



Dave Heineman, Governor ♦ State of Nebraska

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ADDENDUM FOUR

DATE: October 21, 2011

TO: All Vendors

FROM: Mary Carmichael, Materiel Administrator
 NE Dept. of Correctional Services

RE: Questions and Answers for RFP 58995-Z6 Inmate Telemedicine
 Second Submission based on Pre-Proposal Conference of 10/14/11

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. Providers will bill NCBSNE for Inmate Medical Services what rules of reimbursement will be followed? BCCBSN? Medicare?	BCBS
2. Will there be a difference in reimbursement for physicians vs. mid-level providers?	BCBS determines reimbursement rates.
3. Will there be a health professional on the other end?	On most occasions. Inmates not requiring a health professional will be supervised by custody staff.
4. Section EE of the RFP states the state will render payment to contractor then in the Project Requirement Section it sates telemedicine providers will bill BCBSNE will the payment come from the state or BCBS?	Telemedicine providers will bill BCBS directly for services provided under this RPF.
5. Will the telemedicine service be bill on a HCFA?	BCBS specifies billing form.
6. Can billing be done electronically to BCBSNE I would assume if an entity bills electronically now they could bill these services electronically?	Correct. If a provider already bills BCBS electronically bills there should be no change in practice.
7. Will there be filing time requirements? Would they be the same as our requirements for BCBS?	Same requirements for BCBS.
8. The RFP states the contract could be awarded jointly to two or more potential contractors. Is it likely to be awarded to more than one contractor?	It is possible based on bids.
9. If the contractor has a question about a payment that they receive will the question go to BCBSNE or to the Department of Corrections?	BCBSNE
10. What type of documentation will the contractor receive to register the patient in the billing system? Demographics?	All necessary information to bill BCBS.

11. Will there be informed consent?	See attached Medical Protocol 35
12. What type of documentation will the provider receive prior to the telemedicine visit? Med records?	Appropriate medical record information relevant to consult request.
13. Is there a possibility that some of these patients will have Medicaid or other coverage?	It is possible.
14. If they do have Medicaid who pays first?	Medicaid.
15. Which physicians, or facilities, currently care for inmates from an off-site perspective?	The only services being provided in-house is Internal Medicine, Infectious Disease, dialysis and Neurology.
16. May we approach these physicians, hospitals and/or clinics to discuss telemedicine solutions with them to be certain they wish to participate in this type of service delivery?	Yes.
17. What is the average age of the adult inmate population?	We are working on our 2011 data. In 2010, the average age of males was 32.24; females 30.98
18. Is bedside physiological monitoring available (ECG, SpO2, Resp, NIBP, Temp) at all ten correctional facilities that will be using telemedicine services?	Yes
19. If so, what manufacturer(s) have provided these devices?	ECG: Compumed SpO2, BP, Temp: Welch Allyn
20. In the case of Behavioral Health, will Master's Degree level psychologists be permitted to be utilized for possible instances of on-going psychiatric counseling?	No
21. On Page 26; Section G – Implementation. How does the addition of the Tecumseh Correctional Facility alter the preference for the sequence of implementation as currently stated?	Implementation will be NSP, TSCI, LCC, DEC, NCYF, NCCW, OCC, WEC, CCCL, CCCO.
22. Page 26; Section H – Non-Performance Exception. In the event of Corrections acting, for instance in an extreme emergency, without contacting a PPO provider and transporting a patient, it should hold harmless the Contractor from paying travel order costs. Could the Section be reworded to include a phrase, similar to the following: <i>This provision shall only apply to scheduled consultations. This provision will not apply to emergency patient situations requiring immediate, unscheduled, transport.</i>	NDCS will consider this language.

