

STATE OF GEORGIA
CONTRACT BETWEEN
THE GEORGIA DEPARTMENT OF CORRECTIONS
AND
Wellpath LLC
FOR OFFENDER HEALTHCARE SERVICES

THIS CONTRACT is made and entered into by and between the Georgia Department of Corrections (hereinafter referred to as "GDC" or the "Department") and **Wellpath LLC** (hereinafter referred to as the "Contractor") and is made effective on the date signed by the GDC Commissioner or his/her designee (hereinafter referred to as the "Contract Effective Date").

WHEREAS, GDC is responsible for providing medical or hospital attention to all offenders in its custody pursuant to the Official Code of Georgia Annotated (O.C.G.A.) §42-5-2; and

WHEREAS, GDC caused Request for Proposals Number 46700-GDC0000946 (hereinafter the "RFP") to be issued through the Department of Administrative Services (DOAS), which is attached to this Contract as ***Exhibit 1*** and is expressly incorporated into this Contract as if completely restated herein, to obtain the services of a Vendor to provide such services; and

WHEREAS, Contractor, having submitted to GDC and DOAS a Technical Proposal in response to the RFP (attached to this Contract as ***Exhibit 2*** and hereinafter referred to as "Contractor's Proposal"), which is expressly incorporated into this Contract as if completely restated herein; and

WHEREAS, Contractor, including its Subcontractors, if any, represents that it has the skills, qualifications, expertise, financial resources and experience necessary to perform the services described in Contractor's Proposal and this Contract in compliance with all applicable federal and state laws and regulations, including but not limited to the Eighth Amendment to the United States Constitution; and

WHEREAS, GDC accepts Contractor's Proposal and enters into this Contract with Contractor for the provision of various services for the Department.

NOW, THEREFORE, FOR AND IN CONSIDERATION of the mutual promises, covenants and agreements contained herein, and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Department and the Contractor (each individually a "Party" and collectively the "Parties") hereby agree as follows:

I. SCOPE OF SERVICES

1. The Contractor will provide physical healthcare services to all offenders housed in facilities operated by the GDC. A summary of the responsibilities to be carried out by the Contractor include:
 - A. Provision of a primary care providers (PCP) and nursing services within each prison staffed at the level deemed necessary by the Department;
 - B. Creation and maintenance of a network of specialty and sub-specialty providers and facilities sufficient to provide the Covered Services;
 - C. Ensure the appropriate Utilization of resources, using the following program components: Evidence-based clinical protocols and decision letters to inform Prior Authorization, prospective review, concurrent review, retrospective review, second opinion, Discharge Planning, and case management;
 - D. Provision of a System of Care approach to Care Coordination and continuity of care, which ensures a set of offender-centered, goal-oriented, culturally relevant and logical steps to assure that each offender receives needed services in a supportive, effective, efficient, timely and cost-effective manner. This includes: Transition of Care, Discharge Planning, Care Coordination, Disease Management, and Case Management;
 - E. Provide for the delivery of Quality care with the primary goal of improving the health status of offenders and, where an offender's condition is not amenable to improvement, maintain the offender's current health status by implementing measures:
 - a. To prevent any further decline in condition or deterioration of health status. This shall include the identification of offenders at risk of developing conditions, the implementation of appropriate interventions and designation of adequate resources to support the intervention(s);
 - b. Develop an adequate system and staff to ensure the provision of health care services under this contract are properly documented, paid for and reported; and
 - c. Design and implement an electronic health record (EHR) system for the purpose of integrating all components of the delivery of care to the offenders. The system shall have the capability to securely store and transmit information, interface with other relevant systems and report data in a format specified by GDC. It also should include an electronic Medication Administration Record (MAR).
2. The Parties agree that GDC retains Contractor to furnish all of the goods, services, and other deliverables contemplated by this Contract.
3. The Parties understand and agree that the GDC anticipates that pharmacy services, mental health services, dental services, and the RSAT program services will be provided by another vendor. Contractor shall not be responsible for providing such services. Contractor shall be responsible for cooperating, collaborating, and communicating with such vendors as necessary to perform the services contemplated in this agreement.
4. The Parties agree that the Department shall not pay or otherwise compensate the Contractor for any services, goods, or deliverables outside of the above Scope of Services, which includes Contractor's Proposal to the extent agreed upon by GDC

and this Contract. The Department shall not make any exceptions or waivers on this matter. In the event of a dispute regarding whether an item is within the Scope of Services, the Parties will attempt to reach a mutually agreeable solution.

- A. If written correspondence is received by the Contractor from GDC, or upon any change in law, regulation, standard, or circumstance, and the Contractor believes that the change will cause a change to the Scope of Services contemplated by this Contract, the Contractor shall advise the Assistant Commissioner for Health Services in writing within thirty (30) Calendar Days of receiving the initial correspondence from GDC at the address indicated in this Contract. The Contractor shall request written confirmation from the Assistant Commissioner for Health Services or his or her designee that the Scope of Services has changed.
- B. The Notice shall state the following:
 - i. The nature and circumstances of the communication regarded as a change in the Scope of Services by the Contractor;
 - ii. The date of the communication;
 - iii. The identification of the documents involved;
 - iv. The particular technical requirements or contract requirements regarded as changed;
 - v. The direct and foreseeable effect of the communication regarded as a change in the Scope of Services contemplated by the Contract, including the number of hours required from Contractor's staff to accomplish the change and the manner and sequence of performance or delivery of supplies or services, identifying which supplies or services are or will be affected; and
 - vi. A detailed cost analysis of the alleged change, including a schedule setting forth the associated staffing costs (including staff names and hourly costs), with the totals for these categories not exceeding amounts based upon specific assumptions.
- C. The Assistant Commissioner for Health Services shall respond within ten (10) Business Days of receipt of the Contractor's notice. The Assistant Commissioner for Health Services response shall either:
 - i. Countermand the correspondence that Contractor regards as a change;
 - ii. Deny that the correspondence constitutes a change in the Scope of Services contemplated by the Contract;
 - iii. Confirm in writing that the correspondence is a change to the Scope of Services contemplated by the Contract; or

iv. Advise the Contractor that additional information is required to evaluate the Notice and establish the deadline by which the Contractor must provide such information.

D. If the Contractor complies with any order, direction, interpretation, or determination, written or oral, without providing notice in accordance with this subsection, GDC shall not be liable for any increased price, delay in performance, or contract non-conformance by the Contractor.

II. BACKGROUND

The GDC secured the services of outside consultants to assist it in identifying a best-in-class approach to delivering healthcare to its offender population. Among the goals identified were improvement in the quality of services, improvement in the efficiency of services, predictability in the cost of services, and cost containment. GDC's intent in maintaining a care management approach to serve the healthcare needs of its offender population is to:

- A. Continually and significantly improve the Quality of health care and services provided to offenders;
- B. Offer Care Coordination to offenders;
- C. Enhance access to Health Care services;
- D. Achieve budget predictability as well as cost containment;
- E. Create system-wide performance improvements; and
- F. Improve efficiency at all levels.

III. DEFINITIONS

As used in this Contract the following terms are defined as follows:

- A. Activities of Daily Living (ADL's): Activities of self-care, mobility, hygiene and grooming which include bathing, dressing, toileting assistance, and eating.
- B. Advance Directive: Inmates and incarcerated probationers may document their health care wishes in the event of a terminal or irreversible condition, or in the event that the offender is not able to communicate such wishes to healthcare providers. Advance directives may address the offenders' wishes concerning withholding/ withdrawal of resuscitative, life-sustaining, or other types of medical care (DNR: Do Not Resuscitate, or AND: Allow Natural Death).
- C. Clinicians: Physicians (M.D./ D.O), Physician Assistants (PA), Nurse Practitioners (NP), Registered Nurses (R.N.), Licensed Practical Nurses (LPN), Dentists (DDS), Dental Assistants, Mental Health Counselors, Medical Social Workers (MSW), Clinical Psychologists and/or Clinical Nurse Specialists (CNS)
- D. Constitutional Healthcare: Inmates and incarcerated probationers have the

right to access care, the right to healthcare that is ordered, and the right to professional medical judgment.

- E. Contract: The agreement between the State Entity and the Contractor as defined by the State Entity Standard Contract Form and its incorporated documents.
- F. Emergency: A condition that, in the judgment of the healthcare provider or other responsible staff, requires medical attention that cannot wait until the next regularly scheduled sick call.
- H. Experimental/Investigational: Any treatment, procedure, drug, device, equipment, or supply that has not been approved by an appropriate regulatory entity for the stated purpose, or is not recommended by a recognized Medical Specialty Board as appropriate standard of medical care for the specified medical condition/ illness.
- I. HIPAA: Health Insurance Portability and Accountability Act: Federal legislation that regulates the use and disclosure of Protected Health Information (PHI).
- J. Inmate, Incarcerated Probationer or Offender: A person who is detained in a Georgia state facility/center, probation detention/transitional center, or boot camp.
- K. Medical Treatment: Each visit initiated by the inmate or incarcerated probationer to a facility physician or physician-extender (Physician's Assistant or Nurse Practitioner), nurse, medical assistant, dentist (or dental hygienist), optometrist, or psychiatrist.
- L. Medical Necessity or Medically Necessary: Any treatment which (1) is generally accepted by other medical practitioners for the treatment of that condition; and (2) is provided at the lowest level of care which allow the persons' safety; and (3) must not be experimental. Also included are services or items reasonable and necessary for the diagnosis or treatment of illness or injury, or to improve the functioning of a malformed body part.
- M. Medical Reprieve: The process by which the GDC makes a request to the Board of Pardons and Parole, to consider compassionate/ early release of an offender. A medical reprieve will be considered for inmates with terminal illness/ serious medical conditions that are not reversible with medical therapy and who are no longer a threat to public safety.
- N. Penological Interest: interests that relate to the treatment (including punishment, deterrence, rehabilitation, etc.) of persons convicted of crimes
- O. PREA: Prison Rape Elimination Act: The purpose of this act is to "provide for the analysis of the incidence and effects of prison rape in Federal, State, and local institutions and to provide information, resources, and recommendations and funding to protect individuals from prison rape." 42 U.S.C. §15601, *et seq.*
- P. Protected Health Information (PHI): Any information which concerns health status, provision of health care, or payment for healthcare that can be linked to

an individual. PHI must be disclosed when required by law, and may be disclosed to facilitate treatment, payment or healthcare operations. Otherwise, a "Release of Information" must be signed by the inmate or incarcerated probationer to authorize release of PHI to any other individual or entity.

- Q. Preventive Care Guidelines: Medical care guidelines for preventive health, which are based on the US Preventive Services Task Force and American Academy of Pediatrics Advisory Committee on Immunization Practices.
- R. Purchase Instrument: The documentation issued by the State Entity to the Contractor for a purchase of Services in accordance with the terms and conditions of the Contract. The Purchase Instrument should reference the Contract and may include an identification of the Services to be purchased, the time and location such Services will be utilized, and any other requirements deemed necessary by the State Entity.
- S. Response, Contractor's Response or Final Response: The Contractor's submitted response to the RFP, including any modifications or clarifications accepted by the State Entity.
- T. RFP: The Request for Proposal, Request for Bid, or other solicitation document (and any amendments or addenda thereto) specifically identified in the State Entity Standard Contract Form that was issued to solicit the Services that are subject to the Contract.
- R. Self-Care: Care for a condition that can be treated by the inmate or incarcerated probationer and may include over-the-counter medications.
- U. Services: The services and deliverables as provided in the RFP and as further described by the Response and the Contract.
- V. State: The State of Georgia, the State Entity, and any other authorized state entities issuing Purchase Instruments against the Contract.
- W. State Entity: The Georgia Department of Corrections or GDC, which is the State of Georgia entity contracting with the Contractor for the Services identified in the Contract.

