

Review of Centurion Technical Bid Submission

February 2020

Medical Portion

- Pro Exceptions were at beginning, were only two regarding an “out clause” for the vendor and asking for an insurance adjustment regarding tail coverage.
- Pro Page 5 Centurion is owned by Centene who also owns Sunflower, the Medicaid PPO. They indicate that because of this, they already have networks of physicians, hospitals, etc. that Centurion can tap into. No other bid shows this type of connection.
- Pro Page 7 Centurion is offering a concrete plan to get 340b pricing on drugs, teaming up with a qualifying rural entity in Ellsworth County Medical Center which they already have a relationship with through Sunflower. Also, on page 416 they address retaining specialized legal counsel to help insure 340b pricing makes it through the application process and is approved
- Pro Page 8 Centurion discusses a PCC (primary care clinician) model for behavioral health
- Pro Page 9 Centurion describes a MAT program that could be implemented immediately
- Pro Page 10 Centurion has several programs, RubiconMD, ImpactPro (page 184), and Preserve, that describe helping provide specialist consults without sending patients off-site, stratifying patient care risks so that sickest are identified and cared for as top priority, and ways to train offenders in some computer skills for post release job opportunities
- Pro Page 11 Provide several specific ways to assist for more successful discharge such as arranging Telehealth introductions to community providers (also page 148), Nurse Advice Line, and accessing Sunflower’s network to assure they have a provider in the community upon release.
- Pro Page 12 Work with KDOC public relations team to do a “Salute to Service” program—getting positive correctional information into the community.
- Pro Page 24 Propose keeping Compumed as the EKG provider for their contract. Compumed is familiar with the 30-minute stat EKG cardiology interpretation requirement for chest pain protocols.
- Pro Page 19 of Section 2.5—Specifically addressed paying bills on time. Provide specific charts outlining goal of paying bills within 15 days of receipt and documentation of exceeding that goal by paying in approximately 9 days.
- Pro Page 9 of Section 2.5—will create an APRN pool for interim coverage of provider openings around the state
- Pro Page 11—Propose keeping BioReference as the laboratory vendor, which would mean no interfacing with NextGen necessary to have lab results in EHR. Also propose keeping Institutional Eye Care which currently serves all sites with optometry coverage. Their providers are familiar with KDOC and EHR processes. Propose keeping Chardonnay as the dialysis vendor. They have many years of experience doing dialysis in KDOC and currently no problems.
- Pro Page 6/7, Section 2.8 Outline a comprehensive transition team to assume the contract if chosen
- Pro Section 3.58 Describe a good educational program for training staff to recognize signs of Human Trafficking and dealing with victims that may end up incarcerated
- Pro Page 8 Escalation Policy outlines how every staff member is responsible for getting offenders for appointments and if offenders “no-show” how to escalate requests so that those responsible for facility management are notified of access issues. Excellent policy and flow chart in the policy (Attachment L).

- Pro Page 32 Clearly addressed nursing guidelines including psychiatric nurse guidelines. Provided all those requested. Guidelines appeared very well constructed and easy for staff to follow. See Attachments N, O and P.
- Pro Page 24 Outlined a comprehensive vaccination program addressing all diseases RFP required.
- Pro Attachment M Give very good direction to providers through their provider treatment guidelines.
- Pro Page 44 Address medication orders that might be discovered to be expiring on transfer within 14 days or sooner if indicated.
- Pro Page 49 Provided a very specific and complete training program for training RNs to do initial physicals and documenting their competence to perform them.
- Pro Page 62 Outline a very good sick call process and seem to demonstrate ability to gather data regarding process. Nice algorithm of how process should work.
- Pro Some of the response language indicates the Centurion researched on-line IMPPs on items such as sick call because there appears to be familiarity with them.
- Pro Page 76 Understand the need for privacy when doing sick call in RH and not doing it "cell-side".
- Pro Page 82 Demonstrated strong guidelines for providers when performing chronic care
- Pro Page 81 They specifically address the need for strong MDTs when dealing with difficult patients.
- Pro Page 83 They speak strongly of wellness training for offenders and have a specific program "Evolve" to address this in an organized way.
- Pro Page 113 & 114 Discuss a very strong, distinct, gender-specific women's health program organized as "Healing, Empowerment, and Resources" (H.E.R.) Program
- Pro Page 100 Provide Narcan to releasing offenders
- Pro Page 111 Discuss strong programs for helping female offenders with parenting skills, maintaining contact with children while incarcerated
- Pro Page 124 Providers will review/sign off laboratory studies on patients within 24 hours of them being posted in the EHR.
- Pro Page 129-132 Outline a strong telehealth program with actual prospects of providing specialty consults without offsite visits. Documented increasing telehealth visits without confusing the issue with telepsychiatry.
- Pro Page 136 Exceed requirement of RFP by providing telehealth plan within 30 days of contract award
- Pro Pages 138/150 State they will have the telehealth consults documented in the EHR.
- Pro Page 144 Indicate they have no problem putting in their own dedicated lines/network which should help connectivity which providers have been complaining about.
- Pro Page 148 Indicate they will try to get the telehealth program accredited by an outside healthcare quality agency.
- Pro Page 155/156 Discussed providing better offender education with monthly health education groups and good outline of how to assign staff to do it with topics to cover.
- Pro Will provide provider rounds in the infirmary on all business days. Will also adjust staffing so that nurse to patient ratio at big facilities is never less than 10:1.
- Pro Vant4ge Program seems to provide positive data. Difficult to tell if it is an alternative EHR to NextGen. **Needs to be addressed if oral presentations.**
- Pro Page 398 Have afterhours pharmacy system (InmedRX) and deliver afterhours scripts to the facility vs nurse or staff having to go get it.
- Pro Page 418 Will work with Rx Outreach to provide 90 days' worth of medications at discharge.
- Pro Page 420 Have connections with Partnership for Prescription Assistance which may also help discharged patients with medications post-release.

