

BID TABULATION - HEALTH CARE JAIL FACILITY

HEALTH CARE FOR JAIL FACILITY 2017 10-18-2016	CORRECT CARE SOLUTIONS LLC	SOUTHERN HEALTH PARTNERS INC	ADVANCED CORRECTIONAL HEALTHCARE INC
	1283 MURFREESBORO RD NASHVILLE TN 37217	2030 HAMILTON PLACE BLVD STE 140 CHATTANOOGA TN 37421	3922 W BARRING TRACE PEORIA, IL 61615
TOTAL ANNUAL COST \$	\$425,817.00	\$515,300.00	BROKE DOWN BY HOUR PLEASE SEE ATTACHED
MONTHLY COST	\$35,484.75		
REQUIRED DOCUMENTS			
NOTARIZED WORK AFFIDAVIT COMPLETED	Y	Y	Y
E-VERIFICATION DOCUMENTATION (Y/N):	Y	Y	Y
COPY OF INSURANCE PROVIDED	Y	Y	Y
TAX RECEIPTS OR NOTARIZED LETTER STATING NO REAL OR PERSONAL PROPERTY OWNED IN JEFFERSON COUNTY	Y	N	Y
COOPERATIVE BID FORM (Y/N)	N	N	N
COOPERATIVE CONTACT INFO:	Y	Y	N
COMPANY INFORMATION AND SIGNATURE	Y	Y	Y
BID DEPOSIT REQUIRED	N/A	N/A	N/A
COMMENTS:	SEE ATTACHED FOR OPTION 2 AND 3	SEE ATTACHED FOR ADDITIONAL PRICING	SEE ATTACHED FOR ANNUAL COST BROKEN DOWN BY HOUR



JEFFERSON COUNTY
DEPARTMENT OF ADMINISTRATIVE SERVICES
729 MAPLE ST / PO BOX 100
HILLSBORO MO 63050
WWW.JEFFCOMO.ORG

Request for Proposal: HEALTH CARE FOR JAIL FACILITY 2017 **Date Issued: 9-12-16**

PROPOSALS SHALL BE ACCEPTED UNTIL: TUESDAY, OCTOBER 18, 2016, AT 2:00 P.M. LOCAL TIME.

**Specification
Contact:**

CPT. RON ARNHART
Department of the Sheriff
636-797-5588
rarnhart@jeffcomo.org

**Contract
Contact:**

VICKIE PRATT
Department of Administrative Services
636-797-5380

**Mail (3) Three
Complete Copies
With Vendor And
Proposal
Information As
Shown In Sample:**

**Contract Term:
upon approval by
the County Council
and County
Executive**

**Vendor
Information:**

SAMPLE ENVELOPE

VENDOR NAME

VENDOR ADDRESS

CONTACT NUMBER

DEPARTMENT OF THE COUNTY CLERK

JEFFERSON COUNTY MISSOURI

729 MAPLE ST / PO BOX 100

HILLSBORO MO 63050-0100

SEALED PROPOSAL: (PROPOSAL NAME)

The undersigned certifies that he/she has the authority to bind this company in an agreement/contract to supply the commodity or service in accordance with all terms, conditions, and pricing specified. This Proposal, if accepted, will constitute an Agreement and Contract with Jefferson County, Missouri, upon approval of the County Council and County Executive. Prices are firm during this agreement term, unless agreed upon in writing by the County. The County has the option to renew this agreement at the same terms and conditions as the original agreement for one additional one-year term with the written consent of the successful bidder. Price increases for renewals are not authorized unless approved in writing by the County.