IV. GDC RESPONSIBILITIES

A. GENERAL PROVISIONS

GDC will administer the Contract, monitor Contractor performance, and provide oversight in all aspects of the Contractor operations.

B. INCLUDED AND EXCLUDED OFFENDERS

Contractor will provide healthcare services to all offenders housed in facilities operated by the GDC. The GDC will provide and maintain a list of these facilities, and the initial list is set forth in Attachment U in the RFP, which is attached hereto and incorporated herein by reference.

1. Contractor shall not be responsible for healthcare services for offenders housed in private prisons, county correctional institutions, or any other location identified by the GDC as falling outside the scope of this agreement.
2. Contractor shall not be responsible for healthcare services for offenders who are transferred into the custody of a county jail, a federal correctional institution, another state of the United States, or internationally.
3. Contractor's responsibility for providing services for an offender shall end when he or she leaves the custody of the GDC at the end of his or her sentence, upon being released on parole or other relief granted by the State Board of Pardons and Paroles, if an offender's conviction or sentence is vacated or reversed by a court of competent jurisdiction, or as otherwise directed by the GDC.
4. Contractor shall provide first aid and basic emergency care to GDC's employees, contractors, visitors, and others on the premises of its facilities until such person can be transferred into the care of local emergency medical services.
5. Contractor shall provide medical testing and vaccinations for GDC's employees, contractors, visitors, and others on the premises of its facilities upon the written request of the Assistant Commissioner for Health Services or his/her designee. If the provision of these services will result in an increase in the Contractor's costs, the parties shall come together in good faith in order to negotiate a modification to this Contract.
6. The GDC shall not be responsible for any services provided by Contractor to an individual not identified herein.

C. QUALITY ASSURANCE

1. GDC will have a written strategy for assessing and improving the quality of services provided by the Contractor. This strategy will, at a minimum, monitor:

- a. The availability of services;
- b. The adequacy of the Contractor's capacity and services;
- c. The Contractor's coordination and continuity of care for offenders;
- d. The coverage and authorization of services;
- e. The Contractor's policies and procedures for selection and retention of Providers;
- f. The Contractor's compliance with State and federal privacy laws and regulations relative to offender's privacy and confidentiality;
- g. Legitimacy and resolution of offender grievances;
- h. The Contractor's oversight of all Subcontractor relationships and

delegations;

- i. The Contractor's adoption of evidence-based practice guidelines, including the dissemination of the guidelines to Providers and Providers' application of them;
 - j. The Contractor's quality assessment and performance improvement program; and
 - k. The Contractor's health information systems.
2. GDC will develop and utilize a written strategy for assessing and improving the quality of services provided by the Contractor and the outcomes resulting from those services. This strategy shall include oversight of the following areas of the Contractor's performance:
- a. Monitoring and evaluating the Contractor's service delivery system and Provider network, as well as its own processes for Quality management and performance improvement;
 - b. Implementing action plans and activities to correct deficiencies and/or increase the Quality of care provided to offenders;
 - c. Initiating performance improvement projects to address trends identified through monitoring activities, reviews of complaints and allegations of abuse, Provider profiling, Utilization Management reviews, etc.;
 - d. Monitoring compliance with Federal, State and GDC requirements;
 - e. Ensuring Contractor executive and management staff participation in the quality management and performance improvement processes;
 - f. Ensuring that the development and implementation of quality management and performance improvement activities include offender participation and information provided by offenders; and
 - g. Identifying the Contractor's best practices, lessons learned and other findings for performance and quality improvement.
3. GDC shall conduct a performance audit annually at each facility. Facilities that are American Correctional Association (ACA) accredited shall be assessed using ACA standards. Facilities that are not ACA accredited also are subject to an audit by the Medical Association of Georgia (MAG) at the vendor's expense every three (3) years.

D. COORDINATION WITH CONTRACTOR'S KEY STAFF

GDC will make diligent good faith efforts to facilitate effective and continuous communication and coordination with the Contractor in all areas of operations. Specifically, GDC will designate individuals within the Department who will serve as a

liaison to the corresponding individual on the Contractor's staff.

E. SYSTEM REQUIREMENTS

GDC will supply the following information to the Contractor:

1. Application and database design and development requirements (standards) that are specific to the State of Georgia and unique to GDC as a correctional environment.
2. Networking and data communications requirements (standards) that are specific to the State of Georgia.
3. Specific information for integrity controls and audit trail requirements.
4. State web portal (Georgia.gov) integration standards and design guidelines.
5. Specifications for data files to be transmitted by the Contractor to GDC and/or its agents.
6. Specifications for point-to-point, uni-directional or bi-directional interfaces between Contractor and GDC systems.

F. READINESS

GDC or its Agent will conduct a readiness review of each Contractor at least thirty (30) Calendar Days prior to launch. GDC or its Agent will conduct the reviews to provide assurances that the Contractor is able and prepared to perform all administrative functions and is providing high quality of services to offenders. Specifically, GDC's review will document the status of the Contractor with respect to meeting program standards set forth in this Contract, as well as any goals established by the Contractor. A multidisciplinary team appointed by GDC will conduct the readiness and annual review. The scope of the reviews will include, but not be limited to, review and/or verification of the Contractor's Progress on the following:

1. Statewide network access;
2. System readiness;
3. After-hours/emergency contact readiness;
4. Staffing plan and staffing levels;
5. Progress and status in hiring and training staff and cross-training staff;
6. Transition of Care plan;
7. Training plan and training of Providers;
8. Development of policies and procedure;
9. Care Management/Care Coordination;
10. Quality Management/Quality Improvement;
11. Documented plan for providing healthcare;

12. Utilization Management; and
13. Physical Health and Behavioral Health Coordination;

The review will assess the Contractor's ability to meet any requirements set forth in this Contract and documents referenced herein. Contractor's failure to pass the readiness review thirty (30) Calendar Days prior to the beginning of service delivery may result in delayed operations and/or immediate Contract termination. GDC will provide the Contractor with a summary of the findings as well as areas requiring remedial action after each readiness review phase.

IV. GENERAL CONTRACTOR RESPONSIBILITIES

- A. Contractor shall promptly deliver all required goods and services in a professional and workmanlike manner according to the Contract including all applicable professional standards.
- B. Contractor shall maintain qualified staff and any other necessary business resources throughout the duration of the Contract to meet scheduled deadlines and all other performance requirements.
- C. Comply with all State and GDC policies and standards in effect during the performance of the Contract, including but not limited to GDC's policies and standards relating to personnel conduct, security, safety, confidentiality, privacy and ethics.
- D. Contractor shall immediately notify GDC of any of the following changes with respect to itself or its subcontractors:
 1. Change in business address, telephone number, facsimile number or e-mail address;
 2. Change in entity status or nature;
 3. Change in business location;
 4. Change to a condition of insolvency (i.e. a state in which Contractor is unable to meet or discharge financial liabilities);
 5. Change in entity officers, executive employees, or entity structure; or
 6. Material change in ownership or control (i.e. more than 5%);
- E. Contractor shall request and receive GDC's prior written consent (which shall not be unreasonably withheld) before taking any of the following actions:
 1. Change its legal status;
 2. Change its legal structure; or
 3. Sell, transfer, convey, or assign more than 5% ownership interest in the Contract.

- F. Should GDC not consent to any of the actions set forth above, and the Contractor desires to proceed with such action, then GDC may, at its option, elect to terminate this Contract at such date as determined by GDC.

V. SPECIFIC CONTRACTOR DUTIES

- A. The Contractor shall provide all physical healthcare services, inclusive of labor, equipment, supplies, and other elements required to promote high-quality outcomes as set forth in the Scope of Services, Attachment B to the RFP, and as set forth below:

B. AREAS OF RESPONSIBILITY

1. **ADMINISTRATION:** Contractor shall provide robust reporting and transparency of collected data and collaboration with other suppliers and staff in a multi-supplier model.
2. **IN-PRISON CARE:** The Contractor shall provide on-site at prison facilities all physical healthcare services, inclusive of labor, equipment, supplies, and other elements required to promote high-quality outcomes as set forth in the Scope of Services, Attachment B to the RFP, and including the following:
 - a. **Intake:** The Contractor shall provide all on-site medical screening and admission evaluation.
 - b. **Routine Care:** The Contractor shall provide on-site routine services that are accredited and meet all applicable state and federal laws.
 - c. **Specialty Care:** The Contractor shall provide on-site specialty care services that are registered, accredited, and meet all applicable state and federal laws.
 - d. **Emergency Care:** The Contractor shall provide on-site emergency services.
 - e. **Release to Community:** The Contractor shall participate in comprehensive re-entry coordination for offenders into the community. Prior to discharge, the Contractor shall ensure continuity of healthcare and access to medical services for discharged offenders.
 - f. **Provision of Services for Disabled Persons:** The Contractor shall work closely with GDC to provide accommodations to offenders in compliance with the Americans with Disabilities Act (ADA), including provision of access to interpreters for American Sign Language (ASL), Limited English Proficient (LEP), etc. and provision of hearing aids, eyeglasses and other necessary durable medical equipment.
 - g. **Medical Equipment and Supplies:** The Contractor shall be responsible for the provision of all medical equipment (e.g., EKG machines, scales, beds, pulse oximeters, oxygen concentrators, etc.) and supplies (i.e., typically disposable) to deliver in-prison physical healthcare services. The Contractor shall be responsible for acquiring, maintaining, and replacing existing medical equipment (including telemedicine equipment). Any equipment purchased shall remain the property of the Contractor. In some cases, offenders may be released with durable medical equipment at no cost to the offender.
 - h. **Infirmity Care:** The Contractor shall provide appropriate 24-hour nursing services to oversee care for offenders admitted to an Infirmary.
 - i. **Accommodative Housing:** The Contractor shall provide appropriate 24-hour nursing services to oversee care for offenders admitted to accommodative housing units who need assisted living.

- j. **Mental Health Nursing:** The Contractor shall provide appropriate mental health nursing services to oversee care for offenders admitted to facilities with a mental health caseload.

3. **OUT-OF-PRISON CARE:** The Contractor shall develop and maintain a network of specialists, sub-specialists, facilities and other providers outside of prison facilities necessary to secure physical healthcare services that cannot be offered inside a prison, and including the following:

- a. **Specialty and Sub-Specialty Care:** The supplier shall provide access to specialty and sub-specialty care provided in a community setting within the State of Georgia outside of prison and necessary medical and support services to be administered and completed outside of the prison facilities and in a manner that prevents adverse outcomes.
- b. **Network Coverage:** The supplier is responsible for developing a sufficient network to cover all specialty needs not met with in-prison care, including long-term acute care facilities. The network shall be contracted at appropriate rates while encouraging quality care. The network shall have a sufficient number of providers located in proximity to GDC's prisons and shall have access to emergency medical care outside of the prison. The supplier shall actively educate the provider network on effective network participation to include timely scheduling, availability, and follow-up care.
- c. **Utilization Management:** The supplier shall be responsible for creating a Utilization Management (UM) program to ensure that in-prison and out-of-prison care (including hospitalizations) decisions are made based upon evidence-based criteria. The supplier shall monitor performance (e.g., expected vs. actual length of stay, expected intensity of care based on predictive analytics), quality improvements, evaluation of use of medical resource consumption, and patient outcomes to assess quality of care delivered.
- d. **Claims Processing:** The supplier shall be responsible for all facility and professional claims incurred for Medically Necessary services provided to offenders out-of-prison and in GDC's on-site clinics. The supplier shall provide comprehensive claims management (i.e., from claims submission to final adjudication). The supplier must maintain and provide GDC with access to electronically available claims information. The supplier may subcontract with a TPA for some or all claims processing functions as desired.
- e. **Medicaid Coordination:** The Contractor shall gather needed information and submit a Medicaid application to the Division of Family and Children Services in Richmond County, Georgia or as otherwise arranged by the GDC and the Georgia Department of Community Health for the determination of Medicaid eligibility for offenders who have in-patient hospital stays of twenty-four (24) hours or more. Such submissions should include the services provided by the hospital, all providers, and other services related to each hospitalization. Once the Medicaid decision has been made, the vendor shall provide the number to the hospital and all other providers if approved. If not eligible for Medicaid, the vendor shall process the claim as set forth in its agreement with that provider.

