

# MANATEE COUNTY GOVERNMENT NOTICE OF INTENT TO NEGOTIATE

<b>RFP NO./TITLE</b>	18-R068859AJ	<b>DATE POSTED</b>	MC <u>AF 10/24</u> <del>EC</del> <u>n/a</u> DS <u>AF 10/24</u> <del>BCC</del> <u>n/a</u>
<b>PROCUREMENT REPRESENTATIVE</b>	Abigail Jenkins	<b>DEPARTMENT / DIVISION</b>	Neighborhood Services
<b>AUTHORIZED BY</b>	Jacob Erickson, Procurement Team Leader	<b>SIGNATURE DATE</b>	 10/17/18

### NOTICE OF INTENT TO NEGOTIATE

The Manatee County Procurement Division provides notice of its intent to negotiate a contract with Naphcare, Inc., for the provision of Correctional Health Care Services.

### ENABLING/REGULATING AUTHORITY

Manatee County Procurement Ordinance, Sec 2-26.

### BACKGROUND/EVALUATION

This Request for Proposal No. 18-R068859AJ for Correctional Health Care Provider Services is to provide for the necessary and proper medical, psychiatric, dental, and other health care services for persons in the care, custody, and under the control of the County's correctional system.

The solicitation was advertised on the Manatee County website and DemandStar. It was also provided to the Manatee County Chamber of Commerce and the Manasota Black Chamber of Commerce for release of its members. Responses were received from the following firms:

- |   |   |
|---|---|
| 1. Armor Correctional Health Services, Inc., Miami, FL              | 4. Corizon Health, Inc., Brentwood, TN            |
| 2. Correct Care Solutions, LLC, Nashville, TN                       | 5. NaphCare, Inc., Birmingham, AL                 |
| 3. Correctional Medical Group Companies Inc., (CMGC), San Diego, CA | 6. Rodney Allen and Associates, LLC, Palmetto, FL |

The following firms were deemed non-responsive/non-responsible:  
Rodney Allen and Associates, LLC

#### **EVALUATION COMMITTEE MEMBERS:**

- |  |  |
|--|--|
| Abigail Jenkins, Procurement Division, non-voting          | Jennifer Burgh, Probation Service Manager,<br>Community Services       |
| Major Daniel Kaufman, Manatee County Sheriff<br>Department | Joshua Barnett, Health Care Services Manager,<br>Neighborhood Services |
| Kim Stroud, Health Benefits Manager, Human Resources       |  |

#### **EVALUATION SUMMARY:**

The Evaluation Committee first convened on September 25, 2018 and conducted technical evaluations of the responsible, responsive, proposals received. On Oct 2, 2018, a second technical evaluation meeting was conducted to complete the proposal reviews and short-list the firms for interviews. On October 9, 2018, interviews were completed followed by the final technical evaluations on October 10, 2018.

**TECHNICAL EVALUATIONS:**

The final ranking for the firms, in order of ranking, is as follows:

1. NaphCare, Inc., Birmingham, AL
2. Correct Care Solutions, LLC, Nashville, TN
3. Correctional Medical Group Companies Inc., (CMGC), San Diego, CA
4. Armor Correctional Health Services, Inc., Miami, FL
5. Corizon Health, Inc., Brentwood, TN.

A summary of the evaluation committee' technical evaluation of the proposal is included in the attached.

The Evaluation Committee request authorization to enter into negotiations with the following firm (s):  
Naphcare, Inc.

<b>ATTACHMENTS</b> <b>(List in order of attached)</b>	RFP No 18-R068859AJ Scoring Summary		
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<p align="center"><b>Technical Evaluation Form</b>  for  RFP No. 18-R068895AJ Correctional Health Care  RFP 18-R068859AJ  25-Sep-18  Manatee County Government  Procurement Division  Bradenton, FL</p>	<p align="center"><b>Applicant Capability and Program/Design Strategy</b></p>	<p align="center"><b>Proposer and Teams Experience</b></p>	<p align="center"><b>Approach to Quality Services, Quality Assurance and Reporting</b></p>	<p align="center"><b>Approach to Intake and Discharge</b></p>	<p align="center"><b>Technical Requirements and Medical Records</b></p>	<p align="center"><b>Interviews</b></p>	<p align="center"><b>Budget and Fees</b></p>	<p align="center"><b>TOTAL</b></p>	<p align="center"><b>PERCENTAGE OF PERFECT SCORE</b></p>
<p align="center"><b>Maximum Score</b></p>	20	25	15	15	10	5	10	100	
<p><b>Armor</b></p>	16.50	20.75	11.00	11.00	7.94	4.00	7.25	78.4	78%
<p><b>Naphcare</b></p>	18.25	22.13	13.00	13.00	9.25	4.50	8.00	88.1	88%
<p><b>CCS</b></p>	17.25	22.00	13.13	12.63	8.25	3.50	7.75	84.5	85%
<p><b>CMGC</b></p>	15.25	21.50	13.75	13.50	9.25	1.75	6.00	81.0	81%
<p><b>Corizon</b></p>	15.75	20.00	10.00	11.25	8.00	0.00	5.00	70.0	70%