Correct Care Solutions, LLC

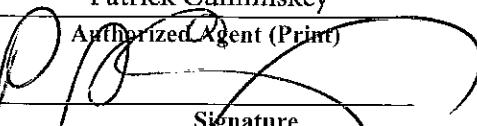
Company Name

Patrick Cummiskey

Authorized Agent (Print)

1283 Murfreesboro Road, Suite 500

Address



Signature

Nashville, TN 37217

City/State/Zip Code

President

Title

615-324-5777

Telephone #

32-0092573

Date

Tax ID #

patrick@correctcaresolutions.com

E-mail

615-324-5798

Fax #

4. Agree to act in good faith regarding the process of reviewing of physician's credentials, providing initial orientation for the physician, and supporting physician efforts in the delivery of medical services to patients during these assignments.
5. Require that this agreement may be terminated by either the Jefferson County Sheriff's Office, the physician or his/her agency for any reason by giving written notice to the other parties 60 days prior to termination date, provided all fees have been paid in full. This agreement shall be renewed each year and remain in force until an additional agreement can be made.

TOTAL ANNUAL COST: \$ 425,817



4 Staffing and Cost Proposal

CCS is proud to submit the following cost proposal for the consideration of Jefferson County. We propose the following solution to best meet the County's specific needs. CCS is open to discussing our proposal in order to provide the optimal health program for the County.

Staffing and Services Overview Jefferson County, Missouri				
ADP Overview	Option 1	Option 2	Option 3	
Average Daily Population (ADP)	325	325	325	
Per Diem Reconciliation	\$0.65	\$0.65	\$0.65	
Professional Staffing (Hours per Week)	Option 1	Option 2	Option 3	On Call
Medical Director – Physician	5	5	5	✓
Licensed Practical Nurse	80	112	100	
Psychologist	6	6	6	
Registered Nurse	-	-	40	
Professional Onsite Services	Option 1	Option 2	Option 3	
Medical Services	✓	✓	✓	
Mental Health Services	✓	✓	✓	
On-Call 24/7	✓	✓	✓	
Policies and Procedures	✓	✓	✓	
Laboratory Services	✓	✓	✓	
X-Ray Services	✓	✓	✓	
Medical Supplies	✓	✓	✓	
Medical Waste Removal	✓	✓	✓	
Office Supplies	✓	✓	✓	
Basic Medical Training – Jail Staff	✓	✓	✓	
Comprehensive Medical Malpractice Insurance	✓	✓	✓	
Corporate Management and Oversight	✓	✓	✓	
Professional Offsite Services	Option 1	Option 2	Option 3	Cap
Ambulance Services	✓	✓	✓	1
Hospitalization	✓	✓	✓	1
Laboratory Services	✓	✓	✓	1
X-Ray Services	✓	✓	✓	1
Dental Services	✓	✓	✓	1
Specialty Services	✓	✓	✓	1
Utilization Management	✓	✓	✓	
Pharmacy Services	Option 1	Option 2	Option 3	Cap
Complete Pharmaceutical Management	✓	✓	✓	
Pharmaceuticals: Over-the-Counter	✓	✓	✓	
Pharmaceuticals: Prescriptions	✓	✓	✓	
Pharmaceuticals: Mental Health/Psychotropic	✓	✓	✓	
Pharmaceuticals: AIDS, HIV, and Cancer	✓	✓	✓	1
Caps	Option 1	Option 2	Option 3	
(1) Annual Aggregate Cap	\$75,000	\$75,000	\$75,000	
Percentage of Unused Cap Returned to County	100%	100%	100%	
Monthly Cost	\$35,484.75	\$40,076.75	\$46,665.92	
Annual Cost	\$425,817	\$480,921	\$559,991	



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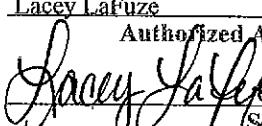
SAMPLE ENVELOPE

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	729 MAPLE ST / PO BOX 100
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SEALED PROPOSAL: (PROPOSAL NAME)	

