



ADDENDUM 3

April 16, 2019

RFP PS 47-19

Inmate Medical Services for Okaloosa County Department of Public Safety Corrections Division

This addendum is to answer questions posed by potential vendors.

The opening date remains **April 23, 2019 at 3:00 P.M. CST.**

Q: Performance statistics are provided by fiscal year. When does the County's fiscal year start? Is this September 1?

A: **October 1 – September 30**

Q: The RFP states that staffing credits must be provided to the County from the initial date of non-service. Currently, how many healthcare positions are vacant?

A: **(1) Mental Health Social Worker**

Q: Historically, how many healthcare positions have been vacant, on average?

A: **(1) Dentist**

Q: Please confirm that time away from work for vacations, continuing education, and required training will not be counted as "non-service."

A: **Confirmed, however, Contractor must provide adequate staffing during service hours (24/7)**

Q: Please confirm that filling positions with agency or locum tenens staff on a temporary basis will not be counted as non-service.

A: **This would be deemed as a subcontract. Contractor is required to obtain approval from Jail Division Chief for all hires/persons filling positions.**

Q: It is appreciated that the receiving medical screening must be completed promptly and before the inmate is placed in general population housing. Does the County have a specific timeframe requirement for the completion of the receiving medical screening?

A: **See Paragraph G.5. All new admissions/screening charts are to be reviewed and signed by a medical doctor, physician assistant or nurse practitioner within twenty-four (24) hours.**

Q: Is the expectation that the post admission mental health screening, in addition to the initial receiving screening, be conducted by nurse (rather than a mental health professional)?

A: See p. 11, Section N. It provides details about the mental health care requirements. Currently, (2) Mental Health Counselors are on site, providing screenings.

Q: Are inmates offered HIV and Hepatitis testing during the receiving screening process?

A: p. 8, paragraph 7. provides a list, including the testing the Contractor shall include with the inmate health appraisal.

Q: The RFP requires a physical, hands-on health appraisal for each inmate within 14 days of admission to the facility, with the provision that contractor provide the County with a credit for each day a health appraisal is not completed after 14 days. The credit is \$1,000 per day per health appraisal. For each of the last three fiscal years, please provide the total credits received by the County for late health appraisals and the total number of late health appraisals.

A: (0)

Q: The RFP requires the successful respondent to provide compatible software or continue to utilize the eOMIS electronic health record. Who holds the contract with eOMIS, the County/PS-Corrections Division, or the current healthcare contractor?

A: Contractor.

Q: When does the current contract with eOMIS end?

A: This is software licensing.

Q: Does the current contract with eOMIS include provisions for continuing to support the EHR during a healthcare contractor transition? If so, please describe such provisions.

A: All EHR's belong to the County. Transfer of the materials would be determined based upon the supporting database software used to store the records.

Q: Please identify the interfaces that are currently in place with the EHR. Specifically, are the following electronic interfaces with the EHR operational and, if so, are they bidirectional:

A: Pharmacy, Laboratory, Radiology, Jail Management System. No outside hospitals.

Q: In its current form, does the eOMIS EHR include an electronic medication administration record?

A: Yes.

Q: In its current form, does the eOMIS EHR have the capability to accept scanned documentation (e.g., consultations from community specialists or outside hospital records)?

A: Yes.

Q: Does Okaloosa County have a Health Information Exchange (HIE)? If so, does the EHR currently interface with the HIE?

A: No.

Q: Does the current healthcare contractor have access to community pharmacy or provider databases through which medications can be verified upon intake? If so, please describe.

A: No.

Q: Please identify the Jail Management System in use at the facility.

A: XJail.

Q: Please provide an inventory of all medical, computer, and IT equipment that will be available to the successful respondent at contract start.

A:

Quantity	Item Description	Brand / Manufacturer	Acquired date
3	Medication carts	Medi –Aid	12/19/1991
1	X-Ray processor	Air Techniques	6/26/2003
1	Digital copier – All in one	E-Studio 4508A	8/2/2018
1	EKG Machine	Atria 3100	8/21/2008
1	Dental compressor	Adec	11/26/1991
1	Dental X-ray wall mount	Adec	11/26/1991
1	Dental Chair	Adec	11/26/1991
1	Medical cart	Avalo	4/7/2017
1	LifePak	Physio Control	2/27/2017
5	Dell Desktop – 3 (0126) nurse station and 2 (1024) MH department	Dell	varies
1	Printer – MH department (1024)	Brother	varies
1	Industrial Shredder	Staples	unknown
Various	Office chairs	Varies	Varies
Various	Office desks	Varies	Varies
Various	Tables	Varies	Varies

Q: How often has an outside medical provider, who does not currently provide care to inmates in custody at the jail, been brought in to conduct body cavity searches over the last three years?

A: None.

Q: Please identify the electronic means by which inmates currently submit sick call requests. Is through a kiosk or an electronic tablet? If so, please identify the type of kiosk or electronic tablet in use.

A: A Kiosk is provided by current telecommunications vendor Securus.

Q: Does the current electronic submission of sick call requests interface with the EHR, such that electronic submissions populate into the patient's EHR?

A: No.

Q: What proportion of the inmate population is female?

A: Approximately 20%.

Q: The proposed time schedule indicates that the contract transition will begin on July 18, 2019 and be completed by September 16, 2019, but the Term of Contract indicates an October 1, 2019 contract start. While transition activities begin before contract start, not all transition activities can be completed prior to the contract start date because, for instance, healthcare staff will not be employees of the new

contractor until the contract start date. Please clarify the intent of the County's proposed contract transition timeframe and specify the desired start date.

A: Logistics between the Contractor and County have to be determined and the County will require time to make necessary adjustments. The current contract expires September 30, 2019.

Q: The RFP states a Limited Liability Company shall be signed by a member of the firm with proof of authority to sign. What qualifies as evidence of authority to sign?

A: We will need documentation that demonstrates that the individual has been authorized to legally bid the LLC. It will need to state that the designee has the authority to sign on their behalf.

Q: Our understanding is that the 40-page limit is strict and if we included any attachments to our proposal, those will count towards the 40 pages. Please confirm.

A: Confirmed.

Q: RFP Paragraph F requires that the proposer demonstrate the ability to obtain and maintain accreditation with "the Florida Correctional Health Care." Please clarify the accreditation agency that is intended. Is this the Florida Jail Medical Standards, the Florida Corrections Accreditation Commission, or the National Commission on Correctional Health Care?

A: All of the above. We are currently accredited by them all and desire to remain accredited by all of them.

Q: What is the average number of prescriptions filled per month for your facility?

A: See attached.

Q: Actual utilization data would be helpful for potential bidders to study medication mix and prescriber ordering trends in order to prepare a responsible and competitive bid rate. What is the average pharmacy dollar amount spent monthly over the past 12 months? Refer to annual aggregate reports. Can you please provide the past 3 months pharmacy costs?

A: Dec=\$29,889.96, Jan=\$33,182.16, Feb=\$11,942.71

Q: What is the percentage of stock medications vs. patient specific medications?

A: Primarily stock.

Q: Do you receive stock medications in 30 count blister cards or is all stock in manufacturer's bulk bottles?

A: Bulk bottles. Percentage is unknown, however, the number of inmates on non-formulary meds is provided in the attached statistics report.

Q: What type of medication packaging do you currently use in your facility? (Ex: Blister Cards, Vials, multi-dose strips, etc.) Do you intend to keep the same packaging type?

A: Bottles and blisters. Yes.

Q: If multiple medication packaging types are used, approximately what percentage of each type of packaging type apply?

A: Percent is minimal for all, except bottles.

Q: Please provide the following pharmacy information by year for the last three years: number of patients on HIV medication, number of patients on psychotropic medications, number of patients on

Hepatitis C medications, number of patients receiving medications associated with hemophilia, HIV medication dollars, psychotropic medication dollars, hepatitis C medication dollars, and hemophilia related medications dollars.

A: FY17/18: (1) HEP C. See attached.

Q: Of inmates receiving Hepatitis C treatment, what is the nature of the treatment? Please list medications used to treat over the past three years.

A: Mavyret.

Q: Are there any state or federal drug programs being accessed for inmate medications? If so, what are they?

A: No. Okaloosa County Department of Health is providing HEP A vaccines.

Q: Does your Detention Center maintain an Emergency Drug Box? If so, please provide a list of medications to be contained in the Emergency Drug Boxes.

A: Yes. Narcan, Glucagon, Epinephrine, Romazicon.

Q: Please provide a list of your current Stock Medications.

A: Medications are stocked as needed.

Q: Please provide a copy of your current formulary.

A: This is proprietary information for the pharmaceutical company used by the current contractor.