<p>23. The sum for the table “Facilities and Population” of inmates as reported in the Total row on page 24 does not match the totals indicated for all facilities. How does Corrections report on occupancy – by actual day to day census of inmates, or by the total capacity for all the facilities? Since there is a discrepancy in the table, what is the actual population number that Proposals should be based on?</p>	<p>Population is taken based on day to day census of inmates. Today’s count is:</p> <table data-bbox="1101 436 1344 877"> <thead> <tr> <th>Facility</th> <th>Count</th> </tr> </thead> <tbody> <tr> <td>CCL</td> <td>372</td> </tr> <tr> <td>CCO</td> <td>165</td> </tr> <tr> <td>DEC</td> <td>395</td> </tr> <tr> <td>LCC</td> <td>493</td> </tr> <tr> <td>NCW</td> <td>273</td> </tr> <tr> <td>NCY</td> <td>80</td> </tr> <tr> <td>NSP</td> <td>1210</td> </tr> <tr> <td>OCC</td> <td>553</td> </tr> <tr> <td>TSC</td> <td>934</td> </tr> <tr> <td>WEC</td> <td>138</td> </tr> <tr> <td>Grand Total</td> <td>4613</td> </tr> </tbody> </table>	Facility	Count	CCL	372	CCO	165	DEC	395	LCC	493	NCW	273	NCY	80	NSP	1210	OCC	553	TSC	934	WEC	138	Grand Total	4613
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<p>24. Since a provider list is important for tele-medicine consistency, is it possible to obtain a list of providers NDCS is currently using?</p>	<p>The Psychiatrists are State Employees</p>																								
<p>25. Is historical data available on numbers of appointments by specialty for each facility?</p>	<p>Previously provided</p>																								
<p>26. What are the costs per-appointment for transportation, guards, and other costs for the current face-to-face off site appointments?</p>	<p>Not applicable</p>																								
<p>27. Regarding travel expenses, some travel between facilities will be needed. Should this cost be included as an estimate in the overall pricing or will actual travel expenses be paid separately as they occur?</p>	<p>This would be a State Expense</p>																								
<p>28. What specific service does NDCS need in tele-audiology? Hearing test? Hearing aide adjustment? Or ?</p>	<p>Not sure what tele-audiology services are available</p>																								
<p>29. Are all NDCS facilities equipped with fax machines, scanners, and e-mail for NDCS nurses use?</p>	<p>Yes</p>																								
<p>30. What is the volume of CT, MRI, Ultrasonic and Nuclear tests at each facility, by test, per year?</p>	<p>Attached for total system</p>																								
<p>31. Who is the “point person” the contractor will coordinate medical services at each facility? What is their availability?</p>	<p>ADON available daily</p>																								
<p>32. Can nurse training for protocol development and specialty testing be accomplished over the tele-video equipment after it is installed?</p>	<p>Yes</p>																								
<p>33. Should the contractor propose to hire specific tele-health nurses for the facilities, or is it expected for NDCS nurses to fulfill the facility duties?</p>	<p>Would depend on the level of training required of the NDCS nurses</p>																								
<p>34. If facility costs are incurred for special or additional wiring or for increase in bandwidth, will this cost be paid by NDCS rather than the contractor?</p>	<p>NDCS but cost should be identified</p>																								
<p>35. Does NDCS use a computerized patient records system? If yes, what is the name of the system?</p>	<p>No</p>																								

36. Are there correctional nurses (or staff) at each location to assist with patient care and equipment connectivity for the tele-medicine appointments?	Yes
37. Corrections Information Technology staff will be needed to help coordinate room configuration, wiring, and equipment installation. Is there IT staff at each facility or are they centralized?	Centralized, but will be available
38. At the patient location is it acceptable to have the tele-video access through a computer? Or is the patient restricted from having computer access?	Computer may be used, but inmates are restricted from having computer access. Staff will assist.
39. What rooms are currently available with equipment and how are they configured?	None
40. As a starting point for providers, will a list of current providers utilized by NDCS be available?	Yes
41. Are Nebraska licensed mid-level providers, (Physicians Assistant, Advanced Practice Register Nurses) acceptable as providers?	An initial assessment by the NDCS Medical Director will determine acceptability
42. Requirement "J" refers to subcontractors. Is each individual provider considered a subcontractor or just the entities employing them?	Entities employing subcontractors
43. With the number of people to be served at each location, possibly 2 or 3 rooms will need to be identified to locate tele-video equipment. Will these rooms be hard wired for direct computer/video connection, or is wireless service available? Have the rooms been identified to be used at each facility?	No
44. A priority list has been created for facility activation. Is there also a list of priorities for the specialties to be implemented?	Not at this time
45. Is data available on the number of medical appointments at each facility and occurrences of each medical specialty?	Yes
46. Within tele-psych are there guidelines for the number of visits per patient during a specified time frame?	No
47. Does Tele-psych also include substance addiction?	No
48. Is there a special process for adding a provider for NDCS, or is it the standard process directly with BCBS PPO?	BCBS PPO
49. Is there a central entity within NDCS which oversees Utilization Management (UM)?	Medical Director's office
50. Please describe the relationship that NDCS UM might share with the contracted telehealth provider.	Outside consults are approved by the Medical Director
51. Would the designated telehealth provider be required to consult with Utilization Management regarding referrals to clinics or appointments with remote telehealth providers?	Consult with the NDCS Primary Care Physician
52. What type of oversight would the site-level Medical Director have over the orders, labs, referrals and treatment prescribed by a remote telehealth provider?	Consultant should request tests be ordered by the Primary Care Physician