**Technical Evaluation Team Members:**  
Major Daniel Kaufman, Manatee Sheriff Office  
Jennifer Burgh, Probation Svcs., Mgr., Community Services  
Kim Stroud, Health Benefits Mgr., Human Resources  
Joshua Barnett, Health Care Services Mgr., Community Services Division

						Applicant Capability and Program/Design Strategy	20
1	Joshua	Daniel	Jennifer	Kim	Score	1. Capacity to provide services	
						2. Proposer's detailed explanation of how medical care for inmates will be delivered	
						3. Service completion timeline	
						4. Approach to provision of services	
						5. Focus on operational descriptions that demonstrate a working knowledge through examples of previous performance of required services	
						6. Prior or pending litigations including organization's history of and approach to handling tort claims and litigation for healthcare services provided in corrections facilities	
						7. Proposer transition plan to ensure administrative and medical service delivery during the transition period from the current provider, to include transitional inmate treatments being rendered through referrals to specialists and coordination of billings with current provider	
8. Proposer's plan to minimize the cost of transporting, hospitalization, and outside treatment while still meeting standards of quality care							
						<b>Strengths</b>	<b>Weaknesses</b>
Armor	14.00	20.00	15.00	17.00	16.50	Incumbent, 6yrs Local Experience Knows the needs of the County Strong Partnership with Community Only 1 litigation	To reliant on Centerstone No EMR program and unclear on how to deliver
Naphcare	17.00	18.00	19.00	19.00	18.25	Reduction in inmate movement using Technology Quick start up time (30 days) Ability to complete data transfer from current Provider to their EHB Electronic EMR	
CCS	17.00	19.00	16.00	17.00	17.25	30 day Transition Broward FL Office Strong Transition plan Multiple facilities in FL	No litigation listed
CMGC	17.00 16.00	15.00	14.00	16.00	15.50 15.25	116 Facilities in 8 States	No work with any off-site Providers 60-90 day transition Gave no specific time line Only 1 FL location
Corizon	17.00	17.00	14.00	15.00	15.75	Sheriff Ambassador on staff (former FL Sheriff) Detail transition plan to include timeline and staffing levels Strong focus on operations	90 day transition Proposal lack clarity Leaders functions
						<b>Strengths</b>	<b>Weaknesses</b>
2	Joshua	Daniel	Jennifer	Kim	Score	Proposer and Teams Experience	25
						1. Proposer's background, size and years in business	
						2. Proposer's experience in Correctional Health services, within Florida, wherein the standards and requirements of the Florida Model Jail Standards, American Correctional Association, were applied to the service provided	
						3. Proposer's key staff to be assigned to the services to include subcontractors with an overview of their experience and qualifications in Correctional Health Care Services	
						4. Significant or unique accomplishments or awards received by Proposer or its subcontractors in previous similar services	
						5. References	
						6. References	
						<b>Strengths</b>	<b>Weaknesses</b>
Armor	19.00	24.00	18.00	22.00	20.75	Florida Company, Incumbent Experienced staff Highly integrated with Centerstone Lost a bid but got it back after a year Current staffing is Professional and Key to success Good references	Past staffing issues were a problem To reliant on Centerstone
Naphcare	18.50	23.00	23.00	24.00	22.13	30 years experience, 94% Staff retention EMR installed and operational remedy Limited off-site care 80% cases closed no evidence, 14% settled Continuous quality care, cost savings on pharmacy and Key staffing positions Great references	
CCS	21.00	24.00	22.00	21.00	22.00	15 years, 16 facilities in 11 FL Counties Relationship with Centerstone in Kentucky LPN-247 Heavy attention in behavior health Never failed accreditation	
CMGC	22.00	20.00	21.00	23.00	21.50	35 Years in industry, 2000+ employees Only 10 former customer Suicides are lower than national average Information was detailed	Lee County is the only Florida Location, home office Sand Diego, CA
Corizon	21.00	21.00	20.00	18.00	20.00	30 years in FL, 5700 employees, 218 prison, jails and facilities in 20 states Medical Director has admitting privileges at local hospitals; chronic care programs, mh training, ACA coordinator, onsite	Lacking references