Q: Please provide the aggregate cap reconciliations for Offsite Services and Pharmaceuticals for the most recent three contract years and projected for the current contract year.

A: See attached.

Q: Do the Medical Treatment Expenditures include expenses that exceeded the Offsite Services and Pharmaceuticals annual aggregate cap?

A: Yes.

Q: Please clarify if there are any professional liability limits for malpractice insurance.

A: Please see attached, current medical service contract. The County Risk Management Department includes specific insurance requirements outlined in the County contracts.

Q: Please clarify the current risk structure for the present comprehensive vendor.

A: Refer to Section 13.1 of the current contract, attached.

Q: Please clarify the desired risk structure for the awarded vendor.

A: Experienced contractors, familiar with medical insurance and shared risks, will provide their structures.

Q: Please clarify what various risk sharing cost structures vendors should propose in their price responses.

A: Experienced contractors, familiar with insurance and shared risks, will provide their structures.

Q: Please clarify the amount of beds on the mental health unit.

A: As described on page 3 of the RFP, there are 6 medical housing units. Further housing for mental health is evaluated on a case by case basis.

Q: Please provide the most current contracted staffing matrix and confirm if it will be the same expected matrix in the new contract.

A: The current contract with Corizon is attached. It is also available in electronic format on the County Purchasing website. Please use link to view the contract.

[http://www.co.okaloosa.fl.us/sites/default/files/contracts/contra\\_pdf/C13-2058-COR.pdf](http://www.co.okaloosa.fl.us/sites/default/files/contracts/contra_pdf/C13-2058-COR.pdf)

Q: This item requires respondents to include a “discussion of methods of collection and distribution of reimbursement of medical expenses from inmates.” Please confirm this item refers to collection of reimbursement from third-party payors (i.e., Medicaid or private health insurance) and not collection of reimbursement from inmates (i.e., inmate co-pays as in item C).

A: Medicaid or private health insurance.

Q: Over the last two years, what are the aggregate annual reimbursement amounts the County has received through this process?

A: See attached.

Q: Please provide the name of the current dialysis provider and clarify if dialysis services are provided on or off site.

A: Off-site. Dialysis providers vary, depending on inmate current medical care.

Q: For each of the last three years, please indicate the average number of inmates who were placed on the mental health caseload at any given time.

A: Only visits are tracked. The totals were provided in the RFP.

Q: For each of the last three years, please indicate the average number of inmates who were prescribed psychotropic medications at any given time.

A: See attached.

Q: For each of the last three years, please indicate the total number of inmates who were referred under the Baker Act for involuntary commitment.

A: 2015-2016: 1

2016-2017: 3

2017-2018: 8

Q: Please clarify the owner and manager of the medical staff computers.

A: Medical contractor.

Q: Will the awarded vendor be expected to provide medical staff computers? If so, how many computers are needed?

A: Yes, approximately 12-13.

Q: Are the medical staff computers on the County’s network domain or the medical contractor’s domain?

A: Medical contractor’s.

Q: Does the County provide internet access for the medical computers or is the awarded medical contractor expected to provide?

A: WiFi is provided by the County.

Q: Please clarify if Wi-Fi is available in any areas of the jail. Are these Wi-Fi services provided by the County or medical vendor?

A: WiFi is provided by the County.

Q: Is Marquis eOMIS on the County servers or hosted by the medical vendor?

A: Neither, the host is eOmis.

Q: Page 16 indicates that the County will issue an addendum, if necessary, on April 14. However, page 22 of the RFP states that any addenda will be posted five days prior to the closing date. We would like to point out that April 14 is a Sunday and only four days prior to the closing date. Additionally, as the RFP points out, Crestview, Florida is not a next day guaranteed delivery location and will require extra shipping transit time. In regards to these notes: Please confirm these dates and our understanding that answers to questions are to be issued in an addendum on April 14. If the County needs to adjust the schedule due to April 14 falling on a Sunday, would the County please ensure there is adequate time between the receipt of answers/addenda and the proposal due date? Moving the due date even one day, to Friday April 19th, at 3 pm CST, would help ensure respondents have adequate time to digest the County's answers and/or addendum, ensure proposal content meets requirements, and ensure the proposal is delivered on time.

A: See addendum posted April 9, 2019.

Q: What is the average number of prescriptions filled per month for the past 12 months?

A: See attached.

Q: What type of medication packaging (blister cards, vials, strips, other) do you currently use?

A: Stock bottles and blister packs.

Q: How many medications or what percentage of medications are dispensed as stock?

A: 90%

Q: Do you receive stock in 30-count blister cards? Or, is all stock received in manufacturers' bulk bottles?

A: Bulk Bottles.

Q: What is your total dollar amount spent on pharmacy for the past 12 months, as this information would not be considered proprietary and can readily be provided via report from your incumbent medical vendor or their subcontracted pharmacy?

A: See attached.

Q: Medication utilization data is extremely important for bidders in determining a final and accurate bid rate in their response to your solicitation. Not providing actual medication utilization data to all bidders would result in an unfair competitive advantage to your incumbent provider who already has this information. All bidders, not just your incumbent provider, need the information to firmly establish their bid rates more accurately and intelligently and in the best interests of Okaloosa County.

A: See attached.

Q: Our understanding is that utilization information is not considered proprietary (as some bidders may lead you to believe), and therefore available without the need for a public records or FOIA request, since public money is used to pay for pharmacy services that are being subcontracted and medications under the current contract. So no unfair advantage is imparted to your incumbent provider, can you please provide copies of your medical vendors two most recent monthly pharmacy invoices or a two-month utilization report that includes actual pharmacy utilization data (with patient names redacted) as this information is readily available from recent invoices or via a report that can quickly be generated by your current medical vendor if requested by Okaloosa County?

A: See attached utilization reports.

Q: The RFP indicates that eOMIS is used as your electronic health record. Is eOMIS also being used for eMAR documentation?

A: Yes.

Q: What is the intended mechanism to transmit prescription data from the eOMIS system to the fulfillment pharmacy? (i.e., Surescripts, HL7, etc.)

A: A mechanism to transmit prescription data is unknown at this time. Transfer will depend on the format in which eOmis data is provided to the County.

Q: Is there intent to have all patient demographic and movement data run through the same process as the prescription fulfillment data or is it the intent to have a separate process addressing these data elements?

A: A mechanism to transmit patient data is unknown at this time. Transfer will depend on the format in which eOmis data is provided to the County.

Q: What are the main challenges or service issues for Okaloosa County regarding your current pharmacy program management services?

A: There is an upstairs section to the jail where medication carts cannot go. These meds are prepared in advance and carried up the stairs.

Q: The solicitation indicates that you are seeking information for comprehensive healthcare services including medical, dental, mental health, and pharmaceutical services, with all related healthcare personnel and program support services. It also indicates that the RFP is looking for a solution that is most advantageous and in the best interest of Okaloosa County. And, page 15, item H indicates that other pricing options or alternatives will be considered. Independently contracting your pharmacy has many benefits over incorporating pharmacy into a comprehensive model. As an independent discipline, a pharmacy will provide a checks and balance system that will independently monitor for irregularities, prescriber ordering habits, excessive utilization, and medication room concerns. Additionally, a pharmacy acting as an individual discipline can independently provide suggested solutions in clinical services, formulary management, technology innovations, meaningful reporting, and cost avoidance strategies directly to the County without first having to consult with a health care provider that is subcontracting the pharmacy vendor for their services. And perhaps most importantly, your costs will likely be better controlled as only those medications actually dispensed, net of any credits on returns, would be billed to the County compared a comprehensive bid model where pharmacy costs are projected. Would you permit an informational response to your RFP along with proposed pricing from



industry-leading vendors that specialize in correctional-based pharmacy services and pharmaceutical program management?

A: The County provided detailed mandatory proposal requirements in Section IV. of the RFP. The Proposer shall decide what content to submit with the RFP, within the 40 page limit.

Q: If so, will you add language for medical bidders to include an option excluding pharmaceuticals, allowing Okaloosa County an option to contract with a pharmaceutical provider outside the scope of this contract so that if the County implements the option for an independent pharmaceutical provider, it will exclude the requirement of pharmaceuticals related to this contract.

A: The County provided detailed mandatory proposal requirements in Section IV. of the RFP. The Proposer shall decide what content to submit with the RFP, within the 40 page limit.

Q: If not, what reservations or concerns does Okaloosa County have regarding pharmacy as an independent discipline?

A: The scope of services has been determined and provided in the RFP. Every year, the County has the latitude to change the method(s) of services provided by Contractors.