- Pro Page 462 Clinical teams from corporate office come to contract and review how each facility is doing compared with the contract. They will supply a report of these reviews. **Need to discuss frequency of these during oral discussions. Is it yearly, every three years, etc.**
- Pro Page 460 Use Joint Commission model for provider peer review.
- Pro Page 444 The CQI program discussion good. They promise it will be specific to Kansas. The Plan, Do, Check, Act process should bring positive results and changes where needed.
- Pro Page 470 Excellent algorithm of how UM requests for specialists' care should work.
- Pro Page 466 Centurion has a list of codes for procedures which do not require pre-authorization. This should reduce delays in care.
- Pro Page 562 Centurion provides \$\$ and hours for CEUs for all staff, not just physicians or providers.
- Pro Attachment SS Centurion attempted a market survey as requested. They made some preliminary salary suggestions which appear to be competitive.
- Con While page 11 describes positive networking possibilities for discharge with Sunflower, KDOC discharge planners have experienced difficulty getting Sunflower MCO to engage in discharge assistance in the past.
- Con Centurion describes a lot of discharge planning activities. Will these complicate/duplicate work of KDOC discharge planners.
- Con Page 1 of Section 2.6—Critical of KDOC experience requirement regarding management 1000 offenders being too low. Insults KDOC for letting new companies bid.
- Con Page 78 Want to set guidelines for chronic care outside of the 90 days required in the RFP. Want to leave it to provider discretion which experience which experience has demonstrated doesn't work well. They state they will hire most of current providers. Current providers have done a poor job of seeing chronic care within appropriate time frames when given the latitude to follow guidelines rather than set intervals. Compliance Office feels strongly that KDOC must maintain the 90-day requirement regardless of what contractors/providers wish.
- Con Page 94 Say that Hep C positive offenders must be in the system for a year before receiving treatment
- Con Page 504 States that Centurion want to allow providers to decide how often some infectious disease processes are followed in chronic care rather than every 90 days.
- Neutral Staffing plans met expectations. Possibly too many recruiters at the Regional Office.

Behavioral Health Portion

- Pro Page 222 Have specific Behavioral Health Clinical Guidelines. They were not included but it wasn't a requirement. **Good material for discussion during any oral presentation.**
- Pro Page 308 Taking a Chance on Change electronic programming for in-cell use for RH.
- Pro Page 242 Excellent presentation of Gender-Specific, Trauma-Informed Care for females
- Pro Page 374 Excellent description of how Centurion proposes to create/implement Behavioral Management Plans for difficult offenders.
- Pro Staffing plans outline better BHP evening coverage
- Pro Included a marketing survey as requested and appear to be suggesting market competitive salaries for BHPs
- Con Page 226 Discusses Reviewing OP Treatment Plans every 6 months instead of every 90 days as we required in the RFP.

- Con Page 275 The triage process for BH Sick Call describe referring patients directly to a psychiatrist instead of trying to work through the issue first with a BHP. This would not make best use of precious psychiatrist time.
- Con Staffing plans waste some BHP FTEs by assigning them to the night shift when that hasn't been one of our identified needs.

Review of Corizon Technical Bid Submission

February 2020

Medical Portion

- Pro Page 6 Mention using STRATUS translation service when needing translation between offender and staff.
- Pro Page 15 Describe doing receiving screen on transfers within 4 hours of offender arriving at new facility.
- Pro Page 24 Discuss providing the shingles vaccination for older offenders as is done in the community.
- Pro Page 40 Corizon has done an excellent job of addressing Hep C although the policy presented appears to be one version older than the current policy.
- Pro Page 53 Bio-Reference Lab will be used resulting in no disruption of service.
- Pro Page 53 States providers will acknowledge lab results within 24 hours of being posted in the EHR which exceeds the RFP requirements.
- Pro Page 51 Corizon provides excellent Patient Information Sheets to offenders regarding their acute and chronic illnesses.
- Pro Page 60 Will review telehealth plan semi-annually with KDOC as outlined under new RFP.
- Pro Page 61 Describe contract with American Telehealth Solutions which should be able to quickly begin providing some telehealth specialty consults rather than trying to build a network of specialists.
- Pro Page 69 Will continue to use Chardonay for dialysis services meaning no disruption of services.
- Pro Page 68 Address staff/nursing burnout through education.
- Pro Page 150 Indicate they will continue to use Jennifer Clements as the statewide pharmacist. She has had a positive influence during Corizon's current tenure.
- Pro Page 149 Corizon owns their pharmacy, so controls everything in how it functions. Pharmacorr has provided very positive service in past.
- Pro Page 160 Utilize Reverse Distributors for disposing of narcotics which cannot be returned to Pharmacorr.
- Pro Page 172 Will provide a method for extending release medications for up to 90 days post discharge using Rx Outreach.
- Pro Page 201 Demonstrate good understanding of Patient Safety and are part of the National Patient Safety Foundation
- Pro Page 213 Address the Grievance Process and show good understanding of the KDOC workflow requirements.
- Pro Page 222 Use Stericycle for biohazardous waste.
- Pro Page 229 Utilize a good decision treat for considering a different EHR if KDOC is interested in pursuing that option.
- Pro Page 238 Addresses that routine HCP orders will be noted by nursing within 24 hours and that infirmary HCP orders will be noted within 8 hours.
- Pro Page 258 Uses an on-line service called MD-Staff that continuously monitors state boards and the NPDB for any changes regarding physicians' licenses or litigation activities.
- Pro Page 260 Outline a good process for HCP credentialing.
- Pro Page 262 Outline using an on-line service called Evercheck which continuously monitors nursing staff licenses for being current.

