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 Bradenton, FL 34205
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Solicitation Addendum

Addendum No.:	7
Solicitation No.:	18-R068859AJ
Project No.:	N/A
Solicitation Title:	Correctional Healthcare Services
Addendum Date:	July 23, 2018
Procurement Contact:	Abigail Jenkins

RFP 18-R068859AJ IS AMENDED AS SET FORTH HEREIN. RESPONSES TO QUESTIONS POSED BY PROSPECTIVE PROPOSERS ARE PROVIDED BELOW. THIS ADDENDUM IS HEREBY INCORPORATED IN AND MADE A PART OF RFP 18-R068859AJ.

Add:

ATTACHMENT D, INDEMNITY AND HOLD HARMLESS AGREEMENT

The Attachment D, page 32, VI, Indemnity and Hold Harmless Agreement, is hereby incorporated into this RFP.

Change to:

SECTION A, INSTRUCTIONS TO PROPOSERS, SECTION A.34, SOLICITATION SCHEDULE

Schedule	Schedule Date
Proposal Due Date and Time	July 27, 2018 <u>August 24, 2018 no later than 3:00 PM</u>
Technical Evaluation Meeting	August 10, 2018 <u>September 25, 2018 starting @ 10:30 AM 12:30 PM</u>
Technical Evaluation Meeting (if necessary)	August 6, 2018 <u>August 14, 2018</u>
Interviews / Presentations/Demonstrations	August 16, 2018 <u>October 2, 2018</u>
Best and Final Offers if Conducted	August 13, 2018 <u>August 20, 2018</u>
Final Meetings Evaluations	August 21, 2018 <u>October 9, 2018 starting @ 2:00 PM 1:30 PM</u>

QUESTIONS AND RESPONSES:

Q1. What is the current catastrophic financial capitation?

R1. Manatee County, nor the providing agency, currently have a catastrophic financial capitation plan in place.

Q2. Have the costs for capitated services fallen below or exceeded the capitation limits in the past two (2) years?

R2. This information is not available.

Q3. By how much has the current Contractor fallen below or exceeded the cap in each of the past two (2) years?

R3. Refer to R2.

Q4. How many inmates have exceeded the per inmate cap and by how much in the past two (2) years?

R4. Refer to R2.

Q5. Is there a cap on pharmaceuticals?

R5. No, there is an approved amount of \$450,000 reimbursement in the base. The determination of service is solely at the discretion of the Proposer and the cost of service will be included as part of the negotiation process with the successful Proposer.

Q6. Is any specific class of drugs excluded from the current Contractor's financial responsibility?

- a. Recent changes in Hepatitis C treatment protocols have created significant unpredictability in the cost of this treatment. Would the County be willing to either;
 - i. Apply a specified annual limit to the Contractor's financial responsibility for the cost of Hepatitis C treatment; or
 - ii. Allow the Contractor to pass through to the County the actual costs associated with Hepatitis C treatment (i.e., carve out)?

R6. Refer to R2.

Q7. Given the unpredictable costs associated with factor replacement therapy for the treatment of hemophilia (and also the infrequent need for such treatment in a jail setting with a more transient population), would the County be willing to allow the Contractor to pass through to the County the actual costs associated with factor products (i.e., carve out)?

R7. The determination of service is solely at the discretion of the Proposer and the cost of service will be included as part of the negotiation process with the successful Proposer.

Q8. Please provide the dollar amount spent on all off-site expenditures by the current contractor and the County for the last three (3) fiscal years. If possible, please provide off-site expenditure cost by inmate, trip, and illness.

R8. Refer to R103, Addendum 5.

Q9. Please provide the dollar amount spent on total pharmaceuticals for the last three (3) fiscal years. Please detail the dollar amount for psychotropic meds, blood factors, and HIV meds for each year.

R9. Refer to R158 Addendum 5.

Q10. How many blood factor patients have been into the facility over the past 36 months? How long did the patient(s) stay at the jail? How much has been spent on blood factors over the past 36 months?

R10. There have been no blood factor patients in the past 36 months. Therefore, there was no dollars spent for this.

Q11. What is the average number of inmates receiving pharmaceutical treatment for HIV meds each month and staffing matrices?

R11. Refer to Exhibit 9, Health Services Report, incorporated into the RFP per Addendum No. 5.

Q12. Please provide the following monthly statistics for 2016, 2017 and calendar to date 2018 for the following items: Oral surgeries , Dialysis, Optometry visits, Oral surgeries, Dialysis, Optometry visits, # of eyeglasses prescribed, Ultrasounds, Mammograms, Routine x-rays offsite, Dialysis treatments, OB/GYN, EKGs, Patients received medication for HCV, Patients receiving medications for HIV, Patients receiving medications for psychotropics, Patients receiving medications for cancer, Patients receiving medications for hemophilia, Average # of patients on medications, # of prescriptions reviewed, # of patient specific medication orders, # of stock medication orders.