Proposer Comment: Cooperative procurement contracts create value for county, city, and regional jails, along with state level departments of corrections by saving the time and effort of procurement officials, preventing delays in the implementation of services, avoiding long and often times costly protests, and providing access to a competitively solicited agreement that is accessible to your agency or department when you are already a member facility to a cooperative purchasing organization.

Q: Is Okaloosa County a MMCAP Member Facility with access to MMCAP Contract MMS17017 for correctional prescription dispensing services? If so, would Okaloosa County consider accessing MMS17017 for medication dispensing and pharmacy program management services, which has already been competitively solicited and accessible to the County in order to meet you, current pharmacy service needs?

A: The County Purchasing policies allow for Departments to piggyback on other established public contracts.

Q: Could you please provide a report that detail by month each HIV medication dispensed for the last 12 months?

A: Utilization reports and statistical reports have been provided.

Q: Could you please provide a report that detail by month each Hepatitis C medication dispensed for the past 12 months?

A: Mavyret was ordered twice in 2018 once for 9 days and once for 25 days.

Q: What is the current catastrophic limitation on off-site services?

A: [http://www.co.okaloosa.fl.us/sites/default/files/contracts/contra\\_pdf/C13-2058-COR.pdf](http://www.co.okaloosa.fl.us/sites/default/files/contracts/contra_pdf/C13-2058-COR.pdf)

Q: Please provide the most current Staffing matrix by shift and position/title. Does the County believe this to be a sufficient staffing plan?

A: [http://www.co.okaloosa.fl.us/sites/default/files/contracts/contra\\_pdf/C13-2058-COR.pdf](http://www.co.okaloosa.fl.us/sites/default/files/contracts/contra_pdf/C13-2058-COR.pdf)

Q: Please identify any current vacancies by position/title, shift and length of vacancy. Please identify current turnover rate. Please identify if any positions are currently being filled by agency personnel.

A: There is 1 vacant Mental Health Counselor position at this time. There are no positions filled by agency personnel. Turn over the past year between 4/18 – 3/19 was 21.51% for all positions.

Q: Please provide current salaries for all positions listed on the current staffing matrix.

A: This is proprietary information as the County pays the contractor based on the average daily population, not on the current salaries of the contractor's staff.

Q: Please provide annual Health Service Statistics extended to cover the last three (3) years.

A: see attached

Q: Please identify the average length of stay (LOS) for inpatient hospitalizations over the last three years.

A: FY 2016 = 3

FY 2017 = 5

FY 2018 = 3

Q: Will the County provide a list of hospitals and current subcontractors used for the delivery of health care services?

A: The County does not make recommendations for providers of external services.

Q: Who is the ambulance provider?

A: The County.

Q: Who is the current pharmaceutical provider?

A: Corizon.

Q: What is the current percentage of inmates on prescribed medications? What is the current percentage of inmates on prescribed psychotropic medications?

A: See attached.

Q: What are the average number of pregnancies per year, and the number of deliveries? Are newborns accepted back into the facility and, if so, who pays associated costs?

A: See RFP for information on pregnancies. We do not allow newborns back in the facility. All deliveries are done at the local hospital.

Q: Please provide a list of currently-held onsite clinics. Are there any additional such onsite clinics the County finds particularly desirable?

A: Chronic care clinics.

Q: Who is the current provider for Hemodialysis? Please provide the number of treatments completed by day and month.

A: Dialysis providers vary, depending on inmate current medical care. Between 01/01/2018-12/31/18, there were 20 treatments completed by day and month.

Q: Are there any Hepatitis C inmates currently receiving treatment/medication for their condition?

A: No.

Q: Are any outside agencies involved in mental healthcare?

A: No.

Q: Is the County taking advantage of any grants, fellowships or associations with universities, medical schools or non-profit organizations as part of its correctional healthcare program?

A: **Not at this time.**

Q: Who is responsible for the Infectious Waste removal?

A: **Contractor.**

Q: How many deaths and suicides (successful or attempted) have there been in the past two (2) years?

A: **See attached statistics.**

Q: Please verify the Average Daily Population (ADP) that should be used for bid purposes?

A: **Section VI. of the RFP provides a matrix to use if ADP is how the contractor.**

Q: Please supply an inventory list of County-owned medical and office equipment/furniture available for utilization by the medical vendor? How old is the current equipment and furniture?

A:

Quantity	Item Description	Brand / Manufacturer	Acquired date
3	Medication carts	Medi –Aid	12/19/1991
1	X-Ray processor	Air Techniques	6/26/2003
1	Digital copier – All in one	E-Studio 4508A	8/2/2018
1	EKG Machine	Atria 3100	8/21/2008
1	Dental compressor	Adec	11/26/1991
1	Dental X-ray wall mount	Adec	11/26/1991
1	Dental Chair	Adec	11/26/1991
1	Medical cart	Avalo	4/7/2017
1	LifePak	Physio Control	2/27/2017
5	Dell Desktop – 3 (0126) nurse station and 2 (1024) MH department	Dell	varies
1	Printer – MH department (1024)	Brother	varies
1	Industrial Shredder	Staples	unknown
Various	Office chairs	Varies	Varies
Various	Office desks	Varies	Varies
Various	Tables	Varies	Varies

Q: Is all infirmery equipment permanent or will the contracted vendor need to purchase replacement equipment?

A: **Permanent.**

Q: What is the age of the current dental equipment? When was it was last serviced? Is the dental x-ray inspected and licensed and if so, when was the last time?

A: The dental equipment is older equipment. It is owned and maintained by the County. There is a radiology license that the vendor is responsible for maintaining.

Q: What is the age of the current X-Ray equipment? When was it last serviced? Is the current X-Ray equipment digital?

A: The current x-ray machine is approximately three years old. The developer is greater than twenty years old. It is not currently digital, however, the County is in the process of converting to digital.

Q: Does the County project that there will be a need to replace or purchase any on-site medical equipment during the term of this contract?

A: Yes.

Q: Are there negative pressure rooms and how many?

A: Yes, two.

Q: How many beds are in the infirmary? Please break down by male/female beds.

A: The facility has two medical housing areas. Male medical housing unit has seven cells and female medical housing unit has six cells.

Q: Where are inmates housed that are going through withdrawal?

A: In the medical health unit.

Q: Will the current AED stay or must one be purchased, and is it in good working order?

A: It will stay.

Q: How many med passes per day?

A: Three.

Q: Who owns the current EMR system, the vendor or the county?

A: The vendor.

Q: What is the Jail Management system utilized? Will the Jail Management company work with the vendor regarding the Electronic Medical Record (EMR) to provide basic demographic information, booking information, housing location changes, and release information? Will the County assist with these data requirements?

A: XJail is the current JMS. The current JMS company has been helpful and the County provides minimal assistance, depending on the scope of work.

Q: Will the County require that the current vendor work with the new provider to transfer EMR data to a new system, and will there be penalties or other enforcement policies set up to facilitate that transfer?

A: The County owns the inmate medical records. However, the ability to transfer the records in the format the existing contractor gives to the County for a new contractor's system is between the contractors to facilitate, not the County. Current contractor will likely know if there is a cost to convert the data to a format compatible with a new system.

Q: Does the County currently employ telemedicine? If so, in what specialties and who is currently providing the equipment and technical support thereof?

A: Telemedicine equipment is owned by the vendor. Currently psychiatry is provided.

Q: Are you currently having issues with the current staff or vendor that are causing penalties to be imposed?

A: No.

Q: Is the facility currently under any court orders or mandates?

A: No.

Q: Please provide the exact qualifications and education of all mental health staff.

A: DO, LCSW, MSW x 2.

Q: The Average Daily Population (ADP) for the last 12 months was 807, the population on 4/1/2019 was 730. What ADP should be used for purposes of pricing?

A: Section VI. of the RFP provides a matrix to use if ADP is the method by which the contractor will propose pricing.

Q: How is the co-pay collected?

A: The County Administrative staff collect the co-pay from the inmate financial account according to the service records provided by the contractor.

Q: How is collection and distribution of reimbursement of medical expenses from inmates currently handled?

A: Inmate co-pays are processed by the County. Medical forwards service lists to jail administration.

Q: Page 15 of the RFP states "Provide the name(s) and qualifications of references to those individual(s) who would potentially be responsible for managing on-site operations (Health Services Administrator), be responsible for managing the clinical operations (Medical Director)." As this gives a distinct advantage to the incumbent, will the County accept job descriptions instead of candidates?

A: The Health Services Administrator is an essential component to the functionality of inmate medical services. Therefore, it is important to know what experience the incumbent possesses as it relates to providing inmate medical services.