- Con Corizon only included 1 binder of attachments rather than 5 required by RFP. **Serious Deficiency**
- Con Page 10 Specifically provided copies of 2 NETS that were more than 5 years old and were not Corizon's but JJA's from sometime prior. **Serious Deficiency.**
- Con Page 12 The Trauma NET is poorly done. It tries to encompass 9 differential diagnosis.
- Con Page 22 Describe their training program for teaching RNs to do physicals, as allowed by contract. Specifically states that this was sent to KDOC for approval. Nobody in the Compliance Office can recall ever seeing it or any certification in any nurses' education file at the sites showing that this training was ever submitted/completed.
- Con Page 23 Describes their periodic health assessments as being scheduled 12 months after entry into the system rather than being scheduled during their birth month as specifically outlined in the RFP. **Serious Deficiency.**
- Con Page 33 Take credit for "developed and implemented nursing documentation templates in EHR to document each offender's status as observed/assessed during daily restrictive housing rounds". **This is untrue.** They complete a paper form and scan it into the EHR.
- Con Page 37 Specifically state they will see offenders in chronic care as the provider determines rather than every 90 days as outlined in the RFP. This requirement was put in the RFP specifically to address the current deficiency in this area that exists today because providers do a poor job of this, yet Corizon did not address the requirement. **Serious Deficiency.**
- Con Page 60 The graph Corizon presents regarding the number of telehealth specialty encounters is fictitious. KDOC has presented the correct numbers to Corizon as KDOC views them multiple times in the past, yet they still included this. **Serious Deficiency.**
- Con Page 61 Outline using Wound Care as part of the telehealth plan. This hasn't proven very successful in the past nor has it been utilized much.
- Con Page 62 Describe having telehealth providers do paper records for telehealth rather than doing their documentation in the EHR.
- Con Page 72 (Attachment L) Present a Core Process training manual for the infirmary rather than an actual Infirmary Policy and Procedure Manual.
- Con Page 77 Present their Inpatient Utilization Management Workflow Diagram which shows no communication with the client regarding offender inpatient stays.
- Con Page 185 Corizon's CorCare CQI Plan is inadequate, and they have had to currently abandon using it here in the state.
- Con Page 197 Corizon mentions paper records will be used. KDOC is trying to be paperless.
- Con Page 204 Present their Prior Authorization Utilization Management Workflow Diagram which shows no effort made to get these decisions into the EHR. This requirement was put in the RFP specifically to address the current deficiency in this area that exists today because Corizon wants to only utilize their proprietary system "CARES", yet Corizon did not address the requirement. **Serious Deficiency.**
- Con Page 206 Again present their Inpatient Utilization Management Workflow Diagram which shows no communication with the client regarding offender inpatient stays.
- Con Page 208 Present their "CARES" workflow diagram regarding Prior Authorization Utilization Management decisions. Again, it shows no effort made to get these decisions into the EHR. This requirement was put in the RFP specifically to address the current deficiency in this area that exists today because Corizon wants to only utilize their proprietary system "CARES", yet Corizon did not address the requirement. **Serious Deficiency.**
- Con Page 217 RFP clearly outlines HIV testing must be done at intake as an opt-out test, like Hep C. Corizon specifically mentions that their stance is that this is voluntary to be done when the patient comes and requests it.

- Con Page 217 The Hepatitis discussion in the Infection Control Section is very poor. They only discuss Hepatitis B. There is no discussion of Hepatitis A or C.
- Con Page 234 The RFP specifically asks for 5 fulltime IT staff. Corizon lists only three people and put two of those individuals as filling two different FTEs each. It is not possible for 1 person to fulfill the requirements of 2 different FTEs.
- Con Page 276 Specifically take exception to the right of KDOC to implement changes in performance guarantees when provided 90 days' notice. This requirement was put in the RFP specifically to address the current deficiency in this area that exists today. **Serious Deficiency.**
- Con Staffing Pattern for HCF shows all the EMTs on the day shift rather than utilizing some on evening and night shifts.
- Con No innovation presented in the staffing plan. No changes proposed either at Regional Office or the sites. Everything was continued as it currently is.
- Con No discussion of including KDOC discharge planners in MDT-type meetings where often information is discussed that could affect the patient post-release.

Behavioral Health Portion

- Pro Page 93 Demonstrate good gender-specific mental health services for women including Beyond Violence and Beyond Trauma programming.
- Pro Page 108 Provided an excellent discussion of how they have assisted in implementing the Offender Companion Program including some of the specific training they have done.
- Pro Page 117 Provided a nice discussion and specifics regarding Mental Health Special Needs Clinics including specific hours of programming.
- Pro Page 130 Presented a good discussion of the juvenile sexual offender programming/services
- Pro Page 131 Presented a good discussion of the juvenile Substance Abuse Program and how they received initial licensing from KDHE and maintained that license.
- Con Page 98 The workflow diagram for outlining how Corizon will provide for mental health needs makes no mention of using a psychiatrist or psych APRN in the process.
- Con Page 120 Regarding Specialized Behavioral Health Housing Units, provided only a general discussion. No specifics such as programming ideas. There was a lack of CQI process being presented to determine the effectiveness of the program.
- Con Page 143 The entire section regarding treatment planning for individuals with personality disorders was weak.