C. POPULATION HEALTH MANAGEMENT

Contractor shall develop an approach to population health management (e.g., the stratification of offenders to better manage care coordination across all settings and longer than a single episode of care).

D. IT SYSTEMS AND ELECTRONIC HEALTH RECORDS

Contractor shall develop and implement IT and network infrastructure to support data tracking and management, including provision of a Computerized Electronic Health Record (EHR). All systems and solutions must be interoperable with GDC's pharmacy, mental health, dental solutions and GDC's Offender Management Solution (Scribe) as well as include at least basic functionality to promote continuity of care and sharing of health information across providers, including in-prison and out-of-prison care.

E. COVERED BENEFITS AND SERVICES

1. Contractor shall provide Medically Necessary services in an amount, duration, and scope based upon generally accepted medical practices in light of Conditions at the time of treatment. Medically Necessary services are those that are:
 - a. Appropriate and consistent with the diagnosis of the treating Provider and the omission of which could adversely affect the offender's medical Condition;
 - b. Compatible with the standards of acceptable medical practice in the community;
 - c. Provided in a safe, appropriate, and cost-effective setting given the nature of the diagnosis and the severity of the symptoms;
 - d. Not provided solely for the convenience of the offender or the convenience of the Health Care Provider or hospital; and
2. There must be no other effective and more conservative or substantially less costly treatment, service and setting available.
2. Experimental, Investigational, Elective or Cosmetic Procedures, Drugs, Services, or Devices

In no instance shall the Contractor cover experimental, investigational, elective or cosmetic procedures, drugs, services or devices or those not recognized by the Federal Food and Drug Administration, the United States Public Health Service, Medicaid and/or the Department's contracted peer review organization as universally accepted treatment.

F. SPECIAL COVERAGE PROVISIONS

The GDC anticipates crafting a document similar to the Scope of Work in effect in its agreement with Augusta University/Georgia Correctional Healthcare to articulate the specific services to be provided to offenders. The most recently accepted responses and cost as expressed by Contractor in Exhibits 1 and 2 shall serve as the scope of work until

such time as a formal scope of work is provided. In the event a formal scope of work is created, the same shall be added to this agreement by written amendment and executed by both parties. Prior to the operational start date, the parties shall negotiate in good faith modifications to this contract in light of the information gleaned during the implementation and transition phase.

G. QUALITY MANAGEMENT AND PERFORMANCE IMPROVEMENT

1. General Provisions

- A. The Contractor shall provide for the delivery of quality care with the primary goal of improving the health status of offenders and, where an offender's condition is not amenable to improvement, maintain the offender's current health status by implementing measures to prevent any further decline in condition or deterioration of health status. This shall include the identification of offenders at risk of developing conditions, the implementation of appropriate interventions and designation of adequate resources to support the intervention(s).
- B. The Contractor shall seek input from, and work with, offenders, GDC's staff, Providers, community resources and agencies to actively improve the quality of care provided to offenders. The content and circulation methodology of surveys and other tools for offender satisfaction with care must be approved by the Assistant Commissioner for Health Services and the Assistant Commissioner for Facilities prior to distribution.
- C. The Contractor shall submit to annual auditing by the GDC or its designee. Facilities that are ACA accredited shall be assessed using ACA standards. Facilities that are not ACA accredited also will be subject to a MAG audit every three (3) years at the Contractor's expense. Any finding considered major will require a 90-day follow-up visit which will be scheduled by OHS within 90 to 180 days. Any finding considered critical will require a 45-day follow-up visit which will be scheduled by OHS within 45 to 90 days. All non-compliant findings should be addressed through a Corrective Action Plan (CAP). For Critical Findings, the CAP must be received by OHS for approval within 15 calendar days following receipt of final report. For other non-compliant findings, the CAP must be received by OHS for approval within 30 calendar days following receipt of final report.
- D. The Contractor shall establish a multi-disciplinary Quality Oversight Committee at each facility to oversee all Quality functions and activities. This committee shall meet at least quarterly, but more often if warranted. The formal organizational structure must include at a minimum, the following:
 - i. A designated health care practitioner, qualified by training and experience, to serve as the Quality Management Director;
 - ii. A committee which includes representatives from the provider

groups as well as clinical and non-clinical areas of the organization;

- iii. A senior executive who is responsible for program implementation;
- iv. Substantial involvement by the Contractor's Medical Director; and
- vi. Accountability to the Contractor's governing leadership on activities, findings, recommendations, actions, and results on a scheduled basis.

E. Contractor shall:

- i. Ensure that the Quality Oversight Committee maintains records that document the committee's activities, findings, recommendations, actions, and results;
- ii. Align its quality goals and the work of the Quality Oversight Committee to the terms of this agreement and the GDC's strategic goals related to offender healthcare, if any; and
- iii. Ensure that the Quality Oversight Committee reviews the medical record of a random sample of at least ten (10) offenders at each facility annually. This review shall assess, at a minimum, the completeness of the record, whether each offender's health has improved or deteriorated over the prior year, timeliness of services, the propriety of medical decision-making, utilization management, consistency of care, quality of care, and utilization management.

H. PERFORMANCE MEASURES

1. GDC and Contractor shall establish Quality-Based Measures for each measure identified in Attachment A to the RFP. It is important that the Contractor continually improve health outcomes from year to year. The performance measure targets will be updated annually concurrent with the renewal of the Agreement unless another time is agreed to in writing by the Parties.
2. GDC may also require a Corrective Action (CA) or Preventive Action (PA) form that addresses the lack of performance measure target achievements and identifies steps that will lead toward improvements. This evidence-based CA or PA form must be received by GDC within thirty (30) calendar days of receipt of notification of lack of achievement of performance targets. The CA or PA response must be approved by GDC prior to implementation. GDC may conduct follow up on-site reviews to verify compliance with a CA or PA response. The GDC may utilize Incentive Payments Adjustments if Contractor does not meet the performance measure targets for any one performance measure.

3. The performance measures apply to the offender populations as specified by the measures' technical specifications. Contractor performance is evaluated annually on the reported rate for each measure. Quality-Based Measures, benchmarks, and/or specifications may change annually to comply with industry standards and updates.
4. The Contractor and GDC will collaborate to validate Contractor's performance for each fiscal year and identify performance metrics for the new fiscal year. This assessment will be completed by August 31 of each year.

I. ADMINISTRATION AND MANAGEMENT

1. The Contractor shall be responsible for the administration and management of all requirements of this Contract. All costs related to the administration and management of this Contract shall be the responsibility of the Contractor.
2. Contractor's management staff must be accessible to the GDC during state business hours and available for virtual meetings within twenty-four (24) hours notice.
3. The Contractor must provide at least one management point of contact such that the GDC is able to reach a manager twenty-four (24) hours per day, seven (7) days per week, 365 days per year, including State and Federal holidays.
4. The Contractor shall conduct on-going training for its entire staff, in all departments, to ensure appropriate functioning in all areas and to ensure that staff is aware of all programmatic changes. The Contractor must train its staff using a curriculum specific to their areas of responsibility. The training program must include at least forty (40) hours of training on topics required by the GDC for ACA accreditation. Staff must receive training about the functionality of Information Systems so that they are fully capable of using the systems to complete their job functions. The Contractor shall also ensure that staff have the necessary qualifications and education to perform their assigned jobs. The Contractor shall submit a staff-training plan to GDC for initial review and approval and as updated thereafter. All In-Prison staff must maintain annual BCLS credentials.

J. CLAIMS MANAGEMENT

- A. Contractor shall be responsible for all facility and professional claims incurred for Medically Necessary services provided to offenders out-of-prison and in GDC's on-site clinics. The supplier shall provide comprehensive claims management (i.e., from claims submission to final adjudication). The supplier must maintain and provide GDC with access to electronically available claims information. The supplier may subcontract with a TPA for some or all claims processing functions as desired. The Contractor shall have adequate systems and staff in place to ensure that the provision of services under this Contract is properly documented, accounted for, and reported.

- B. The Contractor shall administer an effective, accurate and efficient claims processing function that adjudicates and settles Provider Claims for Covered Services that are filed within a timely manner.
- C. The Contractor shall perform and submit to GDC monthly scheduled Global Claims Analyses to ensure an effective, accurate, and efficient claims processing function that adjudicates and settles Provider Claims. In addition, the Contractor shall assume all costs associated with Claims processing, including the cost of reprocessing/resubmission, due to processing errors caused by the Contractor or to the design of systems within the Contractor's Span of Control. If, based on its review of such analysis, GDC finds the Contractor's claims management system and/or processes to be insufficient, GDC may require from the Contractor a Corrective Action Plan outlining how it will address the identified issues.
- I. The GDC plans to utilize Encounter data to determine the adequacy of medical services and to evaluate the Quality of care rendered to offenders GDC will use the following requirements to establish the standards for the submission of data and to measure the compliance of the Contractor to provide timely, complete and accurate information. Encounter data from the Contractor also allows GDC to budget available resources, monitor Utilization, follow public health trends and detect potential Fraud. Most importantly, it allows GDC to make recommendations that can lead to the improvement of Health Care outcomes.
- J. The Contractor shall work with all contracted Providers to implement standardized billing requirements to enhance the Quality and accuracy of the billing data submitted.
- K. Information to be gathered by Contractor for all claims should include at least the following so that Contractor and GDC can identify the offender to whom the service was provided:
 - a. Patient name;
 - b. Date of birth;
 - c. GDC#;
 - d. GDC assigned facility;
 - e. Place of service;
 - f. Date of service;
 - g. Type of service;
 - h. Units of service;
 - i. Diagnosis information;

- j. Treating Provider information;
 - k. Amount billed;
 - l. Date of bill;
 - m. Payment status;
 - n. Amount paid
 - o. Date paid; and
 - p. Payment method.
- L. The Contractor shall submit to GDC monthly Claims Processing Reports may be requested from time to time.