Q: After reviewing the attached RFP, there is no specified limit for professional liability nor excess limits requirements. Can you confirm the limit of liability being required under the Professional Liability? The RFP insurance requirements included General Liability at \$1M, workers compensation statutory limits, and excess liability but the excess does specify an amount either.

A: A: Please see attached. The County Risk Management Department includes specific insurance requirements outlined in the County contracts.

Q: Is it accurate to say that the E-Verify documents can be ignored due to no Federal funds being available for this project?

A: This is standard language the County includes in all contracts.

Q: Will you give more detailed breakdown of the cost to show.

A: See Section VI. of the RFP.

Q: Of the amounts listed per year, how much was the cost of the contract vs. the amount spent by the county due to catastrophic, aggregate, or other caps or limits?

A: See attached.

Q: Amount expended on medication, to include breakdown for Hepatitis, HIV, and any other specialized drugs?

A: See attached.

Q: Amount expended on offsite hospitalization.

A: See attached.

Q: Average number of inmates per month requiring dialysis – is dialysis provided on site or off?

A: Twenty off-site treatments were provided in 2018.

Q: Average number of inmates per month on chronic care clinics.

A: See attached statistics.

Q: Average number of inmates requiring care or treatment for Alzheimer’s or dementia related conditions.

A: 0

Q: Average number of inmates per month requiring off site specialty clinic care.

A: See attached statistics.

Q: Number of current staff by position – medical, behavioral health, and administrative.

A: See current contract, attached.

Q: Please provide a list of all medical and dental equipment that will be available to the new provider, including the model, age, and condition.

A:

Quantity	Item Description	Brand / Manufacturer	Acquired date
3	Medication carts	Medi –Aid	12/19/1991
1	X-Ray processor	Air Techniques	6/26/2003
1	Digital copier – All in one	E-Studio 4508A	8/2/2018
1	EKG Machine	Atria 3100	8/21/2008
1	Dental compressor	Adec	11/26/1991
1	Dental X-ray wall mount	Adec	11/26/1991
1	Dental Chair	Adec	11/26/1991
1	Medical cart	Avalo	4/7/2017
1	LifePak	Physio Control	2/27/2017
5	Dell Desktop – 3 (0126) nurse station and 2 (1024) MH department	Dell	varies
1	Printer – MH department (1024)	Brother	varies
1	Industrial Shredder	Staples	unknown
Various	Office chairs	Varies	Varies

Various	Office desks	Varies	Varies
Various	Tables	Varies	Varies

Q: Please provide a list of all office/computer equipment that will be available to the new provider (e.g., computers, printers, fax machine, copier, etc.), including the model, age, and condition.

A:

Quantity	Item Description	Brand / Manufacturer	Acquired date
3	Medication carts	Medi –Aid	12/19/1991
1	X-Ray processor	Air Techniques	6/26/2003
1	Digital copier – All in one	E-Studio 4508A	8/2/2018
1	EKG Machine	Atria 3100	8/21/2008
1	Dental compressor	Adec	11/26/1991
1	Dental X-ray wall mount	Adec	11/26/1991
1	Dental Chair	Adec	11/26/1991
1	Medical cart	Avalo	4/7/2017
1	LifePak	Physio Control	2/27/2017
5	Dell Desktop – 3 (0126) nurse station and 2 (1024) MH department	Dell	varies
1	Printer – MH department (1024)	Brother	varies
1	Industrial Shredder	Staples	unknown
Various	Office chairs	Varies	Varies
Various	Office desks	Varies	Varies
Various	Tables	Varies	Varies

Q: Is there WIFI available throughout the facility? Will internet access be provided by the county?

A: Yes, WIFI is available. An internet provider is provided by the contractor.

Q: Number of outpatient surgeries.

A: See attached statistics.

Q: Number of trips to the emergency department.

A: See attached statistics.

Q: Number of emergency department trips resulting in hospitalization.

A: See attached statistics.

Q: Number of ambulance transports.

A: See attached statistics.

Q: Type and number of mental health programs currently provided.

A: Routine mental health services are currently provided.

Q: Please provide a copy of the current contract for inmate medical services.

A: Attached.

ATTACHMENTS (when the Q&A is posted):

- Oct. 2018-Sept. 2019 Statistics for Okaloosa County DOC
- Oct. 2017-Sept. 2018 Statistics for Okaloosa County DOC
- Oct. 2016-Sept. 2017 Statistics for Okaloosa County DOC
- Oct. 2015-Sept. 2016 Statistics for Okaloosa County DOC
- Pharmacy Utilization report for March 2019
- Pharmacy Utilization report for February 2019
- Feb. 2016 Aggregate CAP Worksheet
- Feb. 2017 Aggregate CAP Worksheet
- Feb. 2018 Aggregate CAP Worksheet









Oct.2017-Sept.2018 Statistics For:

Okaloosa County DOC	Oct.	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Average	TotalsYTD
AVERAGE DAILY POPULATION	789	758	729	758	737	719	752	762	811	819	865	904	784	9403
JV AVERAGE DAILY POPULATION	4	8	9	11	10	11	13	12	14	12	14	10	11	128
<b>MEDICAL</b>														
REFUSED AT BOOKING	0	0	0	0	2	0	0	1	0	0	1	0	0	4
TOTAL INTAKE EVALUATIONS BY NURSING STAFF	647	620	624	621	545	629	578	660	645	691	732	645	636	7637
SICK CALL TOTAL-NURSES	282	291	314	318	297	281	306	327	393	432	452	495	349	4188
TOTAL SICK CALL - PHYSICIAN	106	56	93	107	73	75	106	129	126	111	88	87	96	1157
PHYSICIAN CHART REVIEW TOTAL	851	802	649	729	788	555	906	1326	1632	1688	2050	1954	1161	13930
14 DAY PHYSICALS TOTAL	254	227	205	246	177	244	245	274	285	277	298	292	252	3024
TOTAL WORK CLEARANCE AT 14 DAY PHYSICAL	253	227	205	246	177	244	234	265	285	277	298	292	250	3003
ANNUAL PHYSICALS	0	4	7	1	6	6	5	8	2	6	1	6	4	52
TOTAL PHYSICALS	254	231	212	247	183	250	250	282	287	283	299	298	256	3076
DIABETIC SCREENING TOTAL	254	224	205	246	177	244	245	274	285	277	298	292	252	3021
TOTAL MEDICAL HOUSING UNIT ADMITS	76	67	85	90	70	66	84	95	93	75	119	87	84	1007
TOTAL INMATE HOUSING DAYS	621	518	631	581	536	511	566	528	511	529	610	598	562	6740
UNSCHEDULED VISITS/EMERGENCY TOTAL	173	153	146	139	126	140	160	194	163	162	163	151	156	1870
TOTAL EMERGENCY (MANDOWN)	6	5	1	3	1	3	9	12	6	5	21	4	6	76
TOTAL LOW BUNK/LOW TIER PASSES ISSUED	140	145	149	157	81	115	107	131	109	110	126	123	124	1493
TOTAL X-RAYS	35	34	25	40	30	31	27	38	44	36	35	42	35	417
TOTAL ULTRASOUNDS/MOBILE	4	1	0	0	0	0	1	2	6	1	3	0	2	18
<b>MENTAL HEALTH</b>														
PSYCHIATRIST ASSESSMENTS	8	18	12	9	11	12	16	17	13	27			14	143
PSYCHIATRIST FOLLOW UPS	12	15	13	17	10	11	7	13	6	13			12	117
PSYCHIATRIST CHART REVIEWS	26	25	16	11	16	25	32	45	39	35			27	270
MENTAL HEALTH ASSESSMENTS	483	410	409	431	376	406	432	380	418	386			413	4131
MENTAL HEALTH FOLLOW UPS	0	3	2	26	15	42	87	56	19	27			28	277
MENTAL HEALTH CHART REVIEWS	114	101	82	119	82	140	180	154	153	131			126	1256
TOTAL ASSESSMENTS-SOCIAL WORKER	14	17	13	38	16	23	33	38	35	39			27	266
FOLLOW-UP BY SOCIAL WORKER	1	0	0	0	0	1	0	1	0	0			0	3
TOTAL GROUP THERAPY BY SOCIAL WORKER	0	0	0	0	0	0	0	0	0	0			0	0
TOTAL MENTAL HEALTH ENCOUNTERS (NOT INCLUDING S/I WATCH)	544	488	465	532	444	520	607	550	530	527			521	5207
TOTAL ON SUICIDE WATCH - (NOT INCLUDING DIR OBS)	320	241	259	296	269	270	304	227	243	225			265	2654
SUICIDE ATTEMPT TOTAL	1	0	2	0	0	0	0	3	1	0			1	7
SUICIDES TOTAL	0	0	0	0	0	0	0	0	0	0			0	0
<b>MENTAL HEALTH STATISTICS (New as of August 2018)</b>														
PSYCHIATRIST - INITIAL PSYCHIATRIC EVALUATION											20	16	18	36
PSYCHIATRIST - CHART REVIEW											57	32	45	89
PSYCHIATRIST - SCHEDULED											12	7	10	19
PSYCHIATRIST - UNSCHEDULED											1	0	1	1
MH - TOTAL DAILY ENCOUNTERS	0	0	0	0	0	0	0	0	0	0	583	433	85	1016
MH - INDIVIDUAL COUNSELING											23	32	28	55
MH - INTAKE											155	138	147	293
MH - NON-CLINICAL CONTACT NOTE											14	5	10	19
MH - SEGREGATION VISIT											226	116	171	342
MH - SICK CALL - SCHEDULED											56	53	55	109
MH - SICK CALL - UNSCHEDULED											9	8	9	17
MH - TECH HEALTH & WELFARE SEG ROUNDS											10	26	18	36
TOTAL ON SUICIDE WATCH - (NOT INCLUDING DIR OBS)											232	264	248	496
SUICIDE ATTEMPT TOTAL											1	0	1	1
SUICIDES TOTAL											0	0	0	0
<b>DENTAL</b>														
DENTAL SCREENS/NURSE SICK CALL	22	37	37	29	31	62	70	60	87	67	83	72	55	657
TOTAL SEEN BY DENTIST	23	24	38	38	25	41	0	0	7	13	20	28	21	257
DENTIST EXAMS	21	22	35	36	24	41	0	0	6	10	16	21	19	232
ANNAUL EXAMS	0	3	7	0	5	7	0	0	0	2	7	5	3	36
DENTIST FOLLOW-UPS	1	2	3	2	1	0	0	0	0	3	3	2	1	17



