



Department of Public Safety and Correctional Services

Office of the Secretary

300 E. JOPPA ROAD • SUITE 1000 • TOWSON, MARYLAND 21286-3020
(410) 339-5000 • FAX (410) 339-4240 • TOLL FREE (877) 379-8636 • V/TTY (800) 735-2258 • www.dpscs.state.md.us

**DPSCS Q0010019
INMATE MEDICAL HEALTH CARE AND UTILIZATION SERVICES
ADDENDUM #7**

March 29, 2010

- STATE OF MARYLAND
- MARTIN O'MALLEY
GOVERNOR
- ANTHONY G. BROWN
LT. GOVERNOR
- GARY D. MAYNARD
SECRETARY
- G. LAWRENCE FRANKLIN
DEPUTY SECRETARY
- THOMASINA HIERS
ASSISTANT SECRETARY/
CHIEF OF STAFF
- DAVID N. BEZANSON
ASSISTANT SECRETARY
CAPITAL PROGRAMS
- DIVISION OF CORRECTION
- DIVISION OF PAROLE AND
PROBATION
- DIVISION OF PRETRIAL
DETENTION AND SERVICES
- PATUXENT INSTITUTION
- MARYLAND COMMISSION ON
CORRECTIONAL STANDARDS
- CORRECTIONAL TRAINING
COMMISSION
- POLICE TRAINING
COMMISSION
- MARYLAND PAROLE
COMMISSION
- CRIMINAL INJURIES
COMPENSATION BOARD
- EMERGENCY NUMBER
SYSTEMS BOARD
- SUNDRY CLAIMS BOARD
- INMATE GRIEVANCE OFFICE

Dear Vendors:

This addendum is being issued to amend and clarify certain information contained in the above named RFP. All information contained herein is binding on all Bidders who respond to this RFP. Specific parts of the RFP have been amended. The following changes/additions are listed below; new language has been underlined and marked in bold (i.e., **word**) and language deleted has been marked with a ~~word~~.

SECTION 3.17 EQUIPMENT AND SUPPLIES

Section 3.17.3

Prosthetic devices shall be supplied when the health of the inmate would be adversely affected without them or activities of daily living cannot be met. All Durable Medical Equipment, including but not limited to prosthetics, braces, special shoes, glasses, hearing aids, orthopedic devices, and wheel chairs, will be provided to the inmate within a thirty day period from the recommendation and tracked as a **utilization report and submitted to the OIHS on a bi-annual basis in the form and format as required by the OIHS.**

SECTION 3.23 COMPLETE RECEPTION MEDICAL HEALTH EXAMINATION

Section 3.23.2.1.4

The Medical Provider shall generate PPD reports as requested by the Agency that include positives both current and past. **This report shall be submitted monthly to the OIHS as part of the Contractor's Infectious Disease report in the form and format as required by the OIHS.**

Section 3.23.2.3.3

The Medical Provider shall maintain a log of inmates to whom HIV (added) testing is offered in Excel format or as directed by the Director of Inmate Health Services, identifying the location of the test, whether the inmate was tested under voluntary testing protocols or whether the test was the product of clinical symptoms, the mode of testing, whether a corroborative test was performed, and the outcome. A monthly report shall be submitted summarizing the resultant statistical data. **This report shall be submitted monthly to the OIHS as part of the Contractor's Infectious Disease report in the form and format as required by the OIHS.**

Section 3.23.2.3.4

The Medical Provider shall report all confirmed positive test results to State health authorities as required by Health General Article, section 18-202.1 and COMAR 10.18.02.05. **This report shall be submitted monthly to the OIHS as part of the Contractor's Infectious Disease report in the form and format as required by the OIHS.**

SECTION 3.29 EMERGENCY MEDICAL CARE

Section 3.29.2.5

The Medical Provider shall document in the inmate's EMR all emergency services provided to the inmate. All responses to a 911 event are the responsibility of the Contractor. When a 911 event has been responded to and referred to an outside hospital a record from the out side hospital shall be secured by the successful Offeror. All 911 related reports shall be forwarded to the ACOM and reviewed by the CQI team at the next scheduled CQI meeting. **This report shall be submitted quarterly to the OIHS as part of the Contractor's Security Incidents Report in the form and format as required by the OIHS.**

SECTION 3.43 MEDICAL PROVIDERS ROLE IN DELIVERY OF MENTAL HEALTH SERVICES

Section 3.43.2

The Provider shall:

(8) Report psychotropic medication non-compliance to the ~~Facility Chief Psychologist~~ **treating physician** for remedial intervention with the patient.