K. INFORMATION MANAGEMENT AND SYSTEMS

1. The Contractor shall develop, maintain and update, at no additional cost to GDC or Providers, an Electronic Health Record (EHR) system for the purpose of integrating all components of the delivery of care to offenders. The system shall have the capability to securely store and transmit information, interface with other relevant systems and report data in a format specified by GDC. The Contractor shall ensure the system is available and accessible to users at times and in a format that encourages meaningful use by stakeholders at workstations it provides for its employees, contractors, subcontractors, and other approved users.
2. The Contractor shall have Information management processes and Information Systems (hereafter referred to as Systems) that enable it to meet all contractual requirements, State and federal reporting requirements, all other Contract requirements and any other applicable State and federal laws, rules and regulations, as amended, including HIPAA.
3. The Parties specifically agree that the rights to any Proprietary Software licensed or developed by Contractor pursuant to this Contract shall rest and remain with Contractor, subject to the License. During the term of this Contract, Contractor hereby grants GDC a nonexclusive, term license to use any Proprietary Software owned or sublicensed to GDC by Contractor. In the event of termination of this Contract, a nonexclusive and irrevocable license to use any Proprietary Software necessary and appropriate to GDC business continuity shall be issued to GDC by Contractor following the cost schedule below:

GDC's termination of the physical healthcare services contract without cause prior to the start date of contract year six would result in a pro-rata reimbursement of the estimated EHR implementation costs of \$6.921 million. Additionally, the new physical healthcare services vendor would be required to staff the IT-related positions supporting the on-going training needs in the GDC

facilities at their expense.

Wellpath Proposed EHR Costs for Contract Termination Years 1-5					
Category	Year 1	Year 2	Year 3	Year 4	Year 5
License Fee	\$1,538,604	\$1,584,763	\$1,632,305	\$1,681,275	\$1,731,713
EHR Implementation Reimbursement*	\$5,536,800	\$4,152,600	\$2,768,400	\$1,384,200	\$0
Total Costs	\$7,075,404	\$5,737,363	\$4,400,705	\$3,065,475	\$1,731,713

* Amounts represent reimbursement due to Wellpath with cancellation of the physical healthcare services contract by GDC without cause at the end of each contract year.

If the Department or subsequent provider were to need professional services, those would be made available at the prevailing rate, which today is \$150 per hour.

4. The Contractor is responsible for maintaining Systems that shall possess capacity sufficient to handle the workload projected for the start of the program and will be scalable and flexible enough to adapt as needed, within negotiated timeframes, in response to program or Enrollment changes.
5. The Contractor shall provide a Web-accessible system hereafter referred to as the GDC Portal that designated GDC and other state agency resources can use to access Quality and performance management information as well as other system functions and information as described throughout this Contract. Access to the GDC Portal shall be managed as described in the System and Data Integration Requirements below.
6. The Contractor shall attend GDC's Systems Work Group meetings as needed.
7. The Contractor shall provide a continuously available electronic mail communication link (E-mail system) with the State. This system shall be:
 - a. Available from the workstations of the designated Contractor contacts; and
 - b. Capable of attaching and sending documents created using software products other than Contractor systems, including the State's currently installed version of Microsoft Office and any subsequent upgrades as adopted.
8. By no later than the 30th of April of each year, the Contractor will provide GDC with an annual progress/status report of the Contractor's Systems refresh plan for the upcoming State fiscal year. The plan will outline how Systems within the Contractor's Span of Control will be systematically assessed to determine the need to modify, upgrade and/or replace application software, operating hardware and software, telecommunications capabilities, information management policies and procedures, and/or Systems management policies and procedures in response to changes in

business requirements, technology obsolescence, staff turnover and other relevant factors. The Systems refresh plan will also indicate how the Contractor will ensure that the version and/or release level of all of its Systems components (application software, operating hardware, operating software) are always formally supported by the original equipment manufacturer (OEM), software development firm (SDF) or a third party authorized by the OEM and/or SDF to support the Systems' components. The Contractor is responsible for all costs associated with the Contractor's Systems refresh plan.

9. The Contractor shall comply with federal and State policies, standards and regulations in the design, development and/or modification of the Systems it will employ to meet the aforementioned requirements and in the management of Information contained in those Systems. Additionally, the Contractor shall adhere to GDC and State-specific system and data architecture preferences as indicated in this Contract and Attachment U to the RFP.
10. All technology developed and/or used by Contractor shall contain industry standard controls to maintain information integrity applicable to privacy and security, especially PHI. These controls shall be in place at all appropriate points of processing. The controls shall be tested in periodic and spot audits following a methodology to be developed jointly and mutually agreed upon by the Contractor and GDC.
11. Where Web services are used in the engineering of applications, the Contractor's Systems shall conform to World Wide Web Consortium (W3C) standards such as XML, UDDI, WSDL and SOAP so as to facilitate integration of these Systems with GDC and other State systems that adhere to a service-oriented architecture.
12. Audit trails shall be incorporated into all Systems to allow information on source data files and documents to be traced through the processing stages to the point where the Information is finally recorded. The audit trails shall:
 - a. Contain a unique log-on or terminal ID, the date, and time of any create/modify/delete action and, if applicable, the ID of the system job that effected the action;
 - b. Have the date and identification "stamp" displayed on any on-line inquiry;
 - c. Have the ability to trace data from the final place of recording back to its source data file and/or document;
 - d. Be supported by listings, transaction Reports, update Reports, transaction logs, or error logs;
 - e. Facilitate auditing of individual Claim records as well as batch audits; and

- f. Be maintained for seven (7) years in either live and/or archival Systems, as applicable. The duration of the retention period may be extended at the discretion of and as indicated to the Contractor by the State as needed for ongoing audits or other purposes.
- 13. The Contractor shall house indexed images of documents used by offenders and Providers to transact with the Contractor in the appropriate database(s) and document management systems to maintain the logical relationships between certain documents and certain data.
 - 14. The Contractor shall institute processes to ensure the validity and completeness of the data it submits to GDC. At its discretion, GDC will conduct general data validity and completeness audits using industry-accepted statistical sampling methods.
 - 15. The Contractor System(s) shall conform to HIPAA standards for information exchange, and as updated thereafter.
 - 16. Contractor Systems shall conform to any applicable Application, Information and Data, Middleware and Integration, Computing Environment and Platform, Network and Transport, and Security and Privacy policy and standard issued by GTA as stipulated in the appropriate policy/standard, and as updated thereafter. These policies and standards can be accessed at <https://gta-psg.georgia.gov/>.
 - 17. The Contractor's Systems shall employ an access management function that restricts access to varying hierarchical levels of system functionality and Information. The access management function shall:
 - a. Restrict access to Information on a "need to know" basis, e.g. users permitted inquiry privileges only will not be permitted to modify information;
 - b. Restrict access to specific Systems' functions and information based on an individual user profile, including inquiry only capabilities; global access to all functions will be restricted to specified staff jointly agreed to by GDC and the Contractor;
 - c. Restrict attempts to access Systems' functions (both internal and external) to three (3), with a system function that automatically prevents further access attempts and records these occurrences; and
 - d. At a minimum, follow the GTA Security Standard and Access Management protocols, and updates thereto.
 - 18. The Contractor shall make System Information available to duly Authorized Representatives of GDC to evaluate, through inspections or other means, the quality, appropriateness and timeliness of services performed.
 - 19. The Contractor shall ensure that the EHR system is available to the applicable System users twenty-four (24) hours a day, seven (7) Days a week,

except during periods of scheduled System Unavailability agreed upon by GDC and the Contractor. Unavailability caused by events outside of a Contractor's Span of Control is outside of the scope of this requirement.

20. The response time for record searches shall be within three (3) seconds for ninety-eight percent (98%) of the record searches as measured from a representative sample of GDC System Access Devices, as monitored by the Contractor. The response time for record retrieval shall be within three (3) seconds for ninety-eight percent (98%) of the records retrieved as measured from a representative sample of GDC System Access Devices.
21. The Contractor shall develop an automated method of monitoring the EHR System functions on at least a thirty (30) minute basis twenty-four (24) hours a day, seven (7) Days per week. The monitoring method shall separately monitor for availability and performance/response time each component.
22. Upon discovery of any problem within its Span of Control that may jeopardize System availability and performance as defined in this Section of the Contract, the Contractor shall notify the GDC designee, in person, via phone or electronic mail, followed by surface mail notification.
23. The Contractor shall deliver notification as soon as possible but no later than 7:00 pm EST if the problem occurs during the Business Day and no later than 9:00 am EST the following Business Day if the problem occurs after 7:00 pm.
24. Where the operational problem results in delays in report distribution or problems in on-line access during the Business Day, the Contractor shall notify the GDC designee, within fifteen (15) minutes of discovery of the problem, in order for the applicable work activities to be rescheduled or be handled based on System Unavailability protocols.
25. The Contractor shall provide to the GDC designee, information on System Unavailability events, as well as status updates on problem resolution. These up-dates shall be provided on an hourly basis and made available via electronic mail, telephone and the Contractor's Web Site/GDC Portal.
26. Unscheduled System Unavailability of the EHR System functions, caused by the failure of systems and telecommunications technologies within the Contractor's Span of Control will be resolved, and the restoration of services implemented, within thirty (30) minutes of the Contractor's discovery of System Unavailability. Unscheduled System Unavailability to all other Contractor System functions caused by systems and telecommunications technologies within the Contractor's Span of Control shall be resolved, and the restoration of services implemented, within four (4) hours of the Contractor's discovery of System Unavailability.
27. Cumulative System Unavailability caused by systems and telecommunications technologies within the Contractor's Span of Control shall not exceed one (1) hour during any continuous five (5) Calendar Day period.

28. The Contractor shall not be responsible for the availability and performance of systems and telecommunications technologies outside of the Contractor's Span of Control. The Contractor is obligated to work with identified vendors to resolve and report system availability and performance issues.
29. Full written documentation that includes a Corrective Action or Remedial Action response that describes what caused the problem, how the problem will be prevented from occurring again, and within a set time frame for resolution must be submitted to GDC within the GDC required timeframe of the problem's occurrence.
30. Regardless of the architecture of its Systems, the Contractor shall develop and be continually ready to invoke a business continuity and disaster recovery (BC-DR) plan that at a minimum addresses the following scenarios: (a) the central computer installation and resident software are destroyed or damaged, (b) System interruption or failure resulting from network, operating hardware, software, or operational errors that compromises the integrity of transactions that are active in a live system at the time of the outage, (c) System interruption or failure resulting from network, operating hardware, software or operational errors that compromises the integrity of data maintained in a live or archival system, and (d) System interruption or failure resulting from network, operating hardware, software or operational errors that does not compromise the integrity of transactions or data maintained in a live or archival system but does prevent access to the System, i.e. causes unscheduled System Unavailability.
31. The Contractor shall periodically, but no less than annually, test its BC-DR plan through simulated disasters and lower level failures in order to demonstrate to the State that it can restore System functions per the standards outlined elsewhere in this Contract. The Contractor will prepare a report of the results of these tests and present to GDC staff within five (5) business days of test completion. GDC or its designee, federal auditors, or the State Auditor, reserves the right to conduct a site visit of the Contractor's disaster recovery location with one (1) day prior notice.
32. In the event that the Contractor fails to demonstrate in the tests of its BC-DR plan that it can restore system functions per the standards outlined in this Contract, the Contractor shall be required to submit to the State a CAPA that describes how the failure will be resolved. The CAPA will be delivered within five (5) Business Days of the conclusion of the test.
33. The Contractor shall submit monthly System Availability and Performance Reports to GDC as described in the RADs, as amended from time to time, and expressly incorporated by reference into the Contract as if completely restated herein.
34. The Contractor shall provide Systems Help Desk (SHD) services to its staff and all GDC staff that may have direct access to Contractor Systems. The SHD shall be available via local and toll free telephone service and via e-mail twenty-four (24) hours per day, seven (7) days per week, 365 days per year, including State and Federal holidays at the Contractor's expense.