NUMBER OF PATIENTS WITH HYPERLIPIDEMIA	15	6	9	10	8	9	9	9	13	9	9	17	10	123
GERD ENCOUNTERS	7	4	6	7	4	5	7	7	7	9	13	9	7	85
NUMBER OF INMATES WITH GERD	42	25	17	20	18	21	21	28	36	43	13	36	27	320
GENERAL ENCOUNTERS	13	6	8	6	5	15	15	11	24	25	35	22	15	185
NUMBER OF INMATES WITH GENERAL PAIN/CONDITIONS	44	28	26	27	32	24	26	47	56	54	67	53	40	484
TOTAL CHRONIC CARE VISITS	94	74	86	76	57	86	93	82	109	105	133	150	95	1145
<b>INFECTIOUS DISEASE CONTROL</b>														
PPD's PLANTED	248	209	184	220	238	231	240	255	243	239	268	296	239	2871
PPD'S READ	197	192	169	208	161	212	219	230	214	224	250	266	212	2542
POSITIVE PPDs - NEW	7	8	3	3	8	5	5	4	8	4	7	6	6	68
ACTIVE TB	1	1	1	0	1	0	0	0	0	0	0	0	0	4
TOTAL HIV CASES	9	11	9	9	9	6	9	7	10	11	9	12	9	111
TOTAL NUMBER OF LABS	96	85	84	114	73	118	329	323	353	301	325	309	209	2510
HEPATITIS A	0	0	0	0	0	0	0	0	0	0	0	0	0	0
HEPATITIS B	0	0	0	0	0	0	0	0	1	1	1	0	0	3
HEPATITIS C	0	1	0	2	2	1	0	0	4	2	3	0	1	15
CHYLAMYDIA	0	1	1	0	0	1	0	2	1	1	0	0	1	7
GONORRHEA	0	1	0	1	0	2	0	1	2	1	0	0	1	8
SYPHILIS	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OTHER STD	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PEDICULOSIS TOTAL - # of Patients	1	0	3	0	0	0	0	0	0	0	0	1	0	5
SCABIES TOTAL - # of Patients	0	0	0	0	0	1	1	0	1	0	0	1	0	4
MRSA - # of Patients	1	0	0	0	0	0	5	1	0	0	0	0	1	7
<b>PATIENTS DETOXING</b>														
BENZO - # New Patients	5	7	5	3	0	4	3	6	11	8	15	6	6	73
CIWA - # New Patients	8	19	18	15	4	15	7	17	23	15	20	14	15	175
COWS - # New Patients	24	37	28	20	14	26	31	35	26	31	43	34	29	349

Oct.2016-Sept.2017 Statistics For:

**Okaloosa County DOC**

	Oct.	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Average	TotalsYTD
AVERAGE DAILY POPULATION	772	759	733	735	721	743	760	764	788	824	852	816	772	9267
JV AVERAGE DAILY POPULATION	9	10	11	9	5	7	9	10	7	7	6	7	8	97
<b>MEDICAL</b>														
REFUSED AT BOOKING	0	0	0	0	1	2	1	0	0	2	0	0	1	6
TOTAL INTAKE EVALUATIONS BY NURSING STAFF	504	525	545	558	580	643	589	604	591	728	678	626	598	7171
SICK CALL TOTAL-NURSES	352	317	295	291	339	290	279	304	386	455	280	228	318	3816
TOTAL SICK CALL - PHYSICIAN	73	87	85	74	96	83	94	85	107	88	104	68	87	1044
PHYSICIAN CHART REVIEW TOTAL	689	731	608	732	638	767	753	711	763	717	904	672	724	8685
14 DAY PHYSICALS TOTAL	212	190	181	200	173	247	229	216	236	226	263	204	215	2577
TOTAL WORK CLEARANCE AT 14 DAY PHYSICAL	195	176	176	192	169	240	217	215	234	225	262	207	209	2508
ANNUAL PHYSICALS	5	2	2	15	6	0	3	5	3	0	3	4	4	48
TOTAL PHYSICALS	217	192	183	215	179	247	232	221	239	226	266	208	219	2625
DIABETIC SCREENING TOTAL	212	190	181	198	170	244	223	216	235	226	262	194	213	2551
TOTAL MEDICAL HOUSING UNIT ADMITS	67	48	58	75	78	79	89	82	87	87	69	76	75	895
TOTAL INMATE HOUSING DAYS	588	553	672	723	511	654	641	633	678	686	586	497	619	7422
UNSCHEDULED VISITS/EMERGENCY TOTAL	100	121	91	82	72	118	79	73	89	113	86	129	96	1153
TOTAL EMERGENCY (MANDOWN)	8	5	5	5	2	4	5	2	5	2	1	1	4	45
TOTAL LOW BUNK/LOW TIER PASSES ISSUED	104	83	109	139	168	174	153	202	148	166	179	165	149	1790
TOTAL X-RAYS	32	30	27	30	15	38	43	36	48	25	76	35	36	435
TOTAL ULTRASOUNDS/MOBILE	2	0	0	2	0	1	1	1	1	2	1	1	1	12
<b>MENTAL HEALTH</b>														
PSYCHIATRIST ASSESSMENTS	13	25	17	53	9	24	28	14	16	17	11	12	20	239
PSYCHIATRIST FOLLOW UPS	120	100	42	506	448	120	111	24	43	35	16	13	132	1578
PSYCHIATRIST CHART REVIEWS				19	17	8	23	12	27	34	18	8	18	166
MENTAL HEALTH ASSESSMENTS	83	68	23	65	52	119	125	161	125	177	114	123	103	1235
MENTAL HEALTH FOLLOW UPS	434	325	135	306	268	125	139	194	319	275	313	225	255	3058
MENTAL HEALTH CHART REVIEWS								NEW	12	68	68	52	50	200
TOTAL ASSESSMENTS-SOCIAL WORKER	77	87	53	28	32	80	58	57	25	56	30	51	53	634
FOLLOW-UP BY SOCIAL WORKER								NEW	8	21	17	15	15	61
TOTAL GROUP THERAPY BY SOCIAL WORKER	18	17	8	0	0	0	0	0	0	0	0	0	4	43
TOTAL MENTAL HEALTH ENCOUNTERS (NOT INCLUDING S/I WATCH)	745	622	278	958	809	468	461	462	536	581	501	439	572	6860
TOTAL ON SUICIDE WATCH - (NOT INCLUDING DIR OBS)	350	280	285	522	392	435	506	465	312	319	301	231	367	4398
SUICIDE ATTEMPT TOTAL	0	0	1	0	0	0	0	1	2	4	0	2	1	10
SUICIDES TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>DENTAL</b>														
DENTAL SCREENS/NURSE SICK CALL	44	57	63	44	54	36	6	2	27	48	12	9	34	402
TOTAL SEEN BY DENTIST	49	44	58	49	65	78	70	12	63	77	74	51	58	690
DENTIST EXAMS	40	36	46	39	60	75	63	8	46	59	66	42	48	580
ANNUAL EXAMS	0	2	0	8	9	0	6	0	1	9	5	2	4	42
DENTIST FOLLOW-UPS	9	9	12	9	5	3	7	0	9	8	9	9	7	89
EXTRACTIONS	5	8	5	1	0	0	5	5	9	4	5	6	4	53
TEMPORARY FILLINGS	2	2	3	2	0	3	0	2	7	0	5	1	2	27
DENTIST X-RAYS	16	14	11	11	6	8	13	12	5	21	18	7	12	142
DENTAL REFUSALS	5	9	11	6	12	20	17	2	18	17	13	11	12	141
<b>COMMUNITY</b>														
AMBULANCE TRIPS	1	0	2	1	1	1	0	1	0	1	1	3	1	12
TOTAL EMERGENCY ROOM VISITS	4	4	3	2	2	5	1	3	2	4	4	6	3	40
TOTAL HOSPITAL ADMISSIONS	1	1	1	2	0	3	0	3	2	1	3	2	2	19
HOSPITAL DAYS	2	4	6	13	1	2	0	19	11	8	26	6	8	98
URGENT CARE	1	0	0	1	0	0	0	5	0	0	0	1	1	8
HOSPITAL DEATHS	0	0	0	0	0	0	0	0	0	0	0	0	0	0
FACILITY DEATHS	0	0	0	0	0	0	0	0	0	0	0	0	0	0
HOSPICE CARE	0	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>OFF-SITE SPECIALTY VISITS</b>														
TOTAL OFF SITE SPECIALTY VISITS	27	23	15	18	14	12	9	12	24	31	39	31	21	255
DENTAL	1	1	2	1	1	2	1	2	0	0	1	0	1	12

