



STATE OF DELAWARE
DEPARTMENT OF CORRECTION
BUREAU OF MANAGEMENT SERVICES / PURCHASING
245 MCKEE ROAD
DOVER, DELAWARE 19904

TO: ALL OFFERERS

FROM: PURCHASING SERVICES ADMINISTRATOR

SUBJECT: RESPONSES TO RFP QUESTIONS FOR PROPOSAL NO.:
DOC1426-HEALTH, Correctional Health Care Services

ADDENDUM # 7– September 27, 2013

DE Department of Correction submits the following Consolidated Response to questions submitted between September 20th through September 26th. All other terms and conditions of the RFP remain unchanged.

QUESTION #1

Section: II, B.
Paragraph: a
Page: 5

Question: Please provide on-site encounter data by site, by CPT/HCPCS/ICD9/DSM-IV codes (if available) for last 2 fiscal years thru 6/30/13 that includes the following specific information:

- a. HIPPA Compliant Patient Identifier
- b. Facility of Assignment
- c. Diagnosis Codes
- d. Procedure Codes
- e. Chronic or Special Condition
- f. Healthcare provider name (on-site)
- g. Healthcare provider specialty (on-site)
- h. Encounter Type
- i. Encounter Date of Service
- j. Time of Service (Time In/Time Out)
- k. Episode of Treatment
- l. Amount Paid

Answer: This data is not available.

QUESTION #2

Section: II, B.
Paragraph: b
Page: 5

1. **Question:** Please provide off-site service encounters and statistics by site, by CPT/HCPCS/ICD9/DSM-IV codes (if available) for the last 2 fiscal years thru 6/30/13 that includes the following specific information:
 - a. HIPPA Compliant Patient Identifier
 - b. Dates of Service
 - c. Facility of Assignment

- d. Service Provider Name
- e. Service Provider Type (Hospital, non-hospital)
- f. Service Category (general health, mental health, dental)
- g. Primary Diagnosis
- h. Number of Inpatient Days/Admissions
- i. Procedures delivered
- j. Amount Paid

Answer: This data is not available.

QUESTION #3

Section: 5
 Paragraph: f
 Page: 23

Question: Dialysis - Please provide the following for the last 2 fiscal years thru 6/30/13:

- a) Number of Dialysis patients?
- b) Treatments per Week?

Answer: a) 323
 b) All dialysis patients receive treatment 3 times per week.

QUESTION #4

Section: II B.
 Paragraph: a
 Page: 5

Question: Radiology - Please provide for the last 2 fiscal years the number of the following procedures performed onsite/mobile unit:

- a. CT
- b. MRI
- c. Ultrasounds

Answer: None of the above are performed on-site.

QUESTION #5

Section: II B.
 Paragraph: b
 Page: 5

Question: Please provide the following statistics for the last 2 fiscal years thru 6/30/13 by site for the following:

- a) ADP
- b) Number of Inpatient Days
- c) Number of Inpatient Admissions
- d) Number of ED Runs (Not Admitted)
- e) Number of OP Surgeries Performed
- f) Number of Office Visits

Answer: Please refer to the Appendices of the RFP for this data. Number of OP Surgeries Performed is not tracked. For ADP please see below:

	Plummer		HRYCI		Webb		BWCI		HDP		JTVCC		CVOP		MCCC		SCCC		SCI	
	FY12	FY13	FY12	FY13	FY12	FY13	FY12	FY13	FY12	FY13	FY12	FY13	FY12	FY13	FY12	FY13	FY12	FY13	FY12	FY13
ADP	196	191	1448	1531	69	60	397	534	80	75	2553	2574	223	194	132	117	415	334	1105	1058

QUESTION #6

Section: II B.

Paragraph: a & b

Page: 5

Question: Please provide the following dollars spent for the last 2 fiscal years thru 6/30/13 by site for the following:

- a) Total Inpatient Costs
- b) Total Outpatient Costs
- c) Inpatient Facility Costs
- d) Inpatient Professional Costs
- e) Emergency Room Costs
- f) Laboratory Costs – Onsite
- g) Radiology Costs – Onsite
- h) Outpatient Surgery Costs
- i) Ambulance / Transportation Costs
- j) Dialysis Costs
- k) Physician Office Visits

Answer: This data is currently not available. We have a full risk contract with proprietary information of our current vendor.

QUESTION #7

Section: II, 3, b.

Paragraph: 326

Page: 7

Question: Are there any special certifications required for providers assigned to the Hospice?

Answer: No, Physicians and Nurse Practitioner's need to have the usual CSR and DEA certifications as well as their Delaware licensure. RN's providing care only need their RN licensure.

QUESTION #8

Section: 15

Paragraph: (Lines 657 to 633)

Page: 14

Question: Provide the cost billed to the provider for emergency transportation by year for the past 3-year.

Answer: This data is currently not available.

QUESTION #9

Section: 4

Paragraph: (Lines 818 to 824)

Page: 17

Question: Is the provider financial responsible for labs processed by the State DHP laboratory?

Answer: No.

Question: What rapid HIV test is presently in use?

Answer: Trinity Biotech Unigold Recombigen HIV 1/2 with Bio-Rad Multi-spot HIV 1/2 rapid test for follow up on Unigold positives.

Question: Is DOC or the provider the holder of CLIA waiver and what tests are covered by same?

Answer: The Vendor is responsible for this waiver which covers pregnancy tests.

QUESTION #10

Section: i.

Paragraph: (Lines 1137 to 1138)

Page: 24

Question: Is the x-ray equipment used in medical and dental digital?

Answer: No; however, the Bureau is currently looking at potentially purchasing digital equipment in the future.

Question: Does DOC or the vendor hold the permit?

Answer: DOC holds this permit.

QUESTION #11

Section: 11

Paragraph: (Lines 1404 to 1407)

Page: 29

Question: Is the dental x-ray system digital and is a panorex available in any of the sites?

Answer: Please see above response.

QUESTION #12

Section:

Paragraph:

Page:

Question: What is the Medical Department's involvement in KEY and CREST programs with regard to detoxification and does the Behavioral Health Department have an OTP program?

Answer: The medical vendor is responsible in regards to detoxification. Behavioral Health Department does have an OTP program.

QUESTION #13

Section:

Paragraph:

Page:

Question: Are the restrains medical or security and what type are utilized?

Answer: Please see Policy 11-I01.1 [Use of Clinical Therapeutic Restraints](#)

QUESTION #14

Section: d

Paragraph: (Lines 1259 – 1260)

Page: 26

Question: Provide the specifications for the new facility—preferred location, level of care, number of beds, etc.

Answer: The preferred location is presently unknown. The number of beds is 7 Male and 4 Female. The level of care is infirmary based.

QUESTION #15

Section: 11.a.

Paragraph: (Lines 571 – 572)

Page: 12

Question: Will the State allow one complete file copy of our orientation program to comply with this requirement?

Answer: Yes.