Approach to Quality, Services, Quality Assurance and Reporting						15	
3	Joshua	Daniel	Jennifer	Kim	Score	<p>1.Proposer steps and time frames to assure that services are fully operational at the beginning of the contract period</p> <p>2.Proposer accreditation and licensure requirements</p> <p>3.Approach to staffing and retention of critical positions</p> <p>4.Proposer detail information on how continued treatment would be made available during the inmate's incarceration.- Tab 8 Question 10-17</p> <p>5.Proposer process for providing a robust quality assurance program consistent with the NCHC/ACA Medical Quality Assurance Program including audit, medical chart review procedures, and quality assurance meetings to include reporting process to county (MAC meetings)</p> <p>6.Proposer internal monitoring system for assuring operational efficiency and effectiveness, fiscal integrity, compliance with current rules and regulations and contract performance requirements</p> <p>7.Proposer process for tracking Pharmaceutical Services including budgetary costs and formulary</p>	
Strengths						Weaknesses	
Armor	8.00 9.00	15.00	10.00	10.00	10.75 11.00	<p>No transition needed</p> <p>Took immediate action when accreditation identified the need for more staff.</p> <p>Staff retention and hiring is strong</p>	<p>Manual and paper process - needs updating</p> <p>Internal staff are the CQI committee</p> <p>Need more clarity on Pharmacy rebates</p>
Naphcare	12.00	13.00	13.00	14.00	13.00	<p>Commitment to operational on Day 1</p> <p>Do not use a staffing agency and benefits to staff on Day 1</p> <p>Large pool of staff and onsite prior to go live date</p> <p>Own the pharmacy and McKesson Managed care integrated in the EMR</p>	
CCS	13.50	13.00	14.00	12.00	13.13	<p>30 day Transition spot checks, never failed accreditation</p> <p>High BH staffing model</p> <p>Partner with Cigna</p> <p>Pharmacy formula y management and step therapy was good</p>	No medical Director yet, but will recruit the current
CMGC	14.00	15.00	12.00	14.00	13.75	<p>Clearly show what they could provide.</p> <p>Strategy for pharmacy rebates and cost saving on call psych 24/7</p> <p>eConsultants and RX w /24 hours</p>	<p>14 days to complete the health assessment</p> <p>Not clear on sick call</p> <p>Need to clarify rebates are 100% passthrough</p>
Corizon	11.00	10.00	10.00	9.00	10.00	<p>24/7 RN</p> <p>Own the Pharmacy</p> <p>missing a retention plan</p> <p>37.70 FTE</p>	<p>Using LPN for medication distribution and sick calls</p> <p>Requesting MSO to help draft a drug formulary plan</p> <p>Lack detail on sick call process</p>
Approach to Intake and Discharge						15	
4	Joshua	Daniel	Jennifer	Kim	Score	<p>1.Proposer process for utilizing the Health Information Exchange (HIE) to facilitate the accuracy of History and Physical (H&amp;P)</p> <p>2.Proposer processes used to screen, assess, identify, and treat psychiatric conditions such as substance use disorder, understanding that these may be either impacted by or cause other physical health issues</p> <p>3.Proposer methods and practices used to evaluate and provide appropriate medical services to inmates (to include referrals to specialists):</p> <p>a)Within the correctional facility</p> <p>b) Within the infirmary</p> <p>c) Outside of the facility such as hospitalization</p> <p>4.Proposer triage practices:</p> <p>a) will be accepted or rejected based on health concerns</p> <p>b) will be categorized as a chronic health patient or general population</p> <p>c) requires infirmary services and the management of limited infirmary space</p> <p>d) may return to correctional facility following an in-patient treatment episode as soon as possible</p> <p>5.Proposer has a discharge planning process for all inmates under medical or mental health care while incarcerated in our jail when it must continue after discharge</p> <p>6.Proposer plan for, upon completion of detainment, individuals shall be provided a referral to a community clinician for on-going care</p> <p>7.Proposer pre-release transition plan to provide continuity of care, post-release, to meet NCHC/ACA standards:</p> <p>a. Formal linkages between the facility and community-based organizations</p> <p>b. Lists of community health professionals</p> <p>c. Discussions with the inmate that emphasize the importance of appropriate follow-up care and after care</p> <p>e. Specific appointments and medications that are arranged for the patient at the time of release</p> <p>f. Health information, such as problem lists, current medications, allergies, procedures, and test results will be exchanged with community clinician prior to any scheduled appointment</p>	
Strengths						Weaknesses	
Armor	8.00	14.00	10.00	12.00	11.00	<p>receive screening within 6 hrs. / comp with 14 days</p> <p>Pending staffing, specialty and FTE added</p> <p>sick call w/24 hrs. of slip</p> <p>Strong relationship with Centerstone</p> <p>Voucher system in place</p> <p>Proposed EMR-CoEMR</p> <p>Patient Passport</p>	<p>currently e manual process no EMR</p> <p>BH inmates w/24hrs</p> <p>no partnership with MCRHS outside of HIV</p> <p>no contracts with Blake Medical</p>
Naphcare	11.00	14.00	14.00	13.00	13.00	<p>RN does the H&amp;P at intake</p> <p>Telemedicine-virtual Kiosks / mobile</p> <p>Sick calls are triaged at every shift</p> <p>Pilot Program in Hillsborough for SMI focused on groups socializations</p>	<p>Need more detail on the HIE for H&amp;P</p> <p>Need more information on the MAT and substance abuse programs</p> <p>no clear on patient follow-ups</p>
CCS	12.50	13.00	12.00	13.00	12.63	<p>HIE and H&amp;P process</p> <p>Vivictrol in house with Centerstone</p> <p>Screening on day1 full H&amp;P complete by day 14</p> <p>UM off-site No charge -HIV Clinic onsite Telemedicine</p>	<p>MAT not in-house use Operation PAR - impacts off-site cost</p> <p>H&amp;P is at day 14 - could impact work program</p>
CMGC	14.00	13.00	13.00	14.00	13.50	<p>Focus on Mental Health</p> <p>Comprehensive discharge planning process</p> <p>Excellent discharge planning process</p>	<p>No HIE integration</p> <p>no current contracts with off-site providers - have not reached out to any</p> <p>Will need 60 days to transition</p>
Corizon	11.00	14.00	10.00	10.00	11.25	<p>Initial screening completed by RN, and Comprehensive exam w/in 14 day</p> <p>MH clinical groups offered daily</p> <p>Current inmate support programs in place</p>	<p>no mental health screening intake</p> <p>Not using HIE for coordinated care</p> <p>Discuss vivictrol program at discharge an given initial shot</p> <p>Not enough information on the medication reconciliation program</p>