DIALYSIS ENCOUNTERS	4	0	0	5	12	13	1	0	2	13	19	18	7	87
ENT	0	1	1	1	1	1	0	0	0	1	0	1	1	6
EYE	3	1	2	1	4	1	0	0	1	0	2	1	1	16
GENERAL - SURGERY	0	0	0	0	0	0	2	0	1	0	1	2	1	6
OUTPATIENT SURGERY	0	0	1	0	0	0	0	1	0	0	2	0	0	4
NEUROLOGY	0	0	0	0	0	0	0	0	0	0	0	0	0	0
OB/GYN	9	9	3	3	4	5	1	0	3	3	6	2	4	48
OB DELIVERIES	0	1	0	0	0	0	0	0	1	0	1	1	0	4
ORTHOPEDICS	7	7	3	4	4	3	4	8	8	8	5	4	5	65
RADIOLOGY	2	2	2	3	0	1	0	0	0	2	1	1	1	14
CARDIOLOGY	1	0	0	1	0	0	0	0	0	0	0	0	0	2
UROLOGY	2	0	0	0	0	0	0	0	1	1	0	1	0	5
OTHER	2	1	2	4	0	0	0	1	7	3	1	0	2	21
<b>PHARMACEUTICALS</b>														
TOTAL I/M'S ON PRESCRIPTION MEDS	427	394	407	380	372	412	420	388	409	439	485	443	414	4976
TOTAL I/M'S ON PSYCHOTROPIC MEDS	110	100	83	75	73	88	87	87	91	82	94	92	87	1062
TOTAL I/M'S ON HIV MEDS	4	3	3	5	9	3	4	10	8	9	11	8	6	77
TOTAL I/M'S ON NON-FORMULARY MEDS	54	55	54	32	23	25	43	30	36	25	33	31	35	441
TOTAL # I/M'S ON CONTROLLED SUBSTANCE	19	19	21	18	10	16	26	24	24	26	23	18	20	244
TOTAL MEDICINE RENEWALS	156	161	132	137	133	180	139	151	164	155	195	162	155	1865
% OF INMATES ON PSYCHOTROPIC MEDS	14%	13%	11%	10%	10%	12%	11%	11%	12%	10%	11%	11%	0	1
% OF INMATES ON HIV MEDS	0.5%	0.4%	0.4%	0.7%	1.2%	0.4%	0.5%	1.3%	1.0%	1.1%	1.3%	1.0%	0	0
<b>CHRONIC CARE VISITS</b>														
ASTHMA/COPD ENCOUNTERS	0	1	3	2	1	2	1	0	3	1	0	0	1	14
NUMBER OF INMATES WITH ASTHMA/COPD	2	4	7	4	3	7	6	5	7	4	0	0	4	49
COUMADIN ENCOUNTERS	0	0	1	0	0	0	0	0	0	0	0	0	0	1
NUMBER OF INMATES ON COUMADIN	0	0	1	2	1	2	2	2	1	0	0	0	1	11
DIABETICS ENCOUNTERS	3	3	7	0	6	8	2	2	6	8	3	11	5	59
NUMBER OF INMATES WITH DIABETES	18	11	9	11	12	16	10	12	17	16	14	19	14	165
DIALYSIS ENCOUNTERS	0	0	0	0	0	0	0	0	0	1	0	1	0	2
NUMBER OF INMATES ON DIALYSIS	1	0	0	1	1	1	1	0	1	1	2	2	1	11
OB ENCOUNTERS	29	24	10	17	26	13	7	6	7	8	19	12	15	178
NUMBER OF PREGNANT INMATES	8	6	7	7	6	5	3	6	4	4	3	4	5	63
HYPERTENSION/CARDIOVASCULAR	18	18	37	29	29	27	33	20	42	33	46	51	32	383
NUMBER OF INMATES W/HITN/CARDIO	85	80	70	75	54	72	81	83	113	97	111	127	87	1048
SEIZURE DISORDER ENCOUNTERS	0	6	3	5	6	2	7	2	1	2	1	1	3	36
NUMBER OF INMATES WITH SEIZURE DISORDER	11	14	15	11	11	16	14	7	10	7	7	8	11	131
HIV/AIDS ENCOUNTERS	1	1	1	3	1	1	2	1	3	1	3	1	2	19
T.B.	0	0	0	0	0	0	0	0	0	0	1	1	0	2
THYROID ENCOUNTERS	2	1	5	4	1	4	2	1	1	1	6	8	3	36
NUMBER OF INMATES WITH THYROID DISEASE	5	9	12	12	11	14	10	9	10	8	14	17	11	131
HYPERLIPIDEMIA ENCOUNTERS	1	2	2	1	0	1	0	0	0	2	2	2	1	13
NUMBER OF PATIENTS WITH HYPERLIPIDEMIA	4	4	5	10	5	9	5	6	8	8	9	12	7	85
GERD ENCOUNTERS								NEW	0	9	11	10	8	30
NUMBER OF INMATES WITH GERD								NEW	19	22	27	34	26	102
GENERAL ENCOUNTERS	1	0	1	3	2	0	4	11	13	10	4	10	5	59
TOTAL CHRONIC CARE VISITS	58	56	68	62	74	56	56	43	76	76	98	107	69	830
<b>INFECTIOUS DISEASE CONTROL</b>														
PPD'S PLANTED	155	166	159	192	156	231	209	195	214	222	251	190	195	2340
PPD'S READ	170	130	149	191	166	207	209	173	206	233	233	206	189	2273
POSITIVE PPDs - NEW	1	5	2	0	4	4	4	4	3	1	5	2	3	35
ACTIVE TB	0	0	0	0	0	0	0	0	0	0	1	1	0	2
TOTAL HIV CASES	10	6	5	6	9	8	8	10	8	9	11	8	8	98
TOTAL NUMBER OF LABS - # of patients	55	46	50	94	79	77	90	88	111	112	98	112	84	1012
HEPATITIS A	0	0	0	0	0	0	0	0	0	0	0	0	0	0
HEPATITIS B	0	0	0	0	0	1	0	1	0	0	0	0	0	2
HEPATITIS C	0	0	0	0	0	3	0	1	1	1	1	0	1	7
CHYLAMYDIA	0	0	0	0	1	1	0	0	1	1	1	0	0	5



GONORRHEA	0	0	0	0	1	0	1	0	2	2	1	0	1	7
SYPHILIS	0	0	0	0	0	0	2	0	0	0	0	0	0	2
OTHER STD	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PEDICULOSIS TOTAL - # of Patients	1	0	0	1	0	0	1	1	8	0	2	5	2	19
SCABIES TOTAL - # of Patients	2	9	8	1	1	0	1	0	0	0	0	0	2	22
MRSA - # of Patients	0	0	0	0	2	0	0	0	0	0	0	1	0	3
<b>PATIENTS DETOXING</b>														
BENZO - # New Patients	1	0	6	2	7	11	14	15	15	12	9	8	8	100
CIWA - # New Patients	23	9	13	15	28	37	18	35	13	26	16	11	20	244
COWS - # New Patients	14	18	19	29	36	36	37	42	41	32	24	32	30	360