53. Would the a signature from the site-level Medical Director be required on any orders written by a remote telehealth provider to send a patient off-site for treatment, in the event that on-site treatment is determined not to be appropriate?	Yes
54. Can NDCS provide a sample of any NDCS Health Services Protocols?	Yes
55. How many individual surgeries did NDCS inmates receive in 2008, 2009, 2010?	Unable to determine at this time
56. Did most patient surgeries require both pre and post-operative consultations?	Information not available
57. By facility, to which regional hospitals are patients sent, by NDCS, for surgical procedures?	Primarily Bryan/LGH in Lincoln, UNMC in Omaha
58. Will NDCS designate a single person as the point of contact for the telehealth services contract or will decision-making for the contract be handled by committee, following its enactment?	ADON
Will there be a single, dedicated, on-going IT point of contact related to the provision of telehealth services at NDCS?	Yes
59. Is Dragon Dictation software currently in use by providers in NDCS facilities?	Yes
60. Can you describe the current process for sharing patient charts with off-site providers?	Charts remain at the NDCS facility
61. What is the current process for getting records back from an off-site provider once a consultation is complete?	Records are not sent off site
62. Will NDCS allow the selected telehealth provider to train and utilize existing staff to assist with the delivery of telehealth services? Should potential vendors build the expense of NDCS staffing into their budget?	Yes
63. What is the average age of inmates in NDCS custody?	Male=32.24, Female= 30.98
64. Is NDCS willing to add additional specialists to the telehealth provider "pool" should the contracted telehealth provider identify additional needs?	It would be considered
65. Of the off-site medical transports for 2010, what percentage does NDCS estimate could have remained on-site?	Unable to determine at this time
66. Of the off-site medical transports for 2010, what percentage was for ER visits or ambulance trips?	Unable to determine at this time

67. On the NDCS Health Services report, regarding the "Referrals to Specialists" line, does this refer to consults conducted only off-site or are there instances when specialists visit the sites?	Off site
67. Does NDCS currently have a formal program or process to monitor the health status of older inmates?	We have a chronic care program
68. In the NDCS Health Services report, regarding the "Referrals to Specialists" line, does this refer to consults conducted only off-site or are there instances when specialist visited the sites?	Off site
69. Is the current RFP formally amended to include Tecumseh (TSCI) as one of the service sites?	Yes, Tecumseh is one of the sites
70. Can NDCS provide a list of their current off-site providers and specialists?	Unable to provide at this time

NDCS System-wide Data

Surgical	29	5	7	18
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Service/Specialty	Community Corrections – Lincoln Total Specialty Consults 2010	Community Corrections – Omaha Total Specialty Consults 2010	Diagnostic & Evaluation Total Specialty Consults 2010	Lincoln Correctional Center Total Specialty Consults 2010
Orthopedics	0	0	0	0
Cardiology				
Gastroenterology	1	0	0	0
Internal medicine				
HIV	0	0	0	0
Hepatitis C				
Endocrinology	0	0	0	2
Ophthalmology	9	12	12	17
Wound care				
Burn care				
Speech therapy	0	0	0	0
Rheumatology				
Pain clinic				
Rehabilitation				
ENT				
Pulmonology	5	0	0	0
Urology	12	1	3	1
Telepsychiatry				
Sleep studies (PSG)				
EKG interpretation services (including over read, and audiology)				

NDCS System-wide Data

Surgical	17	0	52	18
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Service/Specialty	Nebraska Correctional Center for Women Total Specialty Consults 2010	Nebraska Correctional Youth Facility Total Specialty Consults 2010	Nebraska State Penitentiary Total Specialty Consults 2010	Omaha Correctional Center Total Specialty Consults 2010
Orthopedics	0	0	0	0
Cardiology				
Gastroenterology	0	0	0	0
Internal medicine				
HIV	0	0	0	0
Hepatitis C				
Endocrinology	0	0	2	0
Ophthalmology	0	1	29	20
Wound care				
Burn care				
Speech therapy	0	0	0	0
Rheumatology				
Pain clinic				
Rehabilitation				
ENT				
Pulmonology	4	0	6	2
Urology	0	0	11	6
Telepsychiatry				
Sleep studies (PSG)				
EKG interpretation services (including over read, and audiology)				

NDCS System-wide Data

Service/Specialty	Tecumseh State Correctional Institution Total Specialty Consults 2010	Work Ethic Camp Total Specialty Consults 2010
Orthopedics		
Cardiology		
Gastroenterology	0	0
Internal medicine		
HIV	0	0
Hepatitis C		
Endocrinology		
Ophthalmology	10	0
Wound care		
Burn care		
Speech therapy	0	0
Rheumatology		
Pain clinic		
Rehabilitation		
ENT		
Pulmonology	1	0
Urology	1	0
Telepsychiatry		
Sleep studies (PSG)		

EKG interpretation services (including over read, and audiology)		
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Surgical	22	5
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