Review of VitalCore Technical Bid Submission

February 2020

Medical Portion

- Pro Page 27 Several positive proposed individuals for Regional Office including Regional Medical Director, Associate Regional Medical Director, and Regional Psychiatrist
- Pro Page 262 Presented good nursing care guidelines
- Pro Page 265 Discussed referrals to health care providers and indicated that George Washington University would have physicians available for 24/7 coverage
- Pro Page 269 State they would provide nursing sick call 7 days per week at all facilities
- Pro Page 269 State they would have RNs perform all sick call
- Pro Page 270 Good discussion regarding they would not do sick call cell-side in Restrictive Housing
- Pro Page 271 State that they would have all sick call referrals to the HCP seen within 24 hours
- Pro Page 274 stated they would do restrictive housing checks twice per day rather than once per day as outlined in the RFP
- Pro Page 276 State that VitalCore will return any Hep C DAA monies not used back to the state rather than keeping as profit. This could be important in later years of the contract as the cost DAAs should come down.
- Pro Page 276 Indicate that physicians would be available for 24/7 consultation via telehealth. If this were possible, it might prevent a few after-hours ER trips.
- Pro Page 277 Narcan will be provided. VitalCore will try to get costs covered by grants and will return any funds appropriated for Narcan back to KDOC. This is probably not a large \$\$ amount but is a significant genuine partnership gesture.
- Pro Page 279 State that HCPs will evaluate stat lab results within 2 hours of the labs being completed.
- Pro Page 282 Outline a strong telehealth program utilizing George Washington University physicians.
- Pro Page 284 Outline a good credentialing process for physicians using telehealth in that all would pass the GWU credentialing process.
- Pro Page 289 Will continue to use Chardonay for dialysis services so current service would continue uninterrupted.
- Pro Page 385 State that pharmacy inspections will be conducted monthly for the contract's first year, followed by quarterly inspections.
- Pro Page 406 Drug Utilization reports from Correct Rx appear comprehensive and available to the client.
- Pro Page 458 Will add a 4th CSR writer. This may speed up the RDU process and avoid backlog of CSR reports.
- Pro Page 468 States that the Director of Healthcare Compliance and VitalCore's Vice President of Operations will meet weekly.
- Pro Page 473 VitalCore proposed an alternative EHR, which is potentially less complex than the current system.
- Pro Page 488 State that only a verbal agreement is needed for to remove unsatisfactory contract staff members. Often the less in writing, the better for legal purposes.
- Con Page 27 Listed some current Corizon employees as proposed management employees under VitalCore—some we might want to see replaced under new contractor—raises the question if there has been contact with Corizon employees during bid process

- Con Page 27 One proposed Regional Staff member owns a healthcare business in Topeka—possible conflict of interest about which project would get priority
- Con Page 99 Proposed Regional Vice President has a long history of correctional sales and producing Proposals for Corizon. Has no real known experience running statewide health care systems. Has no clinical background such as being a physician or nurse.
- Con Page 261 Discussed how George Washington University would review/approve their staffing curriculum but then provided no curriculum that had been through this process.
- Con Page 266 Initial Health Assessment discussion stated that nurses would be trained to do Initial Health Assessments but didn't provide any curriculum or details of how this would be done
- Con Page 266 Initial Health Assessment discussion and the submitted policy didn't address any of the admission diagnostics required in the RFP. **Serious Deficiency.**
- Con Page 275 Outlined how they perform Chronic Care, but the chronic disease management protocols appeared too complex to easily be followed by site staff
- Con Page 275 Chronic Care protocols indicate that they want to follow chronic care patients at Intervals longer than every 90 days as outlined in the RFP.
- Con Page 275 State that they want to "eradicate" Hep C in KDOC. This demonstrates poor understanding of Hepatitis C in corrections. It will never be totally eradicated because there are 13% of all intakes coming into the system who are Hep C positive and will require treatment.
- Con Page 276 Discuss having all the nursing staff be ACLS-certified, a very unrealistic proposal for KDOC. There was no discussion of how to achieve this. There was no discussion of providing better BLS in emergency situations, a known need and more realistic with expectations in KDOC.
- Con Page 277 VitalCore's discussion and policy on sexual assaults focused on HCPs examining victims rather than sending them out for SANE exams as outlined in RFP.
- Con Page 280 No laboratory vendor identified. Just said will use "local" vendors. The statement indicates there could be multiple vendors and there would be a huge EHR issue trying to get results from multiple vendors into the correct place in the EHR. **Serious Deficiency.**
- Con Page 279 Vague discussion of on-site diagnostic services that would be available. Specifically, no mention of how to provide EKG services, radiology interpretations, etc. **Serious Deficiency.**
- Con Page 283 Discusses having only 2 GWU physicians licensed in Kansas. This appears to violate Board of Healing Arts regulations regarding telehealth and doesn't follow RFP requirement for telehealth providers to have Kansas licenses.
- Con Page 284 Conflicting statements present regarding who is responsible for the patient, the site physician or the telehealth physician.
- Con Page 289 The patient education outlined was of inferior quality. No good examples or specifics regarding patient education presented.
- Con Page 291 Infirmery Care discussion poor. Only 4 paragraphs. The infirmery manual discusses separate records for the infirmery and then destroying them. Further there appear to be only two statuses—acute or sheltered. HCP rounds are either daily or once per month. No in between status where the patient would be sub-acute and the physician would see once per week. **Serious Deficiency.**
- Con Page 384 VitalCore didn't identify a pharmacy preference. Leaves it to KDOC to choose.
- Con Page 386 Wording for Pharmacy and Therapeutic Committee reads like a jail contract. It references the site medical director and DON participating as well as all site providers. No mention of Regional Office staff.
- Con Page 388 No timeframe was given for HCPs signing off on verbal orders. Typically, we'd expect to see a time frame referenced, i.e. 72 hours.
- Con Page 389 VitalCore's comment regarding supplying 90-day's prescription at discharge seems to proceed from a misunderstanding of what the RFP intended.