35. SHD staff shall answer user questions regarding Contractor Systems' functions and capabilities; report recurring programmatic and operational problems to appropriate Contractor or GDC staff for follow-up; redirect problems or queries that are not supported by the SHD, as appropriate, via a telephone transfer or other agreed upon methodology; and redirect problems or queries specific to data access authorization to the appropriate State login account administrator.
36. Additionally, the Contractor shall have an IT service management system that provides an automated method to record, track, and report on all questions and/or problems reported to the SHD. The service management system shall:
 - a. Assign a unique number to each recorded incident;
 - b. Create State defined extract files that contain summary information on all problems/issues received during a specified time frame;
 - c. Escalate problems based on their priority and the length of time they have been outstanding;
 - d. Perform key word searches that are not limited to certain fields and allow for searches on all fields in the database;
 - e. Notify support personnel when a problem is assigned to them and re-notify support personnel when an assigned problem has escalated to a higher priority;
 - f. Generate a list of all problems assigned to a support person or group;
 - g. Perform searches for duplicate problems when a new problem is entered;
 - h. Allow for entry of at least five hundred (500) characters of free form text to describe problems and resolutions; and
 - i. Generate Reports that identify categories of problems encountered, length of time for resolution, and any other State-defined criteria.
37. The Contractor shall absorb the cost of routine maintenance, inclusive of defect correction, Systems changes required to effect changes in State and federal statute and regulations, and production control activities, of all Systems within its Span of Control.
38. The Contractor shall provide GDC prior written notice of non-routine System changes excluding changes prompted by events described in the Systems Access management and Information Accessibility Requirements section above and including proposed corrections to known system defects, within ten (10) Calendar Days of the projected date of the change. As directed by the State, the Contractor shall discuss the proposed change in the Systems Work

Group.

39. The Contractor shall respond to State reports of System problems not resulting in Systems Unavailability and shall perform the needed changes according to the following timeframes:
 - a. Within five (5) Calendar Days of receipt, the Contractor shall respond via phone and in writing via email to notices of system problems.
 - b. Within fifteen (15) Calendar Days, the correction will be made and confirmed to the State or a Requirements Analysis and Specifications document will be due.
 - c. The Contractor will correct the deficiency by an effective date to be determined by GDC.
40. Contractor Systems will have a system-inherent mechanism for recording any change to a software module or subsystem. The Contractor shall put in place procedures and measures for safeguarding the State from unauthorized modifications to Contractor Systems.
41. Unless otherwise agreed to in advance by GDC as part of the activities described in the System User and Technical Support Requirements section above, scheduled System Unavailability to perform System maintenance, repair and/or upgrade activities shall take place between 11:00 p.m. EST on a Saturday and 6:00 a.m. EST on the following Sunday.
42. The Contractor shall provide for the physical safeguarding of its data processing facilities and the systems and information housed therein. The Contractor shall provide GDC with access to data facilities upon GDC request. The physical security provisions shall be in effect for the life of this Contract and thereafter.
43. The Contractor shall restrict perimeter access to equipment sites, processing areas, and storage areas through a card key or other comparable system, as well as provide accountability control to record access attempts, including attempts of unauthorized access.
44. The Contractor shall include physical security features designed to safeguard processor site(s) through required provision of fire-retardant capabilities, as well as smoke and electrical alarms, monitored by security personnel.
45. The Contractor will put in place procedures, measures and technical security to prohibit unauthorized access to the regions of the data communications network inside of a Contractor's Span of Control.
46. The Contractor shall develop, prepare, print, maintain, produce, and distribute distinct System Design and Management Manuals, User Manuals and Quick/Reference Guides, and any updates thereafter, for GDC and other agency staff that use the GDC Portal. The Systems User Manuals shall contain information about, and instructions for, using applicable System functions

and accessing applicable system's data. When Systems change are subject to State approval, the Contractor shall draft revisions to all appropriate manuals impacted by the system change, i.e. user manuals, technical specifications etc., prior to State approval of the change. All of the aforementioned manuals and reference guides shall be available in printed form and on-line. The manuals will be published in accordance to the applicable GDC and/or Georgia Technology Authority (GTA) standard. Updates to the electronic version of these manuals shall occur in real time; updates to the printed version of these manuals shall occur within ten (10) Business Days of the update taking effect.

47. The Contractor shall submit to GDC a monthly Systems Availability and Performance Report as described in the RADs, as amended from time to time, and expressly incorporated by reference into the Contract as if completely restated herein.

L. MONITORING AND REPORTING

1. The Contractor shall support GDC in its program monitoring and reporting efforts for program performance and trending analyses through submission of ongoing, dashboard and ad hoc reports to GDC for all activities described in the Contract. The Contractor shall provide ad hoc reports to GDC upon request and within timeframes agreed to by GDC and the Contractor.
2. The Contractor shall meet with GDC Business Owners during implementation to discuss all data requirements and the Contractor's recommended reports. The Contractor shall accommodate GDC's requests for data and reporting based on implementation decisions as well as for ongoing requests during operations.
3. The Contractor shall comply with all the reporting requirements established by this Contract and shall submit all Reports included in this Contract. The Contractor shall create Reports using the formats, including electronic formats, instructions, and timetables as specified by GDC, at no cost to GDC. **GDC may modify reports, specifications, templates, or timetables as necessary during the Contract year.** Contractor changes to the format must be approved by GDC prior to implementation. The Contractor's failure to submit the Reports as specified may be considered a failure to meet one or more of the Quality-Based Measures.
4. The Contractor shall submit the Deliverables and Reports for GDC review and approval according to the following timelines, **unless otherwise indicated.**
 - a. Weekly Reports shall be submitted on the same day of each week as determined by GDC;
 - b. Monthly Reports shall be submitted within five (5) business days of the end of each month;
 - c. Quarterly Reports shall be submitted within five (5) business days for

the quarter immediately preceding the due date;

- d. Annual Reports shall be submitted within thirty (30) Calendar Days following the twelfth (12th) month of the contract year ending June 30th;
 - e. Ad-Hoc, as determined by GDC; and
 - f. Other Reports (bi-annual, according to the due date of the respective report).
- 5. The Contractor shall, upon request of GDC, generate any additional data or reports at no additional cost to GDC within a time period prescribed by GDC. The Contractor's responsibility shall be limited to data in its possession.
 - 6. The GDC will periodically publish information or receive requests from audiences such as legislators that may require data from the Contractor. GDC will provide the Contractor with information about the data GDC would like to publish or must produce, and the Contractor shall produce all reports or summary data for GDC to incorporate into a larger report. The Contractor shall develop these reports considering the audience to be targeted.
 - 7. The Contractor shall not publish reports on its website or any other forum without prior consent from GDC.
 - 8. The Contractor must be prepared to participate in regularly scheduled meetings with GDC staff to review decisions, resolve issues and define operational enhancements. These meeting schedules will be determined by GDC.
 - 9. The Contractor and its various levels of staff as determined by GDC must also attend an onsite meeting at GDC to report on all activities, trends, opportunities for improvement and recommendations for programmatic and policy changes at the frequency determined by GDC. Contractors must provide best practices and lessons learned to reach program goals.

VI. PAYMENT FOR SERVICES

- A. GDC will compensate the supplier for services provided through a target cost plus incentive fee structure. The target cost shall be the agreed upon POPM rates for in-prison care, out-of-prison care and administrative costs. The POPM cost/rate to GDC each month will be calculated by multiplying the rate by that month's Average Daily Population (ADP) identified from the first to the final day of the month. GDC will calculate ADP at the close of each month and provide to the supplier for invoicing on the 5th business day of the following month. For example, when calculating the ADP for January, GDC will determine the number of offenders across its facilities from the 1st of January to the 31st of January. By the 5th business day in February, GDC will provide the supplier with the January ADP for invoicing. Incentives specific to in-prison care, out-of-prison care and administrative costs will take the form of risk-sharing of costs below and above target for in-prison and out-of-

prison care only. In order to calculate risk-sharing amounts, the actual incurred cost will be compared to the projected cost from the contract. Savings under the projected cost are referred to as “costs below target”, or “gain-share.” These will be shared between the supplier and GDC at an allocation agreed to by GDC and the supplier. “Costs above target”, or “loss-share”, refers to incremental costs above the projected costs. These also will be shared between the supplier and GDC at an allocation proposed by the supplier and finalized during negotiations. Additional incentives associated with quality-based measures and how they shall be applied during invoicing will be finalized during negotiations. The supplier will be responsible for the reconciliation (i.e., tracking, reporting) of the actual costs incurred compared to the projected costs from the contract on an annual basis. Payments associated with incentives will be assessed at the end of each contract year. The first 12-months of the contract will be considered a reporting year. During the first 12-months of providing the contract services, the supplier will be responsible for tracking the actual costs incurred, however, risk-share related payments will not be made. Starting after the conclusion of the initial 12-month contract period, payment to the supplier will be adjusted based on the risk-sharing arrangement agreed upon between the supplier and GDC.

- B. At a minimum, monthly invoices shall include the date that the invoice was submitted, the invoice number, a line item for each of in-prison care, out-of-prison care and administrative costs that shows the agreed upon POPM rate for each line, the ADP for the month being invoiced, the total monthly cost for each line and the total monthly cost for all lines. In addition to the monthly invoice, GDC requires the Contractor to provide a breakdown of the total monthly costs for each facility, a breakdown of the total actual monthly out-of-prison care costs showing how much was spent on clinical care and hospital care and the actual monthly costs for long-term care. GDC reserves the right to require the Contractor to provide additional information concerning the actual costs associated with services provided under this contract within thirty (30) calendar days of the written request being submitted to the Contractor. The Contractor shall submit an invoice no later than (insert a day certain i.e. 10th calendar/business) the 20th calendar day of the month immediately following the month in which services were rendered. Invoices submitted thirty (30) calendar days after the termination date of this agreement shall not be paid by the Department. GDC shall pay all approved invoices in arrears and in accordance with applicable provisions of State law. Unless otherwise agreed in writing by the State Entity and the Contractor, the Contractor shall not be entitled to receive any other payment or compensation from the State Entity for Services provided by or on behalf of the Contractor under the Contract. The Contractor shall be solely responsible for paying all costs, expenses and charges it incurs in connection with its performance under the Contract. If the State Entity in good faith determines that the Contractor has failed to perform or deliver Services as required by the Contract, the Contractor shall not be entitled to any compensation under the Contract until such Service is performed or delivered. In this event, the State Entity may withhold that portion of the Contractor's compensation which represents payment for Services that were not performed or delivered. To the extent that the Contractor's failure to perform or deliver in a timely manner causes the State Entity to incur costs,

the State Entity may deduct the amount of such incurred costs from any amounts payable to Contractor. The State Entity's authority to deduct such incurred costs shall not in any way affect the State Entity's authority to terminate the Contract. In the event that the Contractor owes the State Entity and/or the State any sum under the terms of the Contract, pursuant to any judgment, or pursuant to any law, the State Entity and/or the State may set off the sum owed against any sum owed by the State Entity to the Contractor in the State Entity's sole discretion.

- C. GDC reserves the right to change the quality-based measures and associated incentives over the term of this Contract by written amendment with the mutual agreement of the Contractor.
- D. The Contractor shall establish and maintain such net worth, working capital and financial reserves sufficient to perform under the terms of this agreement. The Contractor shall provide assurances to the State that its provision against the risk of insolvency is adequate such that the GDC shall never be liable for its debts in the event of insolvency. As part of its accounting and budgeting function, the Contractor shall establish an actuarially sound process for estimating and tracking incurred but not reported costs. As part of its reserving process, the Contractor shall conduct annual reviews to assess its reserving methodology and make adjustments as necessary.
- E. The Contractor shall cost avoid all Claims for services that are subject to payment from a third-party health insurance carrier, Medicaid, or some other party or insurer who may be financially responsible for an offender's care, if possible. The GDC shall make available such information as is within its records to assist Contractor with such and will liaise with DOAS to the extent that that agency seeks to recover the cost thereof from an alleged outside tortfeasor who is responsible for an offender's need for medical care.