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**Vendor
Information:**

<u>Southern Health Partners, Inc.</u>	<u>Lacey LaFuze</u>
<u>Company Name</u>	<u>Authorized Agent (Print)</u>
<u>2030 Hamilton Place Blvd, STE 140</u>	<u></u>
<u>Address</u>	<u>Signature</u>
<u>Chattanooga, TN 37421</u>	<u>Vice President and CFO</u>
<u>City/State/Zip Code</u>	<u>Title</u>
<u>423.553.5635 ext 21</u>	<u>10/14/16</u>
<u>Telephone #</u>	<u>63-1130536</u>
<u>lacey.lafuze@southernhealthpartners.com</u>	<u>Date</u>
<u>E-mail</u>	<u>Tax ID #</u>
	<u>423.553.5645</u>
	<u>Fax #</u>

4. Agree to act in good faith regarding the process of reviewing of physician's credentials, providing initial orientation for the physician, and supporting physician efforts in the delivery of medical services to patients during these assignments.
5. Require that this agreement may be terminated by either the Jefferson County Sheriff's Office, the physician or his/her agency for any reason by giving written notice to the other parties 60 days prior to termination date, provided all fees have been paid in full. This agreement shall be renewed each year and remain in force until an additional agreement can be made.

TOTAL ANNUAL COST: \$ 513,300.00



VIII. Price Proposal

Explanation

Most of our contracts with the various county customers are designed to allow for comprehensive services, meaning SHP manages the usage and costs of all services outside the jail as well as inside the jail facility. We have attempted in this proposal to identify all of the services we will provide and furthermore those for which we will ultimately pay, and those that will be covered by the County separately.

Price Summary : Jefferson County Jail	
Average Daily Population 325	
Base Compensation	\$453,300
Per Diem Charge	\$1.25
Cost Pool Accounting Feature	\$60,000
Total Pricing for 1st Year	\$513,300
Monthly Installment	\$42,775
Per Diem Charge	\$1.25
Future Year Increase – 2nd Year	CPI or 2%
Future Year Increase – 3rd Year	CPI or 2%

Pricing

Our proposed annualized base price to furnish these services is \$513,300.00 for the first year. The County will pay SHP the annualized base price in twelve (12) equal monthly installments of \$42,775.00. SHP will send an invoice to the County approximately thirty (30) days prior to the month in which services are to be provided. The County agrees to pay SHP by the tenth (10th) day of the month in which services are rendered.

Cost Pool Accounting

The total price above includes a cost pool to cover the cost of prescription medications, on-site clinical lab services, and on-site x-ray services. The total budgeted for the cost pool is \$60,000.00. If the total of \$60,000.00 is reached in any year, (12 months), the County will be responsible to cover 100% of the excess costs through a reimbursement procedure to SHP. **If the full-year cost pool amount of \$60,000 is not used for any contract year, then the county would be reimbursed for 85% of the unused portion.**

Off-Site Services

According to Section XIII, Chapter 221.120.1 of the Missouri Revised Statutes, inmates are liable for the cost of any needed off-site expenses, therefore we have not included those costs in this proposal. Should the County incur any off-site medical expense for an inmate SHP is willing to utilize the Cost Pool Accounting Feature to cover those costs up to the annual limit.





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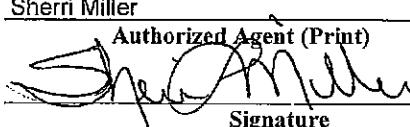
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<u>Advanced Correctional Healthcare, Inc.</u>	<u>Sherri Miller</u>	
<u>Company Name</u>	<u>Authorized Agent (Print)</u>	
<u>3922 W. Baring Trace</u>		
<u>Address</u>	<u>Signature</u>	
<u>Peoria, IL 61615</u>	<u>President and COO</u>	
<u>City/State/Zip Code</u>	<u>Title</u>	
<u>(309) 692-8100</u>	<u>10/17/16</u>	<u>36-4495255</u>
<u>Telephone #</u>	<u>Date</u>	<u>Tax ID #</u>
<u>sherri.miller@advancedch.com</u>	<u>(309) 692-8106</u>	<u>Fax #</u>
<u>E-mail</u>		

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TOTAL ANNUAL COST:	<u>\$ 80 hour - \$369,872.71</u>
	112 hour - \$427,947.71
	140 hour - \$474,353.81
	208 hour - \$599,868.05