- Con Page 462 VitalCore's Utilization Management process is unclear. In one spot it says that the site medical director can send off-site for services without putting in a referral to the Regional Medical Director. In another it seems to reference the Regional Medical Director making UM decisions. In another, it seems to suggest that George Washington University is somehow involved in overseeing the program. There is no workflow chart to clarify how the pieces fit.
- Con Page 468 Staffing and Alternative Staffing plans are missing from the proposal. **Serious Deficiency.** Reviewed all three manuals that came with material and couldn't find anywhere.

Behavioral Health Portion

- Pro Page 304 Tx plan- SPMI initial treatment plan completed within 72 hours of arrival in KDOC.
- Pro Page 308 Following removal from suicide monitoring, offender will have a follow-up at 24 hours, 7 days, 14 days and 30 days.
- Pro Page 308 Psych evaluation conducted in person will be standard practice.
- Pro Page 313 Trauma-informed specific programming for female offenders.
- Pro Page 317 Outlined a good dementia activity program.
- Pro Page 322 Annual training given to nursing staff on BH receiving screening.
- Pro Page 324 BH Appraisals – Parole Violators will receive comprehensive review.
- Pro Page 328 Provided survey tool for nursing staff use to assess offenders when after-hours crisis events occur.
- Pro Page 334 All Hepatitis C patients will be followed in Special Needs.
- Pro Page 335 Multi-Disciplinary Team meets every 90 days on each patient.
- Pro Page 339 Training all staff on crisis situations and de-escalation skills training and assessment.
- Pro Page 255 Describe better discharge and re-entry process for mental health cases.
- Pro Page 373 Provide a good discussion of MAT, and ARMS is a national leader in MAT.
- Con Page 310 Discusses a due process procedure for sending to state hospitals which is outdated or possibly stems from jail procedures rather than the KDOC system procedures.
- Con Page 328 State a 7-day routine follow up by psychiatrist following a Sick Call referral.
- Con Page 333 The discussion around treatment plans was weak.
- Con Page 355 Presented a weak CQI discussion for assessing the success of the residential treatment programs (IRU/TRU)
- Con Page 375 The discussion of individual behavioral management treatment plans for personality disorder offenders was weak.

Review of Wellpath Technical Bid Submission

January 2020

Medical Portion

- Pro Good Travel Nurse Program
- Pro Wellpath described connections with a lot of community care groups which could possibly provide for better discharge plans for offenders.
- Pro Wellpath described an excellent benefit package for employees. This was further outlined in Section 5.22.5. Of note, the Dare to Care program where employees receive help in case of a catastrophic event and the Wellness programs where employees could obtain a tele-health primary care visit for no or little cost seemed very good.
- Pro Whiteboard concept to track high profile patients/events.
- Pro Offered a plan to include up to 90 days' worth of prescription medications at discharge
- Pro Section 5.20.5, they indicated acknowledging all lab tests, patient information and orders within 72 hours of posting results or orders.
- Pro Regional Office Staffing plan included a Kansas dedicated recruiter. This is above the RFP requirement.
- Pro Regional Office Staffing plan included 2 Regional Managers, which from observations appears to be needed. This is above the RFP requirement.
- Pro LCMHF staffing plan included an extra 0.8 FTE of BHP. This is a need and is above the RFP requirement.
- Pro KJCC staffing plan included RNs on the weekend.
- Con Poorly constructed bid. Didn't follow the numbering from the RFP. Merged the 2013 bid with the current submission with poor number results. The pages of the bid document weren't numbered sequentially, so reviewers had difficulty going back and forth during review. **Serious Deficiency**
- Con Concerned about Kansas Health and Recovery Solutions being the principle company. Is Wellpath in charge or Kansas Recovery? Kansas Recovery CEO is Dr. Zaylor. He's down as being owner of Kansas Recovery plus Medical Director in one spot and Psychiatric Director in another Conflicts of interest with profitability of contract but directly responsible for care being provided?
- Con Page 4 Introductory Section—Claims they have saved Kansas jails over \$3,000,000. Called several jails. They reported being unaware of any savings.
- Con Care Management System—described a proprietary product for UM activities—concerned regarding interface with NextGen and not being able to see UM decisions in EHR.
- Con Organizational Chart—In one place in the bid, Dr. Zaylor is called the medical director. On the organizational chart he is the psychiatric director. Again, the owner who makes profit is directly related to providing patient care. In addition, Dr. Bazzel, who is mentioned as being the secretary of Kansas Recovery, is on the organization chart as the Patient Safety Officer. Again, potential conflict between profit and what is good care of patients. The bid clearly states that Zaylor and Bazzel are the sole owners of Kansas Recovery.
- Con Wellpath clearly states that they have already contacted certain Corizon employees about serving under them. Since no bid has been awarded, this is premature and undermines the current vendor.

