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ADDENDUM TWO

DATE: October 14, 2011
 TO: All Vendors
 FROM: Mary Carmichael, Materiel Administrator
 NE Dept. of Correctional Services
 RE: RFP Clarification and Questions and Answers for RFP 58995-Z6
 Inmate Telemedicine

RFP CLARIFICATION: The Tecumseh State Correctional Institution is being added to this RFP. Changes are:

Page 23, Section IV, PROJECT DESCRIPTION AND SCOPE OF WORK, Paragraph A. PROJECT OVERVIEW is amended as follows: The Nebraska Department of Correctional Services (NDCS) is soliciting proposals to provide Telemedicine services in all ten (10) correctional facilities statewide. The term of this contract is three (3) years with three (3) two (2) year optional renewals, or a total of nine (9) years.

Page 23, Section IV, PROJECT DESCRIPTION AND SCOPE OF WORK, Paragraph B PROJECT ENVIRONMENT is amended as follows:

Contractor(s) may bid on all NDCS facilities as outlined below, or specific areas (i.e., Lincoln, Omaha, York, McCook, and Tecumseh).

QUESTIONS AND ANSWERS:

Following are the questions submitted and answers provided for the above mentioned Request For Proposal (RFP). The questions and answers are to be considered as part of RFP 58995-Z6.

QUESTIONS	ANSWERS
1. Will multiple telemedicine consultation rooms be required in the various facilities	No
2. If so, what is the breakdown of consultation rooms that are needed within each facility.	One
3. Understanding that the State has contracts for medical services in place now, are these sites to be included in the provider network	Yes
4. Page 24 Section C, paragraph 5, references the NDCS Health Services Protocols. What are those Protocols, or is there access to them via a State web link	Protocols can be made available on case by case basis.
5. Page 26, Section F. Paragraph 3. Is videoconferencing equipment currently in place that will be used on the proposed telemedicine network?	No. NDCS currently utilizes Microsoft Live Meeting/Office Communicator for basic business video conference capabilities, both internal and external. NDCS does not require

	that potential vendors utilize this infrastructure and is willing to consider acquisition of alternative and/or specialized video conferencing equipment as required for telemedicine purposes.
6. Referring to 5 above, if this equipment is available, could a list be provided as to manufacturer, location and quantities per location	NA
7. Page 26, Section F. Paragraph 4. Please clarify what is defined as "telemedicine equipment" in this paragraph.	All equipment necessary to provide consult including diagnostic equipment.
8. What capability does Corrections currently provide to do audiograms (hearing tests)?	NDCS performs screening audiograms.
9. What current laboratory services does Corrections provide in each facility?	All facilities perform or have available to them through a reference laboratory full service laboratory.
10. Is Corrections capable of providing retinograms of the eye? If not, do you want that capability?	We do not perform retinograms but may be interested depending on cost of equipment.
11. Are imaging services (X-Ray, ultrasound, CT, etc.) provided in each facility? If so, what is the breakdown of imaging services provided at each facility?	Basic Radiology Flat work at OCC,TSCI, NSP,D&E, no CT, MRI, Nuclear, are interested in Mobile services for those tests.
12. What types of Rehabilitation Services are to be provided? Drug and Alcohol? Occupational? Physical? Other?	Psychiatric only.
13. As regards sleep studies, will basic screening studies be performed within the facilities or is full polysomnography required?	Basic screening could be performed if 4 channel.
14. Can you estimate the total number of sleep studies that may be performed on a yearly basis?	Ten to twenty.
15. Page 25, Section E, paragraph 1, the RFP states "Shall provide real-time interaction between a doctor and patient/inmate". Can other medical professionals also take telemedicine calls? Such as a Nurse Practitioner? Physician's Assistant? Other?	Yes. After initial consultation with MD or DO.
16. Is Corrections contracted with BC/BS or does BC/BS act as administrator for Corrections to handle claims?	BC/BS is the NDCS claims administrator.
17. Will the telemedicine providers (doctors) be reimbursed at their BC/BS contracted amount or is there a separate reimbursed amount for corrections consults?	Providers will be reimbursed at the BC/BS PPO rate.
18. Will providers (doctors) bill BC/BS or will they bill Corrections for the consultations?	Providers will bill BC/BS.
19. In order to adequately provide the correct	Yes