Oct. 2015-Sept. 2016 Statistics For:

OKALOOSA COUNTY DEPARTMENT OF CORRECTIONS	Oct.	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	TotalsYTD	Average
AVERAGE DAILY POPULATION	716	712	683	688	700	715	710	715	752	797	775	808	8771	731
JV AVERAGE DAILY POPULATION	5	6	7	8	8	6	6	7	6	6	6	0	71	6
<b>MEDICAL</b>														
REFUSED AT BOOKING	0	2	0	0	0	0	0	0	0	0	0	0	2	0
TOTAL INTAKE EVALUATIONS BY NURSING STAFF	667	606	569	622	583	680	570	633	635	681	630	565	7441	620
SICK CALL TOTAL-NURSES	384	472	423	494	497	317	230	250	287	240	254	302	4160	347
TOTAL SICK CALL - PHYSICIAN	88	92	87	95	71	78	82	68	85	58	62	75	941	78
PHYSICIAN CHART REVIEW TOTAL	590	507	524	409	340	465	376	410	442	618	666	717	6064	505
14 DAY PHYSICALS TOTAL	278	208	210	171	218	244	223	219	229	220	210	243	2673	223
TOTAL WORK CLEARANCE AT 14 DAY PHYSICAL	91	205	198	170	213	241	203	214	228	217	209	238	2425	202
ANNUAL PHYSICALS	0	4	0	0	5	0	0	3	1	6	0	0	19	2
TOTAL PHYSICALS	278	208	210	167	218	244	223	219	229	221	210	243	2670	223
DIABETIC SCREENING TOTAL	278	208	210	171	218	244	223	219	229	221	210	243	2674	223
TOTAL MEDICAL HOUSING UNIT ADMITS	56	36	57	49	65	55	67	65	62	55	50	57	674	56
TOTAL INMATE HOUSING DAYS	367	437	533	465	431	377	387	402	485	331	431	479	5125	427
UNSCHEDULED VISITS/EMERGENCY TOTAL	85	66	100	64	77	99	99	94	90	61	84	67	986	82
TOTAL EMERGENCY (MANDOWN)	1	1	2	8	6	7	1	7	4	4	3	10	54	5
TOTAL LOW BUNKLOW TIER PASSES ISSUED	72	105	107	129	121	121	108	110	115	91	100	97	1278	106
TOTAL X-RAYS	44	26	30	33	48	28	24	20	43	37	22	28	383	32
TOTAL ULTRASOUNDS/MOBILE	1	3	2	1	1	1	1	1	0	3	0	2	16	1
<b>MENTAL HEALTH</b>														
ASSESSMENTS-TOTAL	165	186	172	139	297	268	188	290	201	191	270	205	2572	214
TOTAL ASSESSMENTS-PSYCHIATRIST/NP	14	20	13	22	14	10	4	16	14	18	27	16	188	16
TOTAL ASSESSMENTS-LMHC	122	137	82	0	182	165	151	166	127	106	135	111	1484	124
TOTAL ASSESSMENTS-SOCIAL WORKER	29	29	77	117	101	93	33	108	60	67	108	78	900	75
FOLLOW-UP TOTAL	368	295	596	103	293	353	361	372	467	322	589	392	4511	376
TOTAL FOLLOW-UP BY PSYCHIATRIST/NP	12	15	18	0	10	11	14	9	11	10	9	12	131	11
TOTAL FOLLOW-UP BY LMHC	301	234	108	165	208	285	281	310	389	252	452	333	3318	277
FOLLOW-UP BY SOCIAL WORKER	55	46	66	38	75	57	66	53	67	60	72	59	714	60
TOTAL GROUP THERAPY BY SOCIAL WORKER	0	18	10	0	0	5	9	0	1	0	22	0	65	5
TOTAL ON SUICIDE WATCH	216	218	344	257	207	272	276	334	330	177	334	228	3193	266
SUICIDE ATTEMPT TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SUICIDES TOTAL	0	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL SUICIDE WATCH 1 ON 1	63	69	91	53	19	16	18	36	27	6	0	6	404	34
<b>DENTAL</b>														
DENTAL SCREENS/NURSE SICK CALL	38	52	68	52	63	16	0	0	0	0	0	0	289	24
TOTAL SEEN BY DENTIST	56	38	64	47	50	62	58	55	61	46	45	62	644	54
DENTIST EXAMS	44	27	48	40	43	53	50	49	56	33	34	55	532	44
ANNAUL EXAMS	0	2	2	1	0	5	0	0	1	0	1	0	12	1
DENTIST FOLLOW-UPS	12	11	14	7	7	9	8	6	5	13	11	7	110	9
EXTRACTIONS	11	9	5	2	5	6	6	5	2	5	5	3	64	5
TEMPORARY FILLINGS	0	2	2	2	4	8	5	4	0	1	2	2	32	3
DENTIST X-RAYS	9	7	20	21	18	15	17	18	31	25	17	18	216	18
<b>COMMUNITY</b>														
AMBULANCE TRIPS	2	1	3	0	0	1	0	3	3	3	4	2	22	2
TOTAL EMERGENCY ROOM VISITS	5	4	6	1	0	3	3	6	6	3	6	2	45	4
TOTAL HOSPITAL ADMISSIONS	2	2	1	1	0	1	2	2	3	2	2	2	20	2
HOSPITAL DAYS	3	3	2	3	0	10	8	4	11	4	1	6	55	5
HOSPITAL DEATHS	0	0	0	0	0	0	0	0	1	0	0	0	1	0
FACILITY DEATHS	0	0	0	0	0	0	0	0	0	0	0	0	0	0
INMATES IN HOSPICE CARE	0	0	0	1	1	1	1	3	0	0	0	0	7	1
<b>OFF-SITE SPECIALTY VISITS</b>														



OTHER STD	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0
PEDICULOSIS TOTAL - # of Patients	0	0	1	2	0	1	0	0	0	0	0	0	1	5	0
SCABIES TOTAL - # of Patients	0	1	1	1	2	3	0	2	0	0	0	0	0	10	1
MRSA - # of Patients	0	1	0	0	0	0	0	0	0	0	0	0	0	1	0
<b>PATIENTS DETOXING</b>															
BENZO - # New Patients				3	1	5	2	1	1	3	2	3		21	2
CIWA - # New Patients				18	23	28	23	19	16	9	14	19		169	19
COWS - # New Patients				28	32	20	27	17	11	23	11	25		194	22

# Pharmacy Utilization Report for: March 2019

OKALOOSA CO FL



## 90398 Okaloosa County Jail 90398

<p>820 Census Reported for this Period</p> <p>0.35 Avg. Number of Orders per Inmate</p> <p>128 Number of New Orders Processed</p> <p>44.29% Percent of All Orders that were New Orders</p> <p>161 Number of Refill Orders Processed</p> <p>55.71% Percent of All Orders that were Refill Orders</p> <p>289 Number of Orders Processed (New + Refill)</p>	<p>539 Patients on Non-Psychotropic Medication</p> <p>59 Patients on Psychotropic Medication</p> <p>7.20% Percent of Census on Psychotropic Medication</p> <p>24 Number of New Psych Orders Processed</p> <p>9 Number of Refill Psych Orders Processed</p> <p>\$356.84 Total Cost of all Psych Orders Dispensed</p>
<p>552 Number of Patients with Active Orders</p> <p>67.32% Percent of Census with Active Orders</p>	<p>13 Patients on HIV Specific Medication</p> <p>1.59% Percent of Census on HIV Specific Medication</p> <p>12 Number of New HIV Specific Orders Processed</p> <p>12 Number of Refill HIV Specific Orders Processed</p> <p>\$16,773.32 Total cost of All HIV Specific Orders Dispensed</p>
<p>\$6,976.56 Total Cost of Returned/Credited Products</p> <p>\$4,472.61 Total Value of Returned/Destroyed Products</p> <p>\$20,864.11 Total Cost of All Orders Dispensed</p> <p>\$25.44 Total Cost per Inmate (PMPM)</p>	<p>42 Patients on Non-Formulary Medication</p> <p>5.12% Percent of Census on Non-Form Medication</p> <p>14 Number of New Non-Form Orders Processed</p> <p>6 Number of Refill Non-Form Orders Processed</p> <p>\$813.63 Total Cost of All Non-Form Orders Dispensed</p>