- Con 5.3.1—The conflict with Dr. Zaylor will supervise all health care services. He is a psychiatrist. They typically do not have expertise in treating medical issues such as heart disease, Hep C, HIV, etc. Again, reiterating the conflict in the bid about ownership and who the medical director is.
- Con 5.3.4—Didn't submit all the nursing clinical guidelines requested. In reviewing Attachment D which was represented as all their clinical guidelines, found it was not comprehensive. Didn't see an actual chest pain protocol for MI. It was mixed in with other potential diagnosis and no mention of the specific RFP requirement for an EKG to be read within 30 minutes in the actual guidelines. **Serious Deficiency.**
- Con Initial Health Assessment section did not address some specific requirements for STD testing for males. No discussion of opt-out Hep C and HIV testing. Also, did not adequately address training nurses to do physicals. It says refer to section 5.21-Training, and when reviewing that section there is no mention of physicians training nurses to do physicals. **Serious Deficiency.**
- Con Section 5.3.12.2 Chronic Care Guidelines refers to Attachment F. When reviewing Attachment F, the Chronic Care Guidelines are not comprehensive. They only covered 7 disease entities and specifically did not mention treating Hep C. **Serious Deficiency.**
- Con 5.3.17.2 discusses radiologist reads of x-rays. It states radiology reports will be stored in the patient's record "when possible". We have a PACS system for the storage of all x-ray images and it is an expectation that all radiologist reports will be stored in the EHR.
- Con EKG Services—The RFP specifically outlines that emergent EKG interpretations will be done within 30 minutes. Wellpath states it will be done as soon as possible, which is not measurable and indicates acceptance of a much longer time frame.
- Con Telehealth—RFP states bidder must have a plan to be operational within 90 days. Wellpath inserted a plan that specifically outlines a process that would take at least four months and doesn't even discuss using the present equipment. Did not describe any sense of urgency on this. **Serious Deficiency.**
- Con Discharge medications—seemed to be confusion between discharge from KDOC medications and offenders out to court medications.
- Con Whole Infection Control section and the provided Infection Control Manual (Attachment G) was not comprehensive. Specifically, didn't address opt-out testing for Hep C, HIV, or STDs for all genders. **Serious Deficiency**
- Con Infirmery Manual (Attachment I) was inadequate and discusses keeping separate infirmery records rather than using EHR, which KDOC considers mandatory. **Serious Deficiency**
- Con Wellpath talks about having MAC Meetings quarterly rather than monthly as required in the RFP.
- Con Section 5.20.5 indicates that all medical records are Wellpath property and if they terminate, they will make available such information as KDOC requests. NextGen is KDOC property as well as all records. Displays a lack of understanding regarding KDOC's EHR. **Serious Deficiency**
- Con Section 5.20.7 Wellpath again talks about utilizing their care management information and that it may possibly be interfaced with NextGen. The RFP specifically requires that all care management decisions be made in NextGen.
- Con LCF staffing plan includes fewer RNs than RFP and more EMTs. Poor substitution.
- Con EDCF staffing plan includes fewer RNs than RFP and more EMTs. Poor substitution.
- Con TCF staffing plan seems to slightly reduce RN FTE from RFP.
- Con LCMHF staffing plan includes only one RN on per shift on weekends. Shows very poor understanding of the site in that an RN is required at all times in the infirmery per ACA/NCCHC standards. The one RN would have to try to do all medication passes and emergencies at both the Central and West units in addition to covering the infirmery in the Central Unit. Creates an impossible situation for the nurse and a violation of standards.

- Con HCF staffing plan includes fewer RNs than RFP and more EMTs. Poor substitution.
- Con KJCC staffing plan includes a fulltime dentist including weekends. This is not needed. Further, Wellpath did not increase the dental assistant FTE to match the dentist's hours.
- Con KJCC staffing plan includes a fulltime Labtech/phlebotomist. This is above the contract and unnecessary. RNs can draw the labs without a time issue.
- Con Exceptions to Sections 4.25 and 4.26, Performance Guarantees and Liquidated Damages

Behavioral Health Portion

- Pro Section 5.6.6.3 showed good Reintegration Programming in other states in which they operate.
- Pro Section 5.6.3 outlines CBT and Safety Planning interventions for suicidal patients.
- Pro Discussed in-cell programming for RH Housing via electronic iPads/monitors
- Pro Outlined a good behavioral health screening process for RDU.
- Con Section 5.6.6.3 Described good programming tools that are available but failed to state what of this good programming would actually be implemented in Kansas.
- Con Poor specific BH CQI section and did not meet the RFP specific requirements.
- Con Wellpath indicated they could implement groups and curriculums independently without consulting Health Care Compliance Office.
- Con Substance Abuse and Sex Offender Treatment for juveniles was poorly delineated. No discussion of curriculums to be used. No discussion of maintaining licensure of the Substance Abuse program.
- Con Group offerings and trainings for individuals responsible for those groups appear to be determined/conducted on a site by site basis rather than statewide.
- Con Poor delineation of the psychiatrist on-call process.

Review of Wexford Technical Bid Submission

February 2020

Medical Portion

- Pro Page 50 Has access to a large provider network “Multiplan” which might provide ready specialists to see patients when needed rather than building a network from scratch
- Pro Page 55 Offered a good translation service
- Pro Page 58 Will do transfer screenings within 12 hours
- Pro Page 64 VisualDX program would be positive if implemented as it has pictures of skin conditions. Staff frequently misdiagnose skin conditions.
- Pro Page 74 Good discussion outlining how they would implement EMT program
- Pro Page 68 Will create template and document nursing RH rounds in EHR.
- Pro Page 85 Will have x-rays interpreted by a radiologist within 48 hours.
- Pro Page 84 Will offer Mobilex x-ray services 24-7.
- Pro Page 87 Will have providers acknowledge lab results within 24 hours of their being posted.
- Pro Page 88 Laboratory Medicine Program discussed the ability to track lab results over time which will aide in assessing successful chronic disease management
- Pro Page 89 Will use Compumed for EKGs which provides 30-minute stat reads by a cardiologist.
- Pro Page 93 Will review Telemedicine Program semi-annually
- Pro Page 99 Has contract with American Telehealth Solutions which should be able to quickly begin providing some telehealth specialty consults rather than trying to build a network of specialists.
- Pro Page 94 Will have telehealth providers document encounters in the EHR.
- Pro Page 102 Using company “Solar Winds”. Describe genuine plan to provide a faster internet for sites.
- Pro Page 105 State that they will use telehealth for emergency situations. **Needs expanding on during discussions.**
- Pro Page 103 Discuss telehealth training for HCPs on the facility side of the telehealth visit
- Pro Page 109 Discuss good telehealth cardiology program “ECCO”
- Pro Page 112 Discuss good offender education program with nursing holding bi-weekly offerings
- Pro Page 14 Maintaining Chardonay as dialysis vendor so no disruption in service.
- Pro Page 118 Discuss physician making infirmary rounds daily 5 days per week.
- Pro Page 120 Good discussion of nurse training for those working the infirmary called “ADDIE”.
- Pro Page 122 Appear that they will do a better job of documenting off-site physician visits in the EHR.
- Pro Page 123 Appear to have a good training program to train offenders to assist disabled offenders with ADLs.
- Pro Page 127 Appear to treat offenders’ teeth with fluoride.
- Pro Page 134 Describe ability to help offenders get 90 days of medications post discharge using Rx Outreach (see page 286 in pharmacy section).
- Pro Page 258 Describe specific plan for using a hospital they already have a relationship with a hospital in Charleston, WV to do telehealth management of Hep C program and thus qualify for 340b pricing for the drugs.
- Pro Page 277 Describe a great program for training nursing staff to do accurate medication passes.
- Pro Page 281 State pharmacist will do monthly inspections rather than quarterly. This would be very positive. **Needs expanding on during discussions.**

