

ADDENDUM 1
REQUEST FOR PROPOSALS 2024-022
KITSAP COUNTY SHERIFF'S OFFICE
CORRECTIONAL HEALTH CARE SERVICES

TO: All Respondents
FROM: Glen McNeil, Purchasing Program Supervisor
DATE: June 7, 2024

Question 1. What is the scope of work?

Answer: Please refer to RFP for the Scope of Work

Question 2. What Services do you have now and are you looking for more?

Answer: All services requested and provided are identified in the RFP. The Kitsap County Jail is NCCHC accredited, and the contractor is expected to provide the services required for and in compliance with accreditation requirements.

Question 3. Is medical onsite 24/7?

Answer: Yes, the contractor is expectation to have medical staff onsite 24/7. For the nightshift, two RNs working is ideal, but an LPN may be substituted for one RN.

Question 4. What is the current clinic schedule?

Answer: The contractor may determine the clinical hours. At minimum, the clinic schedule must be Monday through Friday between the hours of 0700-1500 when we have an officer dedicated to this task.

Question 5. Who is the current pharmacy being used-Our current vendor uses their own?

Answer: The current contractor, Everhealth LL formerly known as NaphCare Inc, provides their own pharmacy services for the contract.

Question 6. Are there cap costs on pharmacy?

Answer: No. However, the Jail follows the Washington State Department of Corrections approved formulary. See Article 5 of the Scope of Work.

Question 7. What is the process of labs and x-rays-Costs of these services fall om contractor?

Answer: See Scope of Work, Article 7, Off-Site Services.

Question 8. Are corrections officers present in the clinic when services are being conducted and during med pass.

Answer: Yes, a medical liaison officer is assigned Monday through Friday on dayshift to be present in the clinic when services are being provided. A corrections officer will be made available to be present when medical services are provided outside clinic house. Corrections officers are also present during medication pass, detox checks, and blood sugar checks.

Question 9. Does the jail have a body scanner.

Answer: Yes

Question 10. What are the current staff credentials.

Answer: See the answer to question 4.

Question 11. How many medication passes are conducted?

Answer: There are three medication passes conducted daily (morning, afternoon and evening).

Question 12. What is the mental health schedule?

Answer: The contractor is expected to have mental health staff available in the jail seven days a week, generally mornings till late afternoon.

Question 13. Does mental health call properly licensed medical/mental health staff for recommendations?

Answer: It is unclear what you are asking.

Question 14. What is the current EMR-Our current vendor uses their own

Answer: The current EMR system is TechCare®, a NaphCare technology.

Question 15. Do you plan on holding interviews with the RFP respondent?

Answer: No.

Questions 16. What is the average number of prescriptions filled per month for the past 12 months?

Answer:

<i>Month</i>	<i>Year</i>	<i>Number of Patients</i>
<i>6</i>	<i>2023</i>	<i>402</i>
<i>7</i>	<i>2023</i>	<i>437</i>
<i>8</i>	<i>2023</i>	<i>423</i>
<i>9</i>	<i>2023</i>	<i>424</i>
<i>10</i>	<i>2023</i>	<i>398</i>
<i>11</i>	<i>2023</i>	<i>372</i>

12	2023	360
1	2024	397
2	2024	384
3	2024	412
4	2024	389
5	2024	355

Questions 17. What percentage of medications are dispensed as patient specific vs. stock?

Answer: EMAR is Patient Specific, medications are stock. Some medications are patient specific if needed to be obtained through Backup Pharmacy.

Questions 18. What type of medication packaging (blister cards, vials, strips, other) do you currently use and do you wish to keep the same packaging system?

Answer: All of the above depends on the medication. Strips are used for the MAT program, but the long dose mental health medications are injectable.

Questions 19. How many days' worth of medication (7, 14, 30 days) is typically dispensed for routine medication orders and do you wish to keep it the same?

Answer: 30 days.

Questions 20. Who is the 340B covered entity that your current medical or pharmacy vendor has negotiated with on behalf of KCJ to obtain cost savings on HIV and other costly medications?

Answer: EIP ask.eip@doh.wa.gov

Questions 21. How often does your current pharmacy vendor provide, or coordinate, inspections of the medication areas at your facility?

Answer: Inspections are completed quarterly through NaphCare Independent Auditor; Biannually for outside audits.

Questions 22. Many correctional institutions within the industry are utilizing electronic order entry and eMAR software to decrease their reliance on time consuming paper processes. Electronic med pass will decrease the time required for med pass by up to 50%, eliminate the need and overtime for end of month changeovers, eliminate transcription errors from faxed orders that are profiled for MAR purposes, and saves time that can be used by your medical staff to provide other health care services?

What is the name of your current electronic prescription order entry and eMAR system that is provided by your current medical or pharmacy vendor?

Answer: The current system is TechCare®, a NaphCare technology. Bidder may propose its own EMar software and/or electronic ordering system.

Questions 23. If a software is provided, is the system Electronic Prescribing of Controlled Substances (EPCS) compliant?

Answer: We do not have that information at this time.

Questions 24. Would you find value in adding a requirement to your current solicitation for bidders to provide a no cost solution for electronic prescription order entry and eMAR if a solution is not currently in place?