VII. OWNERSHIP AND USE OF DATA

- A. All data created from information, documents, messages (verbal or electronic), reports, or meetings involving or arising out of this Contract, including each offender's medical record, is owned by GDC (hereafter referred to as "GDC Data"). Press and other inquiries related to the Contract shall be referred to the GDC's Public Affairs Office for consideration before a response is issued. GDC, at its sole discretion, may direct Contractor to decline to respond, or to include or exclude certain information in its response. The Contractor is expressly prohibited from sharing or publishing GDC Data without the prior written consent of GDC. In the event of a dispute regarding what is or is not GDC Data, GDC's decision on this matter shall be final and not subject to Appeal.
- B. If GDC consents to the publication of its Data by Contractor, Contractor shall display the following statement within the publication in a clear and conspicuous manner:

"This publication is made possible by the Georgia Department of Corrections (GDC) through a contract

managed by (Contractor's name). Neither GDC or (Contractor's name) is responsible for any misuse or copyright infringement with respect to the publication."

The statement shall not be considered clear and conspicuous if it is difficult to read or hear, or if the placement is easily overlooked.

- C. The Parties also understand and agree that any software created by or licensed to Contractor, including upgrades or enhancements to software programs, hardware, or other equipment, whether electronic or physical, shall be the property of Contractor and made at the Contractor's expense only, unless the upgrade or enhancement is made at the Department's request and solely for the Department's use exclusive of the deliverables contemplated by this Contract. Any upgrades or enhancements requested by and made for the Department's sole use shall become the Department's property without exception or limitation. The Contractor agrees that it will facilitate the Department's use of such upgrade or enhancement and cooperate in the transfer of ownership, installation, and operation by the Department.
- D. The Contractor warrants that all Deliverables provided by the Contractor do not and will not infringe or misappropriate any right of any third party based on copyright, patent, trade secret, or other intellectual property rights. In case the Deliverables or any one or part thereof is held or alleged to constitute an infringement or misappropriation, or the use thereof is enjoined or restricted or if a proceeding appears to the Contractor to be likely to be brought, the Contractor will, at its own expense, either procure for the Department the right to continue using the Deliverables; or modify or replace the Deliverables to comply with the Specifications so that no violation of any intellectual property right occurs. If Contractor fails to comply with the terms and conditions set forth in this Section, GDC shall have the option to terminate the Contract.
- E. If the Department reasonably requests specific customization of software programs, hardware, or other equipment, whether electronic or physical after the initial term of this Contract begins, the Contractor shall promptly assess required modifications and the parties shall discuss in good faith resources required to implement such customization.
- F. All system changes required to comply, enable, and operate data transfers pursuant to this Contract shall be enabled, completed, and operated at no cost to GDC.
- G. The Parties agree that the required system changes are not complete until they are fully implemented, tested and approved by GDC prior to the live date. In any event, GDC's determination on whether the system changes are complete and satisfactory shall be conclusive and final.

VIII. BUSINESS CONTINUITY/DISASTER RECOVERY

- A. Contractor shall provide and maintain for the life of the Contract a detailed

Business Continuity and Disaster Recovery (BC-DR) Plan that will be implemented in the event that Contractor's facility experiences a disaster (for example, power outages, computer virus infections, natural disaster, facility evacuations, etc.) that impacts fulfilling the requirements of this Contract. The BC-DR Plan shall include the following:

1. Notification process;
 2. Identification of the Contractor's disaster recovery location and equipment;
 3. Testing frequency of the plan; and
 4. Step-by-step explanation of the backup and recovery procedures of services, which must include the number of hours to complete each step within a twelve (12) hour period.
- B. Contractor shall submit an updated BC-DR Plan within thirty (30) Calendar Days of notification of Contract renewal.
- A. Contractor shall conduct an annual Disaster Recovery Plan Review and exercise/drill at the Contractor's own expense. The review must test all components of the Contractor's operation, including services provided by any third parties. A written report of the findings must be delivered to GDC within fifteen (15) Calendar Days of the date that the test is conducted. The Contractor must develop a written CAP for any deficiencies noted in the test and must thoroughly re-test until satisfactory results are achieved and maintained.
- B. Contractor shall maintain sufficient reserved funds or insurance to provide for such business continuity plan.

IX. CONTRACTOR STAFFING

- A. The Contractor shall demonstrate to GDC's satisfaction that it has the necessary staffing, by function and qualifications, to fulfill its obligations as described in the Scope of Work. The Contractor shall provide a detailed listing of contact information for all of its Material Subcontractors, including a description of the Subcontractor's organization and the responsibilities that are delegated to the Subcontractor. The Contractor will not contract with or permit the performance of any work or services by Material Subcontractors without prior written consent of GDC.
- B. The Contractor warrants and represents that all persons, including Subcontractors, independent contractors and consultants assigned by it to perform this Contract, shall be employees or formal agents of the Contractor and shall have the credentials necessary (i.e., licensed, and bonded, as required) to perform the work required herein; failure to notify GDC of replacement of Subcontractors will be considered breach of contract. The Contractor shall include a similar provision in any contract with any Subcontractor selected to perform work hereunder. The Contractor also

agrees that GDC may approve or disapprove the Contractor's Subcontractors or its staff assigned to this Contract prior to the proposed staff assignment. GDC's decision on this matter shall not be subject to Appeal.

- C. The Contractor shall ensure that all personnel involved in activities that involve clinical or medical decision making have a valid, active, and unrestricted license to practice and Board certification or Board eligibility for the American Board of Medical Specialties. Each provider's credentials shall be verified on an annual basis at Contractor's expense, and documentation thereof shall be provided to the GDC.
- D. In addition, the Contractor warrants that all persons assigned by it to perform work under this Contract shall be employees or authorized Subcontractors of the Contractor and shall be fully qualified, as required in the RFP and specified in the Contractor's Proposal and in this Contract, to perform the services required herein. Personnel commitments made in the Contractor's Proposal shall not be changed unless approved by GDC in writing. Staffing will include the named individuals at the levels of effort proposed.
- E. The Contractor shall provide and maintain sufficient qualified personnel and staffing to enable the Deliverables to be provided in accordance with the RFP, the Contractor's Proposal and this Contract. The Contractor shall submit to GDC a detailed staffing plan, within thirty (30) Calendar Days of the Contract Effective Date which includes plans to fill any staffing needs to have a sufficient level of support during the Implementation Phase and after the Operational Start Date. Such staffing plan must include a timetable for filling all staffing position(s) after the Contract Effective Date. The Contractor must provide GDC with resumes of Key Staff, reporting responsibilities, Contractor staff to offender ratios and an organizational chart during the Implementation Phase with updates provided to GDC within two (2) Business Days of any changes or vacancies. The staffing must include the employees and management for all functions.
- F. At a minimum, the Contractor shall provide the following Key Staff:
 - 1. A dedicated project manager to lead program implementation and facilitate ongoing operations. The Project Manager must be stationed at the Contractor's office in the State of Georgia. The Project Manager must also be onsite at the GDC offices in or near Atlanta, Georgia and/or Forsyth, Georgia at times specified by GDC during the planning, implementation and deployment phases of the Contract.
 - 2. An Executive Administrator who is a full-time administrator with clear authority over the general administration and implementation of the requirements detailed in this Contract.
 - 3. A Medical Director who is a licensed physician in the State of Georgia with Board Certification and an unrestricted license to practice. The Medical Director shall be actively involved in all major clinical program components of the contract, shall be responsible for the

sufficiency and supervision of the Provider network, and shall ensure compliance with federal, State and local reporting laws on communicable diseases, child abuse, neglect, etc.

4. A Quality Improvement Director with appropriate education, training and licensure, if applicable.
 5. A Chief Financial Officer who oversees all budget and accounting systems.
 6. Utilization Management Director.
 7. An Information Management and Systems Director and a complement of technical analysts and business analysts as needed to maintain the operations of Contractor Systems and to address System issues in accordance with the terms of this Contract.
- G. The Contractor shall comply with all staffing/personnel obligations set out in the RFP and this Contract, including but not limited to those pertaining to security, health, and safety issues.
- H. The Contractor shall provide the Assistant Commissioner for Health Services with a staff roster every ninety (90) days during the Term of the Contract. This roster shall set forth the names, titles, and physical location of all members of Contractor's staff (including Subcontractor and Contractor affiliates), their areas of assignment and the number of hours they are required to work.
- I. GDC may reject any proposed changes in key staff and may require the removal or reassignment of any Contractor employee or Subcontractor employee that the Department deems to be unacceptable in the exercise of its reasonable judgment. The Department's decision on this matter shall be final.
- J. Notwithstanding the above provisions, the Parties acknowledge and agree that the Contractor may terminate any of its employees designated to perform work or services under this Contract, as permitted by applicable law. In the event of Contractor termination of any key staff, Contractor will provide GDC with immediate notice of the termination, the reason(s) for the termination, and an action plan for replacing the discharged employee with a person of equivalent training, experience, and talent within ten (10) Calendar Days of the termination.
- K. The Contractor shall notify GDC within five (5) Business Days, via written communication, prior to any changes to key staff. The Contractor shall replace any of the key staff with a person of equivalent experience, knowledge and talent. Within ten (10) Calendar Days of the termination, Contractor shall provide the Assistant Commissioner for Health Services with the resume of the proposed replacement and offer the Assistant Commissioner for Health Services, and/or his authorized representatives, the opportunity to interview that person. If the Assistant Commissioner for

Health Services is not reasonably satisfied with the apparent skill and qualifications of the proposed replacement, he or she shall notify Contractor within ten (10) Calendar Days after receiving the resume or conducting the interview (whichever occurs last). Once that has occurred, the Contractor shall propose another replacement and the Assistant Commissioner for Health Services shall have the same right of approval. Such process shall be repeated until a proposed replacement is approved by the Assistant Commissioner for Health Services. If, after sixty (60) Calendar Days from the notice of termination, a qualified replacement is not approved, Contractor may be found to have not met a key performance indicator.