- Pro Page 282 Describes a CIPS program that we could have access to that would provide lots of medication/pharmacy information. Currently we must rely on whatever Corizon/Pharmacorr provides us.
- Pro Page 313 Describe Prospective Collegial Review process for UM that seemed to involve all of the site physicians, possibly leading to better UM decisions.
- Pro Page 302 Discuss a Quality Scorecard initiative that could be positive. These scorecards have been used in the past in Kansas with better chronic care results. **Need expanding on during discussions—could OHCC see these?**
- Pro Page 309 Discussed providing Med-IQ CME trainings for HCPs emphasizing healthcare legal issues to be proactive with preventing offender litigation.
- Pro Page 317 Promise 7 business-day turnaround time for answers on UM referrals.
- Pro Page 321 Discuss a WexCare program that seems to contain all sorts of UM data tied to bill paying systems. **Needs much discussion on how this works. Does this take the place of UM Decisions being documented in EHR?**
- Pro Page 342 Test Hep B patients for Hep A and immunize if needed.
- Pro Page 364 Nurse will note infirmary provider orders within 8 hours.
- Pro Page 363 Providers will note any laboratory or other test results within 72 hours of them being posted in the EHR.
- Pro Page 386 Discuss comprehensive full-time internal staffing agency to deal with staffing shortages. **Needs further discussion regarding what professionals are in it, how large, how available to Kansas.**
- Pro Staffing plan proposes 2 Regional Managers to support the RVP.
- Con Page 35 Multi-disciplinary treatment team discussion describes using these rather than primary care physicians to provide treatment.
- Con Page 37 Appears that it is possible that Wexford allows people to practice outside of their scope in that a Medical Assistant can be trained to change blood pressure medications.
- Con Page 51 4.3.1 Seems to suggest that Wexford doesn't believe in one health authority for the State— "administration of KDOC Program does not have to be limited to one health care Professional"
- Con Page 52 Didn't submit nursing care guidelines as requested, just a table of contents—**Serious Deficiency**
- Con Page 57 Language suggests they don't keep people on meds when coming in even if they are stable
- Con Page 57 Indicated they have the right to refuse a patient admission into KDOC, as if KDOC were a jail program. Shows poor understanding of KDOC intake system.
- Con Page 69 Say they will do Chronic Care every **6 months** rather than every 90 days as outlined in the RFP.
- Con Page 70 No examples of Chronic Care Manual. **Serious Deficiency**
- Con Page 71 Do a lot of referencing to FBOP Hep C guidelines which KDOC has moved away from.
- Con Page 75 Would use Wound Doctor. That hasn't proven very effective to KDOC.
- Con Page 78 Outline only testing women 24 and above for GC and Chlamydia. **Serious Deficiency.** Many of our female offenders are/were sexually active by their middle teens.
- Con Constantly discuss telepsychiatry. Concerns regarding Wexford will rely on it too much rather than the boots on the ground at the big facility as discussed during bid conference and tour.
- Con Page 119 Discuss creating a separate infirmary record rather than using EHR.
- Con Page 119 Discussion seems focused on making admissions to the infirmary difficult. Infirmary admissions should be easy rather than difficult so that patients get proper care before needing admission to hospital.

- Con Page 126 Discuss dental assistants doing teeth cleanings. This is outside their scope of practice. This requires a dental hygienist.
- Con Page 298 Provided us with only the table of contents to their CQI Manual, so we can't evaluate the CQI program as adequately. **Serious Deficiency**
- Con Page 345 No discussion of HIV opt-out testing as requested in the RFP. **Serious deficiency.**
- Con Page 347 Never mention doing QFT testing through KDHE for suspected positive TB Mantoux tests or other positive TB symptoms.