Budget and Fees						10	
7	Joshua	Danlej	Jennifer	Kim	Score	<p>1. Did the fees provided a full detailed breakdown of the firm fix cost broken down by year for the initial 3 years for the following:</p> <p>a. Staffing, Benefits, Salaries and positions by Title;</p> <p>b. Pharmaceuticals;</p> <p>c. Medical Supplies;</p> <p>d. Ancillary Services;</p> <p>e. Emergency Transport;</p> <p>f. Outside Medical Services;</p> <p>g. Malpractice Insurance;</p> <p>h. Administrative Costs;</p> <p>i. Federal, State, and Local Taxes and Licenses</p> <p>2. Cost of electronic resources that are proposed for utilization locally to enhance quality of care, reduce adverse events, and manage costs, for interfacing with community-physician records with access to resources such as the Health Information Exchange (HIE) to retrieve and upload pertinent medical information, and tele-medicine for specialty care needs.</p> <p>3. Proposed hourly rate for professional services and FTE's</p>	
						Strengths	Weaknesses
Armor	8.00	8.00	8.00	7.00	7.25	73% off of billed charges-MMH \$750 aggregate cap on off site expenses \$750K-\$950K split between MSCO and vendor, 100% to MCSO for cost after \$950K	offsite costs expected to be more
Naphcare	8.00	9.00	7.00	8.00	8.00	Owns Pharmacy Adjustments in fees will not exceed 3% after 3 year; Annual cap is \$1.5M FTE:36.7, less admin staff and more medical staff.	Malpractice is about 2x less than others
CCS	7.00	8.00	8.00	8.00	7.75	\$750 cap and then split evenly up to \$950K No single illness or injury cap \$450 cap on RX FTE: 42.8	FTE- Psych Director \$180 hour
CMGC	5.00	6.00	6.00	7.00	6.00	Cost saving in pharmacy expenses by utilizing short fills rebates on drugs applied as adjustments on invoices FTE: 39.2	unsure is rebates are 100% passthrough
Corizon	4.00	5.00	6.00	5.00	5.00	Cap of \$850, RX \$450 includes Drug rebates FTE: 37.7	FTE cost is higher with less staff Additional costs of \$245k for EMR and \$29k annually for Maintenance

Technical Evaluation Form  
for  
RFP No. 18-R068895AJ Correctional Health Care  
RFP 18-R068859AJ  
25-Sep-18  
Manatee County Government  
Procurement Division  
Bradenton, FL

	Applicant Capability and Program/Design Strategy	Proposer and Teams Experience	Approach to Quality Services, Quality Assurance and Reporting	Approach to Intake and Discharge	Technical Requirements and Medical Records	Interviews	Budget and Fees	TOTAL	PERCENTAGE OF PERFECT SCORE
	<b>20</b>	<b>25</b>	<b>15</b>	<b>15</b>	<b>10</b>	<b>5</b>	<b>10</b>	<b>100</b>	
<b>Maximum Score</b>	20	25	15	15	10	5	10	100	
<b>Armor</b>	16.50	20.75	11.00	11.00	7.94	4.00	7.25	78.4	78%
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