- L. GDC also may require the removal or reassignment of any Contractor employee or Subcontractor employee that GDC deems to be unacceptable. GDC's decision on this matter shall not be subject to Appeal. Notwithstanding the above provisions, the Parties acknowledge and agree that the Contractor may terminate any of its employees designated to perform work or services under this Contract, as permitted by applicable law. In the event of Contractor termination of any key staff the Contractor shall provide GDC with immediate notice of the termination, the reason(s) for the termination, and an action plan for replacing the discharged employee.
- M. The Contractor must submit to GDC quarterly the Contractor Information Report that includes but is not limited to the changes to Contractor's local staff information as well as local and corporate organizational charts.
- N. In addition to the consequences indicated above, if it is determined that Contractor knowingly submitted any false statement, invoice or other document to GDC, Contractor shall also be subject to the sanctions imposed by O.C.G.A. §16-10-20.
- O. The Contractor agrees that it will not permit any of its employees or its Subcontractor's employees, which in this section includes temporary and contract employees, to perform the services under this Contract unless and until they pass a background check. Contractor shall conduct criminal background checks at its expense on all Contractor and subcontractor employees assigned to or proposed to be assigned to any aspect of the performance of this Contract, who have direct contact with offenders or who have access to PHI as defined by HIPAA, and those individuals designated as Key Staff. The Contractor shall apply the same disqualifications as the GDC would apply for its own non-POST certified staff. The Contractor shall conduct updated background checks on a bi-annual basis at its expense. Notwithstanding any language to the contrary, the Parties understand that the requirements set forth herein are minimum requirements, and Contractor may establish additional criteria, as appropriate.
- P. The Contractor will not subcontract or permit anyone other than Contractor personnel to perform any of the work, services, or other performance required of the Contractor under this Contract, or assign any of its rights or obligations hereunder, without the prior written consent of GDC.
- Q. Contractor is solely responsible for all work contemplated and required by

this Contract, whether Contractor performs the work directly or through a Subcontractor. No subcontract will be approved which would relieve Contractor or its sureties of their responsibilities under this Contract. In addition, GDC reserves the right to terminate this Contract if Contractor fails to notify GDC in accordance with the terms of this paragraph.

- R. All contracts between the Contractor and Subcontractors must be in writing and must specify the activities and responsibilities delegated to the Subcontractor. The contracts must also include provisions for revoking delegation or imposing other sanctions if the Subcontractor's performance is inadequate. GDC reserves the right to inspect all subcontract agreements at any time during the Contract period.
- S. All contracts entered into between Contractor and any Subcontractor related to this Contract must contain provisions which require Contractor to monitor the Subcontractor's performance on an ongoing basis and subject the Subcontractor to formal review according to a schedule established by GDC and consistent with industry standards or State laws and regulations. Contractor shall identify any deficiencies or areas for improvement related to any Subcontractor's performance related to this Contract, and upon request from GDC, provide evidence that corrective action has been taken to address the deficiency.
- T. For any subcontract, there must be a designated project manager who is a member of the Subcontractor's staff that is directly accessible by the State. This individual's name and contact information must be provided to the State when the subcontract is executed. The subcontract agreement must contain a provision which requires the Contractor and its Subcontractors to seek binding arbitration to resolve any dispute between those parties and to provide GDC with written notice of the dispute.
- U. Contractor shall give GDC immediate notice in writing by registered mail or certified mail of any action or suit filed by any Subcontractor and prompt notice of any Claim made against the Contractor by any Subcontractor or vendor that, in the opinion of Contractor, may result in litigation related in any way to this Contract.

X. LICENSE, CERTIFICATE AND PERMIT REQUIREMENT

- A. Contractor shall have, obtain, and maintain in good standing any licenses, certificates and permits, whether State or federal, that are required prior to and during the performance of work under this Contract. Contractor agrees to provide GDC with certified copies of all licenses, certificates and permits that may be necessary, upon GDC's request.
- B. The Contractor warrants that it is qualified to do business in the State of Georgia and is not prohibited by its articles of incorporation, bylaws, or other controlling documents relevant to Contractor's entity type, or any law of the State under which it is incorporated from performing the services under this Contract. The Contractor shall obtain and maintain in good standing any Georgia-licenses, certificates and permits, whether

State or federal, that are required prior to and during the performance of work under this `Contract. Loss of the licenses, certificates, permits, or Certificate of Authority for health maintenance organizations shall be cause for termination of the Contract. In the event the Certificate of Authority, or any other license or permit is canceled, revoked, suspended or expires during the term of this Contract, the Contractor shall inform the State immediately and cease all activities under this Contract, until further instruction from GDC. The Contractor agrees to provide GDC with certified copies of all licenses, certificates and permits necessary upon request.

- C. The Contractor warrants that there is no claim, legal action, counterclaim, suit, arbitration, governmental investigation or other legal, administrative, or tax proceeding, or any order, decree or judgment of any court, governmental agency, or arbitration tribunal that is in progress, pending, or threatened against or relating to Contractor or the assets of Contractor that would individually or in the aggregate have a material adverse effect on Contractor's ability to perform the obligations contemplated by this Contract. Without limiting the generality of the representation of the immediately preceding sentence, Contractor is not currently the subject of a voluntary or involuntary petition in bankruptcy, does not presently contemplate filing any such voluntary petition, and is not aware of any intention on the part of any other person, or entity, to file such an involuntary petition against it.

XI. RISK OF LOSS AND REPRESENTATIONS

- A. GDC takes no title to any of the Contractor's goods used in providing the services and/or Deliverables hereunder and the Contractor shall bear all risk of loss for any goods used in performing work pursuant to this Contract.
- B. The Parties agree that GDC may reasonably rely upon the representations and certifications made by the Contractor, including those made by the Contractor in the Contractor's Proposal in response to the RFP and this Contract, without first making an independent investigation or verification.
- C. The Parties also agree that GDC may reasonably rely upon any audit report, summary, analysis, certification, review, or work product that the Contractor produces in accordance with its duties under this Contract, without first making an independent investigation or verification.
- C. The Contractor shall ensure that any Deliverables that contain information about individuals that is protected by confidentiality and privacy laws shall be prominently marked as "CONFIDENTIAL" and submitted to GDC in a manner that ensures that unauthorized individuals do not have access to the information. The Contractor shall not make public such reports.
- D. All Deliverables are subject to approval from GDC. GDC will provide written notice of disapproval of a Deliverable to the Contractor within fourteen (14) Calendar Days of submission if it is disapproved. GDC may, at its sole discretion, elect to review a deliverable longer than fourteen (14) Calendar

Days. The notice of disapproval shall state the reasons for disapproval as specifically as is reasonably necessary and the nature and extent of the corrections required for meeting the Contract requirements. Within fourteen (14) Calendar Days of receipt of a notice of disapproval, the Contractor shall make the corrections and resubmit the Deliverable. Within thirty (30) Calendar Days following resubmission of any disapproved Deliverable, GDC will give written notice to the Contractor of approval, Conditional approval or disapproval. In the event that GDC fails to respond to a Contractor's submission or resubmission within the applicable time period, the Contractor should notify GDC of the outstanding request. GDC's failure to respond within the applicable time period does not constitute approval of the submission.

- E. By submitting a Deliverable or report, the Contractor represents that to the best of its knowledge, it has performed the associated tasks in a manner that will, in concert with other tasks, meet the objectives stated or referred to in the Contract.
- F. By approving a Deliverable or report, GDC represents only that it has reviewed the Deliverable or report and detected no errors or omissions of sufficient gravity to defeat or substantially threaten the attainment of those objectives and to warrant the Withholding or denial of payment for the work completed. GDC's acceptance of a Deliverable or report does not discharge any of the Contractor's contractual obligations with respect to that Deliverable or report.

XII. PROHIBITION OF GRATUITIES AND LOBBYIST DISCLOSURES

- A. The Contractor, in the performance of this Contract, shall not offer or give, directly or indirectly, to any employee or agent of the State, any gift, money or anything of value, or any promise, obligation, or contract for future reward or compensation at any time during the term of this Contract, and shall comply with the disclosure requirements set forth in O.C.G.A. § 45-1-6.
- B. The Contractor also states and warrants that it has complied with all disclosure and registration requirements for vendor lobbyists as set forth in O.C.G.A. § 21-5-1, et seq. and all other applicable law, including but not limited to registering with the Georgia Government Transparency and Campaign Finance Commission. For the purposes of this Contract, vendor lobbyists are those who lobby State officials on behalf of businesses that seek a contract to sell goods or services to the State or oppose such contract.
- C. As required by applicable Federal law, Contractor states and warrants that no federal money has been used for any lobbying of State officials, as required under applicable federal law.

XIII. RECORDS REQUIREMENTS

- A. The Contractor agrees to maintain books, records, documents, invoices, and any other evidence pertaining to the costs and expenses of this Contract and/or any

document that is a part of this Contract by reference or inclusion. This includes, but is not limited to, Contractor's balance sheets, income statements and invoices from Subcontractors, Contractor's affiliates or other vendors. The Contractor's accounting procedures and practices shall conform to generally accepted accounting principles, and the costs properly applicable to the Contract shall be readily ascertainable therefrom. This includes, but is not limited to, payment (with respect to salary), overhead and Subcontractors.

- B. The Contractor shall preserve and make available all of its records pertaining to the performance under this Contract for a period of seven (7) years from the date of final payment under this Contract, and for such period, if any, as is required by applicable statute or by any other section of this Contract. If the Contract is completely or partially terminated, the records relating to the work terminated shall be preserved and made available for period of seven (7) years from the date of termination or of any resulting final settlement. Records that relate to Appeals, litigation, or the settlements of Claims arising out of the performance of this Contract, or costs and expenses of any such agreements as to which exception has been taken by the Contractor or any of its duly Authorized Representatives, shall be retained by Contractor until such Appeals, litigation, Claims or exceptions have been disposed of.
- C. The State and federal standards for audits of GDC agents, contractors, and programs are applicable to this section and are incorporated by reference into this Contract as though fully set out herein.
- D. During the entire life of the Contract, the Contractor and all Subcontractors shall provide GDC with copies of its annual report and all disclosure or reporting statements or forms filed with the State of Georgia and/or the Securities and Exchange Commission (SEC) as soon as they are prepared in final form and are otherwise available for distribution or filing. In the event that the Contractor is not required to or does not prepare either an annual report or SEC disclosure or reporting statements or forms by virtue of being a subsidiary of another corporation, it shall fulfill the requirements of this section, with respect to all such documents for any parent corporation, which reflect, report or include any of its operations on any basis. In addition, upon the written request of the Program Manager, the Contractor and all Subcontractors shall furnish GDC with the most recent un-audited and audited copies of its current balance sheet within fourteen (14) Calendar Days of its receipt of such request.
- E. At its discretion, GDC may request a third party be engaged to prepare an Independent Service Auditor's Report. This report would meet the standards articulated by the American Institute of Certified Public Accountants. Contractor shall bear the cost of obtaining the report. In addition, Contractor shall provide the Auditor with complete access to the records described in this Section.
- F. Contractor shall forward all medical record requests it receives, except those needed by providers, facilities, or other specialists providing care under this contract, to the GDC at open.records@gdc.ga.gov, and the GDC shall determine what response, if any, is appropriate.

- G. The Contractor shall ensure that Medical Records are furnished at no cost to providers, facilities or other specialists to whom it refers offenders for care.
- G. The Contractor shall treat all individually identifiable health information, including PHI and PII, that is obtained or viewed by its employees, agents, or authorized Subcontractors in the performance of this Contract as confidential information and shall not use any information so obtained, in any manner, except as may be necessary for the proper discharge of its obligations. Employees or authorized Subcontractors of the Contractor who have a reasonable need to know such information for purposes of performing their duties under this Contract shall use personal or patient information, provided such employees and/or Subcontractors have first signed an appropriate non-disclosure agreement that has been approved and maintained by GDC. The Contractor shall remove any person from performance of services hereunder upon notice that GDC reasonably believes that such person has failed to comply with the confidentiality obligations of this Contract. In such cases, Contractor shall replace such removed personnel in accordance with the staffing requirements of this Contract. GDC, the State Attorney General, federal officials as authorized by federal law or regulations, or the Authorized Representatives of these parties shall have access to all confidential information in accordance with the requirements of State and federal laws and regulations.
- H. Contractor warrants to GDC that it is familiar with the requirements of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), the HITECH Act, and all implementing regulations (together, the "HIPAA Privacy and Security Rules"). Upon the execution of this Contract and upon any material change in the HIPAA Privacy and Security Rules, Contractor must provide GDC with a written description of the policies and procedures used by it to achieve and maintain compliance with the HIPAA Privacy and Security Rules. These policies and procedures are subject to GDC approval.
- I. The Contractor also agrees to assist GDC in its efforts to comply with the HIPAA Privacy and Security Rules, as amended from time to time. To that end, the Contractor will abide by any requirements mandated by the HIPAA Privacy and Security Rules or any other applicable laws in the course of this Contract. Contractor warrants that it will cooperate with GDC, including cooperation with GDC privacy officials and other compliance officers required by the HIPAA Privacy and Security Rules and all implementing regulations, in the course of performance of this Contract so that both parties will be in compliance with HIPAA. The Contractor also acknowledges that the HIPAA Privacy and Security Rules may require the Contractor and GDC to sign documents for compliance purposes, including but not limited to a Business Associate Agreement. Contractor further agrees to sign any other documents that may be required for compliance with the HIPAA Privacy and Security Rules and to abide by their terms and conditions. Contractor also agrees to abide by the terms and conditions of current GDC policies and procedures.