Behavioral Health Portion

- Pro Page 134 Describe providing 90 days' supply of non-stock medication for discharged mentally ill.
- Pro Page 134 Describe good integration of both behavioral and medical health care for offenders.
- Pro Page 138 Describes a very strong Intake Section. Describes a specific testing process for MH receiving screening.
- Pro Page 143 Describe a very strong Mental Health Sick Call Section including creating/maintaining electronic logs for mental health encounters.
- Pro Page 144 Present a very strong section dealing with Crisis Issues.
- Pro Page 148 Present a very strong section dealing with Suicide issues including a tool called the SAFE-T.
- Pro Page 150 Describe following up on offenders who have been on suicide watch within 2 weeks of event.
- Pro Page 150 Describe a very robust Psychological Autopsy process for completed suicides.
- Pro Page 154 Describe a very strong Individualized Treatment process.
- Pro Page 159 Describe their GATE Program for providing services to offenders in RH.
- Pro Page 168 Presented a very strong entire section on running Behavioral Management Units (i.e. IRU, TRU) including a great description of an ACT stepdown process on Page 171, Admission/Discharge criteria on Page 174, running these units more as Therapeutic Communities on Page 176, and training officers on how to be pro-active members of the community on Page 180.
- Pro Page 183 Describe some common vernacular to be used in the programs which facilitate better interpersonal communication.
- Pro Page 185 Good description of how to reintegrate into general population.
- Pro Page 186 Presented very specific and strong description of how to successfully run groups.
- Pro Page 189 Describe how to collect/interpret data to outline whether Behavioral Management Unit was having positive results.
- Pro Page 189/190 Describe a very good staff orientation process for working on the Behavioral Health Management Unit
- Pro Page 196 Outlined a very good and gender-specific plan for dealing with women's mental health issues.
- Pro Page 215 Describes an excellent orientation process for new activity therapists
- Pro Page 247 Describe a good therapeutic, psychotropic drug monitoring system
- Pro Page 236 Describe some good participant manuals which they appear to give out to all offenders attending the associated group.
- Pro Page 241 Describe a good psychiatry on-call schedule with a back-up plan for the primary psychiatrist on-call in case unable to reach them.
- Con Page 210 Presented a weak section on evidenced based practices.

- Con Page 255 After the good work on page surrounding 148 regarding suicide, the review of suicide section was very weak, basically 1 sentence and then referring to the pages noted above.
- Con Page 305 The Behavioral Peer Review Program describes only psychiatrists and not any doctoral or master's level BHPs.

Wexford behavioral plan very strong. However, need some possible discussions with them regarding can they actually deliver what they have outlined/promised in this bid response.

Review by Gerald Jorgenson

Kansas Department of Corrections
Technical Bid Submission by Wellpath
Operational review medical & behavioral

Pro/positive

- Restrictive Housing programming
- RDU BH screening process
- Described Interventions for suicidal offenders
- LCMHF BHP staffing enhancement
- Extended medication upon release
- Hope to healing approach

Con/negative

- Bid information was numbered in a confusing manner. The information was difficult to navigate
- On call psychiatrist not clear concerns with timeliness off hours needs such as CL stepdown
- Role of Dr Zaylor unclear
- HCF staffing plan
- TCF staffing plan
- EDCF Staffing plan
- LCF staffing plan
- Unclear discharge vs OTC medication management

Kansas Department of Corrections
Technical Bid Submission by Centurion
Operational review medical & behavioral

Pros/Positive

- Tele-med program
- Onsite specialty by site
- 340b pricing in Kansas
- Pays bills on time
- Extended medications at release
- Detailed information volumes
- Medicaid network/history
- BH - difficult offenders
- MAT program implementation
- BH guidelines/ CL stepdown
- BH staffing evenings
- Female trauma informed care
- Female offender programs including children
- Emphasis Women's health
- Weekend medical rounds
- Neuro Cognitive Disorder unit
- Staff market rate surveys
- Providing own data line/network

Cons/negative

- Legal history / Centurion Kansas LLC
- Hep C treatment time frame

Kansas Department of Corrections
Technical Bid Submission by Wexford
Operational review medical & behavioral

Pros/Positive

- Timely payment
- Robust BH service and suicide prevention
- 340b pricing40 b pricing hep c drugs
- Inmate assistant training program
- Medicaid history
- Tele-med
- Mobile x-ray services
- Remote rural area services
- Psychiatrist on call service
- Reintegrate offenders GP
- Translation services
- Program for Restrictive Housing
- Psychological autopsy process
- Suicide status inmate engagement
- Emphasis Women's health
- EMT staffing enhancement
- Enhanced medications upon release
- Reception process BH screenings

Cons/Negative

- Specialty services collaboration
- More than one health care director
- Ability to refuse admissions
- Question ability to deliver BH services offered

Kansas Department of Corrections
Technical Bid Submission by Corizon
Operational review medical & behavioral

Pros/positive

- Translation service
- Companion program
- Enhanced medications upon release
- Good communication with offenders re: medical issues
- Hep C treatment

Cons/negative

- Limited information
- Preventative women's health care
- EMT utilization
- Suspect Telehealth statistics
- Noted tele-med barriers

Kansas Department of Corrections
Technical Bid Submission by VitalCore
Operational review medical & behavioral

Pros/Positive

- Sick call seven days (BH five) RN
- RH rounds two shifts
- Telemed 24/7 GW Univ.
- Number of CSR writers
- MAT
- Violator BH assessment
- Crisis Level follow up
- Cognitive Care Prog

Cons/Negative

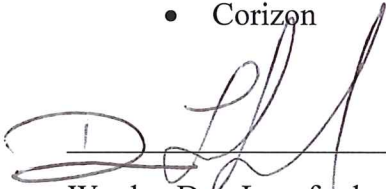
- Details reference plan upon contract
- Eradicate Hep C unrealistic
- ACLS EMT – scope
- Medicaid info
- RDU process
- Sane process eliminated
- Unclear infirmary schedule
- Enhanced medications upon release
- Staffing plans
- Due process BH placements – incorrect
- BH MDT frequency
- Tele-med transition time frame unclear
- Legal history

Kansas Department of Corrections

Technical Bid Submission by

Operational review medical & behavioral ranking by order

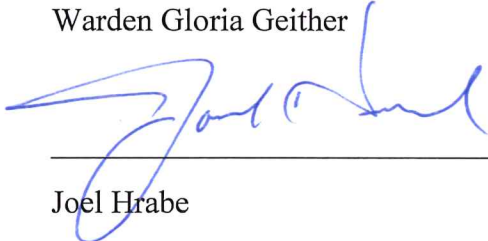
- Centurion
- Wexford
- VitalCore
- Wellpath
- Corizon



Warden Don Langford



Warden Gloria Geither



Joel Hrabe
Deputy Secretary Facility Management