SECTION 3.46 INFECTION CONTROL

Section 3.46.1

The Medical Provider shall manage an infection control program in compliance with CDC guidelines and OSHA regulations, which includes concurrent surveillance of patients and staff, preventive techniques, and treatment and reporting of infections in accordance with local and state laws and Agency policy and guidelines. **This report shall be submitted monthly to the OIHS as part of the Contractor's Infectious Disease report in the form and format as required by the OIHS.**

Section 3.46.2

The Medical Provider shall submit as a part of this program a monthly Safety and Sanitation report from each of the Service Delivery Areas. **This report shall be submitted monthly to the OIHS as part of the Contractor's Infectious Disease report in the form and format as required by the OIHS.**

Section 3.46.2.2

The Medical Provider shall ~~separately~~ submit to the Agency a monthly report of all infectious disease surveillance, and will include in that report incidence and rate for each disease. At a minimum that report will contain incidence and rates for Tuberculosis, HIV+ disease, Hepatitis C, STDs, MRSA infections, and any reportable infectious conditions, and isolation use. (see Attachment T -Infection Control Reporting Form). **This report shall be submitted to the OIHS as part of the Contractor's Infectious Disease report in the form and format as required by the OIHS.**

Section 3.46.5

The Medical Provider will report and have a plan in place to respond to any potential infectious disease outbreak or initial index case(s). (Such as H1N1, Bird Flu, Influenza, MRSA, Chicken Pox, etc.) **This report shall be submitted to the OIHS as part of the Contractor's Infectious Disease report in the form and format as required by the OIHS.**

SECTION 3.48 EMERGENCY PREPAREDNESS

Section 3.48.3.2

The Medical Provider shall document and critique the responses of the health care staff to disasters and disaster drills, shall develop corrective action plans as necessary to correct deficiencies, ~~and shall submit a comprehensive report to the Agency within thirty (30) days of the activity.~~

SECTION 3.52 CONTINUOUS QUALITY IMPROVEMENTS

Section 3.52.2

The Medical Provider shall manage a program for continuous quality improvement (CQI) that includes: (3)(e) Document and report all activities in committee minutes. **This report shall be submitted to the OIHS Director of nursing as part of the Contractor's regional monthly and quarterly multi-vendor CQI meetings reports in the form and format as required by the OIHS.**

SECTION 3.54 CONTRACTOR SAFETY AND SANITATION INSPECTION

Section 3.54.1.2

The Medical Provider will submit a Safety and Sanitation Inspections (added) report on its findings to the Services Delivery Area Multidisciplinary Continuous Quality Improvement Committee as well as a monthly written report to the Agency. **This report shall be submitted to the OIHS Director of Nursing as part of the Contractor's regional monthly and quarterly multi-vendor CQI meetings reports in the form and format as required by the OIHS.**

SECTION 3.52 RISK MANAGEMENT PROGRAM

Section 3.55.2

The Medical Provider shall submit a ~~monthly~~ **quarterly** report of all incidents/ accidents/ errors occurring or discovered by its staff. Reports will include the incident or event, the date it occurred, how it was discovered, any outcomes as a result of that event (good and/or bad), and what is being done to prevent re-occurrence. Monthly narratives, summations of audit findings or verbal reports will not be considered as acceptable.

Reportable events include but are not limited to:

- (1). Unexpected or unexplainable deaths,
- (2). All suicides successful or attempted,
- (3). Assaults on contractor staff,
- (4). Inmate assaults requiring medical treatment,
- (5). Post “use of force” examinations,
- (6). Emergency Responses necessary to maintain or resuscitate life,
- (7). Injuries occurring as a part of work accidents, such as, but not limited to medication error, needle sticks, missing documentation, staff falls, etc.
- (8). Exposures to infectious diseases,
- (9). Prophylaxis administration,
- (10). Security Breaches (e.g. lost keys, missing sharps or medications, contraband, etc.).

This report shall be submitted to the OIHS Director of Nursing as part of the Contractor’s regional monthly and quarterly multi-vendor COI meetings reports in the form and format as required by the OIHS.

