Please clarify the review and continuation of medications upon arrival if an offender is stable.

Please clarify wording within the proposal suggesting Wexford may refuse an offender admission.

While the Behavioral Health plan is very strong, it is a concern that Wexford can Wexford can deliver the services promised. Please provide and explain reassurances that Wexford can deliver these services and what costs KDOC may recoup if not delivering promised services.

Understanding that Wexford’s bid price proposal is higher than what KDOC expected, identify the strategy for reducing annual contract costs and escalation for subsequent years. Please be specific for reductions and the impact of those services.