R12.

A	Oral surgeries	This information is not available
B	Dialysis	Refer to Exhibit 9, Health Services Report, incorporated into the RFP per Addendum No. 5
C	# of eyeglasses prescribed	This information is not available
D	Mammograms	This information is not available
E	Routine x-rays offsite	This information is not available
F	EKGs	This information is not available
G	Patients received medication for HCV	Refer to Exhibit 9, Health Services Report, incorporated into the RFP per Addendum No. 5
H	Patients received medication for HIV	Refer to Exhibit 9, Health Services Report, incorporated into the RFP per Addendum No. 5
I	Patients receiving medications for psychotropics	Refer to R146 of Addendum 5
J	Patients receiving medications for cancer	Refer to Exhibit 9, Health Services Report, incorporated into the RFP per Addendum No. 5

K	Patients receiving medications for hemophilia	Zero
L	Average # of patients on medications	Information is not available
M	# of prescriptions reviewed	Information is not available
N	# of patient specific medication orders	Information is not available, however this is dependent upon the pharmacy management
O	# of stock medication orders	Information not available, however this is dependent upon the pharmacy management

P. Optometry visits

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2016	2	2	2	1	2	0	1	3	2	2	3	2
2017	3	2	2	0	1	3	2	3	2	1	4	2
2018	3	3	4	3	0	0	1					

Q. Ultrasounds

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2016	20	13	11	10	9	18	5	22	21	8	5	6
2017	6	8	8	4	1	12	11	15	8	1	11	11
2018	20	14	17	14	20	15						

R. OB/GYN

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2016	1	1	0	4	7	9	9	11	10	13	14	11
2017	7	9	6	5	6	5	5	5	2	2	4	7
2018	8	10	4	5	12							

Q13. Are any specialty consults provided at the hospital? If so, which one(s)?

R.13. This information was not available. The determination of any specialty clinic services to be provided is at the discretion of the Proposer.

Q14. Are there currently any specialty clinics being conducted on site? If so, please identify: Provider name and contact information and frequency of clinic?

R14. Refer to R5 Addendum 5. The determination of any specialty clinic services to be provided is at the discretion of the Proposer.

NOTE: Items that are ~~struck through~~ are deleted. Items that are underlined have been added or changed. All other terms and conditions remain as stated in the RFP.

End of Addendum

INSTRUCTIONS:

Receipt of this addendum must be acknowledged as instructed in the solicitation document. Failure to acknowledge receipt of this Addendum may result in the response being deemed non-responsive.

AUTHORIZED FOR RELEASE: TWQSS

**ATTACHMENT D
 MANATEE COUNTY, A POLITICAL SUBDIVISION OF THE STATE OF FLORIDA
 INDEMNITY AND HOLD HARMLESS**

Proposer must fully complete and return this form with its Proposal.

Proposer shall defend, indemnify and hold harmless the County and all of the County's officers, agents, employees, and volunteers from and against all claims, liability, loss and expense, including reasonable costs, collection expenses, attorneys' fees, and court costs which may arise because of the negligence (whether active or passive), misconduct, or other fault, in whole or in part (whether joint, concurrent, or contributing), of Proposer, its officers, employees, representatives and agents in performance or non-performance of its obligations under the Contract/Agreement. Proposer recognizes the broad nature of this indemnification and hold harmless clause, as well as the provision of a legal defense to the County when necessary, and voluntarily makes this covenant and expressly acknowledges the receipt of such good and valuable consideration provided by the County in support of these indemnification, legal defense and hold harmless contractual obligations in accordance with the laws of the State of Florida. This clause shall survive the termination of this Contract/Agreement. Compliance with any insurance requirements required elsewhere within this Contract/Agreement shall not relieve Proposer of its liability and obligation to defend, hold harmless and indemnify the County as set forth in this article of the Contract/Agreement.

Nothing herein shall be construed to extend the County's liability beyond that provided in section 768.28, Florida Statutes.

PROJECT NUMBER AND/OR NAME	
INSURANCE AGENT	
PROPOSER SIGNATURE	DATE

Acknowledgement:

STATE OF _____ COUNTY OF _____

The foregoing instrument was acknowledged before me this ____ day of _____, 20__ by _____ [FULL LEGAL NAME], who is personally known to me / has produced _____ as identification.

Notary Signature _____

Print Name _____