Pharmacy Utilization Report for: February 2019



OKALOOSA CO FL

90398 Okaloosa County Jail 90398

<p>820 Census Reported for this Period</p> <p>0.33 Avg. Number of Orders per Inmate</p> <p>85 Number of New Orders Processed</p> <p>31.14% Percent of All Orders that were New Orders</p> <p>188 Number of Refill Orders Processed</p> <p>68.86% Percent of All Orders that were Refill Orders</p> <p>273 Number of Orders Processed (New + Refill)</p>	<p>545 Patients on Non-Psychotropic Medication</p> <p>61 Patients on Psychotropic Medication</p> <p>7.44% Percent of Census on Psychotropic Medication</p> <p>11 Number of New Psych Orders Processed</p> <p>23 Number of Refill Psych Orders Processed</p> <p>(\$1,859.82) Total Cost of all Psych Orders Dispensed</p>
<p>555 Number of Patients with Active Orders</p> <p>67.68% Percent of Census with Active Orders</p>	<p>15 Patients on HIV Specific Medication</p> <p>1.83% Percent of Census on HIV Specific Medication</p> <p>11 Number of New HIV Specific Orders Processed</p> <p>22 Number of Refill HIV Specific Orders Processed</p> <p>\$13,505.95 Total cost of All HIV Specific Orders Dispensed</p>
<p>\$13,053.20 Total Cost of Returned/Credited Products</p> <p>\$0.00 Total Value of Returned/Destroyed Products</p> <p>\$11,942.71 Total Cost of All Orders Dispensed</p> <p>\$14.56 Total Cost per Inmate (PMPM)</p>	<p>53 Patients on Non-Formulary Medication</p> <p>6.46% Percent of Census on Non-Form Medication</p> <p>18 Number of New Non-Form Orders Processed</p> <p>10 Number of Refill Non-Form Orders Processed</p> <p>(\$5,707.08) Total Cost of All Non-Form Orders Dispensed</p>

**AGGREGATE CAP WORKSHEET**

\*\*\*\*Please DO NOT Pay From This Statement\*\*\*\*

Client: Okaloosa County, FL  
 Contract Year: 10/01/2014 through 09/30/2015  
 Month Ending: 2/26/2016  
 Months completed in Contract Year: 12 of 12

Aggregate Terms per Contract:  
 Annual aggregate limit - off-site and specialty services \$ 500,000  
 If > \$500,000 but < \$1,240,000 County to pay Corizon 20%  
 of difference between \$1,240,000 and actual

**Calculation of Expense:**

Off-site adjudicated paid claims	\$ 638,126
Off-site adjudicated unpaid claims	\$ -
Pharmacy paid through date of worksheet	\$ 175,705
<b>Total expense paid/adjudicated through date of worksheet</b>	<b>\$ 813,830</b>
Estimated off-site claims not yet received as of date of worksheet	\$ -
<b>Total Expense incurred through date of worksheet</b>	<b>\$ 813,830</b>

**Annualization of Full Contract Year Expense:**

Total expense incurred through date of worksheet	\$ 813,830
Divided by months completed in Contract Year	12
Times total months in contract year	12
<b>Annualized Full Contract Year Expense</b>	<b>\$ 813,830</b>

**Calculation of Aggregate Limit:**

Aggregate Limit	\$ 500,000
Divided by months in contract year	12
Times months completed in Contract Year	12
<b>Aggregate Limit based on months completed in Contract Year</b>	<b>\$ 500,000</b>

**Client's pro-rated aggregate responsibility:**

Total expense through date of worksheet	\$ 813,830
Less: aggregate limit through date of worksheet	\$ 500,000
Prior Year Claim	\$ 757
Less: client's responsibility amounts previously billed for this contract period	\$ -
Plus: 20% Reimb to Corizon if yearly amount is greater than \$500,000 but less than 1,240,000.	\$ 85,234
<b>Potential amount owed through date of worksheet</b>	<b>\$ 399,821</b>
<b>Amount of client's responsibility eligible for billing @ 100%</b>	<b>\$ 399,821.09</b>

**AGGREGATE CAP WORKSHEET**

\*\*\*\*Please **DO NOT** Pay From This Statement\*\*\*\*

Posted Dates: 10/01/2015 - 10/31/2016

Client: Okaloosa County, FL  
 Contract Year: 10/01/2015 through 09/30/2016  
 Month Ending: 2/27/2017  
 Months completed in Contract Year: 12 of 12

**Aggregate Terms per Contract:**  
 Annual aggregate limit - off-site and specialty services \$ 500,000  
 If > \$500,000 but < \$1,240,000 County to pay Corizon 20% of difference between  
 \$1,240,000 and actual; if > \$1,240,000 Corizon pays 100% over \$1,240,000

**Calculation of Expense:**

Off-site adjudicated paid claims*	\$ 1,040,311
Off-site adjudicated unpaid claims*	\$ -
Pharmacy paid through date of worksheet	<u>\$ 366,371</u>
Total expense paid/adjudicated through date of worksheet	\$ 1,406,682
Estimated off-site claims not yet received as of date of worksheet	\$ -
Total Expense incurred through date of worksheet	<u><u>\$ 1,406,682</u></u>

**Annualization of Full Contract Year Expense:**

Total expense incurred through date of worksheet	\$ 1,406,682
Divided by months completed in Contract Year	12
Times total months in contract year	<u>12</u>
Annualized Full Contract Year Expense	<u><u>\$ 1,406,682</u></u>

**Calculation of Aggregate Limit:**

Aggregate Limit	\$ 500,000
Divided by months in contract year	12
Times months completed in Contract Year	<u>12</u>
Aggregate Limit based on months completed in Contract Year	<u><u>\$ 500,000</u></u>

**Client's pro-rated aggregate responsibility:**

Total expense through date of worksheet	\$ 1,406,682
Less: aggregate limit through date of worksheet	\$ 500,000
Prior Year Claim	\$ -
Less: Potential excessive aggregate costs	\$ (166,682)
Plus: 20% Reimb to Corizon if yearly amount is greater than \$500,000 but less than 1,240,000.	\$ -
<u>Potential amount owed through date of worksheet:</u>	<u>\$ 740,000</u>
Amount of client's responsibility eligible for billing @ 100%	<u><u>\$ 740,000</u></u>

<b>BILLED CHARGES</b>	\$ 3,259,974
<b>*PAID CHARGES</b>	\$ 1,040,311
<b>SAVINGS</b>	\$ 2,219,663
<b>SAVINGS %</b>	68%



**AGGREGATE CAP WORKSHEET**

\*\*\*\*Please **DO NOT** Pay From This Statement\*\*\*\*

**Client:** Okaloosa County, FL  
**Contract Year:** 10/01/2016 - 09/30/2017  
**Month Ending:** 02/28/2018  
**Months completed in Contract Year:** 12 of 12

<b>Aggregate Terms per Contract:</b>	
Annual aggregate limit - off-site and specialty services	
If > \$500,000 but < \$1,240,000 County to pay Corizon 20% of difference between \$1,240,000 and actual	
<b>Annual Aggregate Total</b>	<b>\$ 500,000</b>

**Calculation of Expense:**

Off-site adjudicated paid claims*	\$ 297,140
Off-site adjudicated unpaid claims*	\$ -
CARES Paid Claims	\$ 418,999
CARES Unpaid Claims	\$ -
Pharmacy paid through date of worksheet	\$ 177,094
<b>Total expense paid/adjudicated through date of worksheet</b>	<b>\$ 893,232</b>

Estimated off-site claims not yet received as of date of worksheet	\$ -
Estimated CARES off-site claims not yet received	\$ -
<b>Total Expense incurred through date of worksheet</b>	<b>\$ 893,232</b>

**Annualization of Full Contract Year Expense:**

Total expense incurred through date of worksheet	\$ 893,232
Divided by months completed in Contract Year	12
Times total months in contract year	12
<b>Annualized Full Contract Year Expense</b>	<b>\$ 893,232</b>

**Calculation of Aggregate Limit:**

Aggregate Limit	\$ 500,000
Divided by months in contract year	12
Multiplied by months completed in contract year	12
<b>Aggregate Limit based on months completed in Contract Year</b>	<b>\$ 500,000</b>

**Client's pro-rated aggregate responsibility:**

Total expense through date of worksheet	\$ 893,232
Less: aggregate limit through date of worksheet	\$ 500,000
Prior Year Claims	\$ (12,162)
Less: Potential excessive aggregate costs.	\$ -
Plus: 20% Reimb to Corizon if yearly amount is greater than \$500,000 but less than 1,240,000.	\$ 69,354
Less: client's responsibility amounts previously billed for this contract period	\$ 450,423
<b>Potential amount owed through date of worksheet</b>	<b>\$ 160,001</b>