Answer: You may include this option in your proposal, but it is not required.

Questions 25. Many correctional institutions within the industry are using electronic check-in and return programs for inventory management. Manual daily order check-in and return processing time can be decreased by up to 75%, medication diversion potential is virtually eliminated, and KCJ will have full accountability of all medications received by, and returned from, your facility for accounting purposes. What is the name of your current barcode electronic order reconciliation (check-in) and medication return management system that is provided by your current medical or pharmacy vendor?

Answer: There currently is not a scanner. This is the responsibility of the AA to audit and send to Pharmacy needed medication, and there is a generated list NaphCare uses for all heavy use Medications.

Questions 26. Would you find value in adding this requirement to your current solicitation for bidders to provide a free solution for electronic inventory management if a solution is not currently in place?

Answer: You may include this option in your proposal, but it is not required.

Questions 27. Many correctional institutions in the industry have fingertip access to meaningful and actionable electronic reporting available to County administrative personnel monitoring contract expenses. Analyzing prescriber ordering trends and expenditures to better manage facility operations is critical to your County administrative team and dependent upon reliable and accurate pharmacy reporting. What is the name of the current online reporting dashboard used by facility and county administrative staff to access meaningful and accurate reporting?

Answer: Medical records maintained by Naphcare STD reporting through Public Health Medical record with offsite completed through AA requesting documentation which is then scanned into patient chart.

Questions 28. Would you find value in adding this requirement to your current solicitation for bidders to provide a no cost solution for online reporting so your facility-level staff and administrators can access online reports 24/7/365 if a solution is not currently in place?

Answer: You may include this option in your proposal, but it is not required.

Questions 29. Does KCJ currently use an electronic health record (EHR)/electronic medical record (EMR) system?

Answer: See answer to question 22.

Questions 30. If so, what is the name of the system and current software version in use?

Answer: See answer to question 22.

Questions 31. If so, is the system also used for prescription order entry and eMAR purposes?

Answer: See answers above.

Questions 32. If so, is the system Electronic Prescribing of Controlled Substances (EPCS) compliant?

Answer: See answers above.

Questions 33. Can you please provide the name and email of your EHR/EMR contact so that bidders can contact them for system specifications, interface requirements, and capabilities?

Answer: www.techcareehr.com.

Question 34. What company is your current pharmacy services provider?

Answer: NaphCare Inc

Question 35. Is the current pharmacy vendor subcontracted by the current medical vendor or are they operating under an independent contract?

Answer: See answer to question 34.

Question 36. What, if any, are the current struggles in the provision of pharmacy services at KCJ to your level of expectation and needs?

Answer: none identified.

Question 37. If there are no struggles or issues, what are the top three areas in which you wish to see improvement or enhanced services provided?

Answer: Declined to answer.

Question 38. Are Offerors permitted to subcontract with a pharmacy partner of their choice regarding medication dispensing and pharmacy program management services?

Answer: Yes

Question 39. Is the current medical provider responsible for all pharmacy costs; or is there a cost pool regarding pharmaceuticals with an annual contract cap before those expenses become the responsibility of the County?

Answer: The medical provider is responsible for all pharmacy costs, with the exception of the medications provided for the Medication Assisted Treatment which is grant funded.

Question 40. If there is a cost pool, what is the annual cap and how many months into the contract year is the cap typically reached?

Answer: NA

Question 41. If there is a cost pool and the cap is reached, are medications billed at cost plus a dispensing fee to the County, discount to AWP, discount to WAC, NADAC, or full retail pricing for the remainder of that contract year?

Answer: NA

Question 42. If not, what is the pricing formula used to bill the County for these medications?

Answer: The medication costs are built into the total contract price.

Question 43. Are there any high-cost medications or medication categories that are always the responsibility of the County?

Answer: No. However, the County does have a Medicated Assisted Treatment (MAT) grant that is used to pay for the MAT medications.

Question 44. With multiple spending categories (medical, pharmacy, labs, etc.) included in a capitated monthly fee invoiced to Kitsap County, what metric is being used to assess best value by the County regarding your pharmacy program management and expenditures?

Answer: NA

Question 45. What advantages does Kitsap County take into consideration when soliciting a comprehensive and capitated RFP for all services compared to benefits available by contracting services such as medical and pharmacy independently?

Answer: Decline to answer.

Question 46. Is Kitsap County a MMCAP Member Facility or a member of the Central Texas Council of Governments 791 Purchasing COOP for correctional prescription dispensing services?

Answer: No. We are unable to find the cooperative agreements that you are referencing in this question.

Question 47. If so, would Kitsap County consider these options (which have already been competitively solicited and are compliant procurement mechanisms available to Kitsap County) to acquire cost-effective independent correctional pharmacy services?

Answer: The contractor is responsible for providing and paying for the medications, unless otherwise provided in the scope of work.

Question 48. If not already a member to either COOP, what concern or reservation does Kitsap County have in becoming a member of either COOP (membership is completely free) to access these independent pharmacy contracts outside the scope of the current RFP for Health and Mental Health services?

Answer: Kitsap County may access MMCAP agreements through a DES cooperative agreement.