resources to do telemedicine, pre- installation surveys are usually conducted. Will there be an opportunity to conduct those surveys prior to final Proposal submission?	
20. Page 23, Section A, Paragraph 3: Are all identified services REQUIRED to be provided?	No.
21. Would additional services, beyond those listed, be acceptable as suggested Proposal options if available?	Yes.
22. Page 2, Section B paragraph 3 states “A fixed-price contract will be awarded . . .” Can you please explain what the fixed pricing includes?	Fee for service basis.
23. In order to do videoconferencing in telemedicine, adequate bandwidth must be available at each location. Typically, this is controlled by the Internet Service Provider, and would not be available as a part of this Proposal. What bandwidth provisions will the State provide? What minimum guaranteed bandwidth will be provided?	All NDCS facilities currently have a 10Mbps WAN link to the core of the State network. Normal operation varies, but the Department typically utilizes between 40-60% of available bandwidth. We anticipate this usage to grow with increased video conferencing and security camera remote monitoring. Most circuits can be upgraded if bandwidth is insufficient.
24. What type of residency, board certification or fellowship must a provider have completed in order to satisfy the requirements of RFP#58995-Z6 for the following types of specialty care: <ul style="list-style-type: none"> -Infectious disease Orthopedics -Cardiology -Gastroenterology -Internal medicine -Endocrinology -Ophthalmology -Wound care -Burn care -Speech therapy -Rheumatology -Pain management -Rehabilitation -ENT -Pulmonology -Urology -Telepsychiatrist, -Sleep studies -EKG 	Board eligibility.
25. Specific to “rehabilitation”, is this type of specialty care inclusive of both physical and mental health rehabilitation (i.e. substance	Psychiatric services.

abuse treatment, etc.)?)	
26. Among all NDCS sites (excluding TSCI), what is the total number off-site trips, that occurred for consultation with a medical specialist , in 2010, 2009, 2008?	Please see attached document.
27. Among all NDCS sites (excluding TSCI), what is the total number off-site trips that occurred for consultation with a mental health specialist , in 2010, 2009, 2008?	None.
28. Among all NDCS sites, (excluding TSCI) what is the total number off-site trips for outpatient surgery that occurred in 2010, 2009, 2008?	Please see attached document.
29. Does NDCS currently utilize any electronic tools or software to manage the scheduling of care and appointments with off-site providers?	No.
30. Does NDCS consolidate high acuity patients at specific sites?	Generally high acuity patients are located at the Nebraska State Penitentiary.
31. Does NDCS consolidate specific patient populations at designated sites (i.e. a significant percentage of mental health patients at a single facility)?	NDCS does have a 70 bed mental health unit at LCC; however, mental health patients are housed at numerous facilities.
32. In the instance that Blue Cross Blue Shield does not have a relationship with a necessary specialist, is it acceptable to locate and contract with a non-PPO provider?	No.
33. Is it NDCS's desire to equip all sites with an identical and comprehensive suite of telehealth equipment, or will the equipment needs be driven by a pre-determined need for specific types of specialty care at each facility?	A combination of identical and specific based on discussion with successful vendor as to the most effective solution.
34. Will NDCS accept proposals which stipulate alternative billing models (i.e. a fixed fee to manage all telehealth consultations or per consultation fee)?	No.
35. Will all remote-provider consultations occur on an ad hoc basis or does NDCS intend to coordinate pre-scheduled clinics to satisfy the specialty healthcare needs?	Will depend on volume
36. Will it be the responsibility of the	Relay orders to facility medical staff

contracted telehealth provider to order labs, x-rays and similar services on behalf of patients, or will the telehealth provider, relay orders to facility medical staff for diagnostic support?	
37. Is it expected that telehealth specialists utilize “store and forward” technology for diagnostic purposes?	Yes
38. What is the preferred method for documenting telehealth encounters??	Addressed in the RFP. SOAP format.
39. Does the NDCS intend to deploy an electronic medical records (EMR) system?	Not in the near future.
40. Will NDCS provide internet access to all facilities' telehealth clinic rooms?	Yes.
41. What bandwidth does NDCS anticipate having available for the delivery of telehealth services at its facilities?	All NDCS facilities currently have a 10Mbps WAN link to t he core of the State network. Normal operation varies, but the Department typically utilizes between 40-60% of available bandwidth. We anticipate this usage to grow with increased video conferencing and security camera remote monitoring. Most circuits can be upgraded if bandwidth is insufficient.
42. Would NDCS consider providing the following information to assist in ensuring proposals meet existing patient needs? Excluding Tecumseh? Spreadsheet directly below.	ACA Audit reports are attached.

SEE ATTACHMENTS PROVIDED

Service/Specialty	Number of individuals with diagnosed condition or requiring specialty care in 2010	Number of <u>on-site consultation, by a non-specialist</u> , for individuals diagnosed with specified condition in 2010	Number of <u>on-site consultation, by a specialist</u> , for individuals diagnosed with specified in 2010	Number of <u>off-site consultation, by a specialist</u> , for individuals diagnosed with specified condition in 2010
Orthopedics				
Cardiology				
Gastroenterology				
Internal medicine				
HIV				
Hepatitis C				
Endocrinology				
Ophthalmology				
Wound care				
Burn care				
Speech therapy				
Rheumatology				
Pain clinic				
Rehabilitation				
ENT				
Pulmonology				
Urology				
Telepsychiatry				
Sleep studies (PSG)				
EKG interpretation services (including over read, and audiology)				