SECTION 3.56 MORTALITY REVIEW PROGRAM

Section 3.56.5

Mortality Review reporting shall be submitted to the Agency as required by Agency policy. All findings will be forwarded to the Management Assistant for the Medical Director for inclusion in the final chart review of the inmate. **This report shall be submitted to the OIHS Director of Nursing as part of the Contractor’s regional monthly and quarterly multi-vendor COI meetings reports in the form and format as required by the OIHS.**

SECTION 3.60 SEXUAL ASSULAT PROGRAM

Section 3.60.2

The Medical Provider shall submit a monthly report of all medically triaged assaults. **This report shall be submitted to the OIHS Director of Nursing as part of the Contractor’s regional monthly and quarterly multi-vendor COI meetings reports in the form and format as required by the OIHS.**

SECTION 3.65 UTILIZATION REVIEW/UTILIZATION MANAGEMENT

Section 3.65.8

All approved consultations shall be completed timely based upon the specialty service availability. Most consultations should be completed within 60 days of physician order and utilization approval for elective processes or 90 days for less available and/or non-emergent services such as orthopedics, neurology, neurosurgery, dermatology, etc. Specialty services shall be administered consistent with agency approved turn around times.

In the event an approved consultation or procedure is not completed within the stated ninety (90) day time-frame, the Medical Provider shall generate a report to the Agency Contract Operations Manager (ACOM) identifying the:

- (1). Inmate name,
- (2). Inmate number,
- (3). Specialty service requested,
- (4). Reason for the request
- (5). An electronic copy of the approved referral and
- (6). Reason describing why the approved request was not completed in a timely manner.

This report shall be submitted to the OIHS Medical Director as part of the Contractor's monthly Utilization Report in the form and format as required by the OIHS.

SECTION 3.66 UTILIZATION MANAGEMENT – REPORTING REQUIREMENTS

Section 3.66.1

The Contractor shall provide the Agency with monthly reports of Utilization Management/Third Party Administration activity, in a form and format approved by the Agency that shall assist the Agency in assessing cost effective performance. **This report shall be submitted to the OIHS Medical Director as part of the Contractor's monthly Utilization Report in the form and format as required by the OIHS.**

Section 3.66.1.1

A report shall be submitted that includes:

- (1). Reports of all catastrophic claims incurred (cost >\$25K)
- (2). Comparisons of claim trends from different DPSCS sites
- (3). Claims status report indicating the number and dollar amount of claims that have been received by the Contractor and paid, as well as those that are not yet paid
- (4). Reports on UM denials and appeals
- (5). Hospital admissions by type and length of stay (including inmate's facility of origin and the hospital of admission), by patient and in aggregate
- (6). Emergency Room visits (other than those that result in admission) by type (including inmate's facility of origin and the hospital of admission), by patient and in aggregate

- (7). Infirmary admissions by type and length of stay (including inmate's facility of origin and which infirmary), by patient and in aggregate
- (8). Dialysis activity by number of inmates and number of events, by site and in aggregate
- (9). Hospice / Palliative Care on-site designations, by new admissions, deaths, releases, and in aggregate for month and for year.

Any report category of "trauma" shall be subcategorized into the nature of the trauma. Additionally, self injurious behavior shall be separately indicated including suicide, suicide attempts, hangings, and overdoses.

This report shall be submitted to the OIHS Medical Director as part of the Contractor's monthly Utilization Report in the form and format as required by the OIHS.

Section 3.66.1.2

The Medical Provider shall submit a ~~separate~~ report monthly relating to consultations and referral for specialty services that shall include:

- (1). Number of requests, by type and institution
- (2). Number of approvals, by type and institution
- (3). Dates of request,
- (4). Dates of approval
- (5). Dates services provided or are to be provided
- (6). Identity of provider
- (7). Whether services were/ are to be provided onsite, offsite, or via telemedicine

This report shall be submitted to the OIHS Medical Director as part of the Contractor's monthly Utilization Report in the form and format as required by the OIHS.

SECTION 3.68 UTILIZATION MANAGEMENT – CQI AND PEER REVIEW

Section 3.68.3.1

The Medical Provider shall supply reports for discussion at these meetings, and shall supply utilization management data specific to the individual Service Delivery Areas and its providers to the various Service Delivery Area Medical Directors. **This report shall be submitted to the OIHS Director of Nursing as part of the Contractor's regional monthly and quarterly multi-vendor CQI meetings reports in the form and format as required by the OIHS.**

SECTION 3.69 DATA AND REPORTS

Section 3.69.3.3.1

The Medical Provider shall be responsible for creating and maintaining an Infectious Disease Data Base that will provide information on all infectious disease seen throughout DPSCS facilities. **This report shall be submitted to the OIHS as part of the Contractor's Chronic Care Database in the form and format as required by the OIHS.**

Section 3.69.3.4.1

~~The Medical Provider shall develop and maintain a chronic care electronic “database” using a database program or format approved by the Agency~~

Section 3.69.4

The Medical Provider shall establish and maintain a Peer Review Database **of those providers who failed to meet professional standards**, which will be sorted by professional discipline and will contain all of the elements of a peer review for that discipline. **This report shall be submitted to the OIHS Medical Director bi-annually in the form and format as required by the OIHS.**

Section 3.69.5

~~The Medical Provider shall establish and maintain an Equipment Maintenance database, which shall include an equipment inventory as well as maintenance provided.~~

Section 3.69.6.1

Monthly reports shall be submitted to the Agency no later than the tenth of the month following the month the report reflects in a form and format prescribed by the Agency as required including, ~~but not limited to:~~

- ~~(1). Infectious Disease as described in an earlier section of the RFP~~
- ~~(2). Chronic Disease Reports including but not limited to those items described for the Chronic Disease Database in an earlier section of this RFP~~
- (3). Population profile by illness type, age and disability (**report shall go to the Agency’s Director of Social Work**);
- ~~(4). Disease specific and psychotropic medication prescription trends;~~
- (5). Heat Stratification (**as reported at DPSDS**);
- (6). Sick call utilization including rationale for missed appointments and plans for corrective action for those missed appointments;
- ~~(7). Infirmery and hospital utilization following Agency guidelines on what constitutes that utilization;~~
- ~~(8). Specific program performance including but not limited to medical outcomes by patient;~~
- ~~(9). Staff vacancies and corrective action being taken to correct any deficits;~~
- ~~(10). Safety and Sanitation reports from each SDA to cover the medical areas of every facility in those SDAs; and~~
- (11). Other reports as deemed necessary by the Agency.

Section 3.69.6.2

~~The Medical Provider shall submit a narrative monthly report delineating the status of the programs and services required to be delivered, citing those elements of the contract that are not in compliance and providing a corrective action plan by Service Delivery Area.~~

Section 3.69.7

The Medical Provider shall produce a report on a monthly basis relating to grievances and claims arising from the contract

Section 3.69.7.1 The report shall include:

- (1) Name and identification number of inmate
- (2) Institution from which claim arose
- (3) Form of grievance or claim (letter of complaint; ARP; grievance; litigation)
- (4) Nature of claim (delay of care; medication distribution; referral, etc)
- (5) Date received
- (6) Summary of response
- (7) Date of response

Section 3.69.7.2

A Litigation report is also required which shall include the information above, but shall be separately reported to identify court, case number, whether counsel filed or pro se, and amount of claim. Each entry shall be updated each month to delineate whether dispositive motions are pending, discovery proceeding, trial set (date), trial held, judgment rendered, and/or appeal noted. All rulings on dispositive motions, judgments and settlements, and the terms of any judgment or settlement shall also be reported, regardless of whether the named defendant is the corporate defendant, a corporate subcontractor, or an individual employed by the Medical Provider or a subcontractor if the suit arises from performance of the services under this RFP. **This report shall be submitted to the OIHS Director of Nursing as part of the Contractor's regional monthly and quarterly multi-vendor COI meetings reports in the form and format as required by the OIHS.**

Section 3.69.7.3

A report shall be filed in July and January of **monthly** for each contract year analyzing grievance and complaint data for the relevant six month period by **for DPDS** institutions, region, and nature of claim. The report shall include an assessment of whether corrective action is necessary or appropriate to respond to any trends and shall recommend a corrective action plan where appropriate. **This report shall be submitted to the OIHS in the form and format as required by the OIHS.**

Date Issued: March 29, 2010 By: Bjsaid-pompey
BJ Said-Pompey, Procurement Officer