XIV. GENERAL PROVISIONS

A. DURATION OF CONTRACT

- 1. Contract Term.** The Contract between the State Entity and the Contractor shall begin on the date of contract execution and end on June 30, 2022 unless terminated earlier in accordance with the applicable terms and conditions. Pursuant to O.C.G.A. §50-5-64, this Contract shall not be deemed to create a debt of the State for the payment of any sum beyond the fiscal year of execution or, in the event of a renewal, beyond the fiscal year of such renewal.
- 2. Contract Renewal.** The State Entity shall possess nine one (1) year options to renew. Renewal options 1 and 2 shall be exercisable at the sole discretion of the State Entity and all remaining renewal options shall be exercisable through the mutual agreement of the State Entity and the Contractor. The Contractor is required to provide written notice to the State Entity no less than 364 calendar days prior to the contract end date if it elects to not renew the contract. Failure to provide written notice will serve as agreement on behalf of the Contractor to renew for another term. Renewal will depend upon the best interests of the State, funding, and Contractor's performance. Renewal will be accomplished through the issuance of a Notice of Award Amendment. Upon the State Entity's election to renew any part of this Contract, Contractor shall remain obligated to perform in strict accordance with this Contract unless otherwise agreed by the State Entity and the Contractor.
- 3. Contract Extension.** In the event that this Contract shall terminate or be likely to terminate prior to the making of an award for a new contract for the Services, the State Entity may, with the written consent of Contractor, extend this Contract for such period as may be necessary to afford the State a continuous supply of the Services.

B. DESCRIPTION OF SERVICES

- 1. Specifications in Bidding Documents.** All Services shall be provided in accordance with the specifications contained in the RFP, the terms of the Contract, and as further described in Contractor's Response.
- 2. Product Shipment and Delivery.** All products, if any, shall be shipped F.O.B. destination. Destination shall be the location(s) specified in the RFP or any provided Purchase Instrument. All items shall be at the Contractor's risk until they have been delivered and accepted by the receiving entity. All items shall be subject to inspection on delivery. Hidden damage will remain the responsibility of the Contractor to remedy without cost to the State Entity, regardless of when the hidden damage is discovered.
- 3. Non-Exclusive Rights.** The Contract is not exclusive. The State Entity reserves the right to select other contractors to provide services similar to the Services described in the Contract during the term of the Contract.

4. **No Minimums Guaranteed.** The Contract does not guarantee any minimum level of purchases or use of Services.

C. TERMINATION

1. **Immediate Termination.** Pursuant to O.C.G.A. §50-5-64, this Contract will terminate immediately and absolutely if the State Entity determines that adequate funds are not appropriated such that the State Entity cannot fulfill its obligations under the Contract, which determination is at the State Entity's sole discretion and shall be conclusive. Further, the State Entity may terminate the Contract for any one or more of the following reasons effective immediately without advance notice:
- (i) In the event the Contractor is required to be certified or licensed as a condition precedent to providing the Services, the revocation or loss of such license or certification may result in immediate termination of the Contract effective as of the date on which the license or certification is no longer in effect;
 - (ii) The State Entity determines that the actions, or failure to act, of the Contractor, its agents, employees or subcontractors have caused, or reasonably could cause, life, health or safety to be jeopardized;
 - (iii) The Contractor fails to comply with confidentiality laws or provisions; and/or
 - (iv) The Contractor furnished any statement, representation or certification in connection with the Contract or the bidding process which is materially false, deceptive, incorrect or incomplete.
2. **Termination for Cause.** The occurrence of any one or more of the following events shall constitute cause for the State Entity to declare the Contractor in default of its obligations under the Contract:
- (i) The Contractor fails to deliver or has delivered nonconforming Services or fails to perform, to the State Entity's satisfaction, any material requirement of the Contract or is in violation of a material provision of the Contract, including, but without limitation, the express warranties made by the Contractor;
 - (ii) The State Entity determines that satisfactory performance of the Contract is substantially endangered or that a default is likely to occur;
 - (iii) The Contractor fails to make substantial and timely progress toward performance of the Contract;
 - (iv) The Contractor becomes subject to any bankruptcy or insolvency proceeding under federal or state law to the extent allowed by applicable federal or state law including bankruptcy laws; the Contractor terminates or suspends its business; or the State Entity reasonably believes that the Contractor has become insolvent or unable to pay its obligations as they

accrue consistent with applicable federal or state law;

- (v) The Contractor has failed to comply with applicable federal, state and local laws, rules, ordinances, regulations and orders when performing within the scope of the Contract;
- (vi) The Contractor has engaged in conduct that has or may expose the State Entity or the State to liability, as determined in the State Entity's sole discretion; or
- (vii) The Contractor has infringed any patent, trademark, copyright, trade dress or any other intellectual property rights of the State Entity, the State, or a third party.

3. Notice of Default. If there is a default event caused by the Contractor, the State Entity shall provide written notice to the Contractor identifying specific deficiencies and requesting that the breach or noncompliance be remedied within thirty (30) days of the State Entity's written notice to the Contractor or such longer time as deemed necessary in consideration of the nature of the deficiencies and in the discretion of the State. In the event the nature of the deficiency would not allow such cure period, the State Entity shall designate such time as reasonably necessary in consideration of the nature of the deficiencies. If the breach or noncompliance is not remedied within the period of time specified in the written notice, the State Entity may issue a Notice of Default and may:

- (i) Immediately terminate the Contract without additional written notice; and/or
- (ii) Procure substitute services from another source; and/or
- (iii) Enforce the terms and conditions of the Contract and seek any legal or equitable remedies.

4. Termination Upon Notice. Following thirty (30) days' written notice, the State Entity may terminate the Contract in whole or in part without the payment of any penalty or incurring any further obligation to the Contractor. Following termination upon notice, the Contractor shall be entitled to compensation, upon submission of invoices and proper proof of claim, for Services provided under the Contract to the State Entity up to and including the date of termination.

5. Termination Due to Change in Law. The State Entity shall have the right to terminate this Contract without penalty by giving thirty (30) days' written notice to the Contractor as a result of any of the following:

- (i) The State Entity's authorization to operate is withdrawn or there is a material alteration in the programs administered by the State Entity; and/or
- (ii) The State Entity's duties are substantially modified.

6. Payment Limitation in Event of Termination. In the event of termination

of the Contract for any reason by the State Entity, the State Entity shall pay only those amounts, if any, due and owing to the Contractor for the Services actually rendered up to the date specified in the notice of termination for which the State Entity is obligated to pay pursuant to the Contract or Purchase Instrument. Payment will be made only upon submission of invoices and proper proof of the Contractor's claim. This provision in no way limits the remedies available to the State Entity under the Contract in the event of termination. The State shall not be liable for any costs incurred by the Contractor in its performance of the Contract, including, but not limited to, startup costs, overhead or other costs associated with the performance of the Contract.

7. The Contractor's Termination Duties. Upon receipt of notice of termination or upon request of the State Entity, the Contractor shall:

- (i)** Cease work under the Contract and take all necessary or appropriate steps to limit disbursements and minimize costs, and furnish a report within thirty (30) days of the date of notice of termination, describing the status of all work under the Contract, including, without limitation, results accomplished, conclusions resulting therefrom, and any other matters the State Entity may require;
- (ii)** Immediately cease using and return to the State Entity, any personal property or materials, whether tangible or intangible, provided by the State Entity to the Contractor;
- (iii)** Comply with the State Entity's instructions for the timely transfer of any active files and work product produced by the Contractor under the Contract;
- (iv)** Cooperate in good faith with the State Entity and its employees, agents and contractors during the transition period between the notification of termination and the substitution of any replacement contractor(s); and
- (v)** Immediately return to the State Entity any payments made by the State Entity for Services that were not delivered or rendered by the Contractor.

D. CONFIDENTIAL INFORMATION

- 1. Access to Confidential Data.** The Contractor's employees, agents and subcontractors may have access to confidential data maintained by the State to the extent necessary to carry out the Contractor's responsibilities under the Contract. The Contractor shall presume that all information received pursuant to the Contract is confidential unless otherwise designated by the State. If it is reasonably likely the Contractor will have access to the State's confidential information, then:
 - a. The Contractor shall provide to the State a written description of the Contractor's policies and procedures to safeguard confidential information;
 - b. Policies of confidentiality shall address, as appropriate, information

conveyed in verbal, written, and electronic formats;

- c. The Contractor must designate one individual who shall remain the responsible authority in charge of all data collected, used, or disseminated by the Contractor in connection with the performance of the Contract; and
- d. The Contractor shall provide adequate supervision and training to its agents, employees and subcontractors to ensure compliance with the terms of the Contract.

The private or confidential data shall remain the property of the State at all times. Some Services performed for the State Entity may require the Contractor to sign a nondisclosure agreement. Contractor understands and agrees that refusal or failure to sign such a nondisclosure agreement, if required, may result in termination of the Contract.

- 2. No Dissemination of Confidential Data.** No confidential data collected, maintained, or used in the course of performance of the Contract shall be disseminated except as authorized by law and with the written consent of the State, either during the period of the Contract or thereafter. Any data supplied to or created by the Contractor shall be considered the property of the State. The Contractor must return any and all data collected, maintained, created or used in the course of the performance of the Contract, in whatever form it is maintained, promptly at the request of the State.
- 3. Subpoena.** In the event that a subpoena or other legal process is served upon the Contractor for records containing confidential information, the Contractor shall promptly notify the State and cooperate with the State in any lawful effort to protect the confidential information.
- 4. Reporting of Unauthorized Disclosure.** The Contractor shall immediately report to the State any unauthorized disclosure of confidential information.
- 5. Survives Termination.** The Contractor's confidentiality obligation under the Contract shall survive termination of the Contract.

E. INDEMNIFICATION

- 1. Contractor's Indemnification Obligation.** The Contractor agrees to indemnify and hold harmless the State and State officers, employees, agents, and volunteers (collectively, "Indemnified Parties") from any and all costs, expenses, losses, claims, damages, liabilities, settlements and judgments, including reasonable value of the time spent by the Attorney General's Office, related to or arising from any actions below caused by the contractor:
 - A. Any breach of the Contract;
 - B. Any negligent, intentional or wrongful act or omission of the Contractor or any employee, agent or subcontractor utilized or employed by the Contractor;

- C. Any failure of Services to comply with applicable specifications, warranties, and certifications under the Contract;
- D. The negligence or fault of the Contractor in design, testing, development, manufacture, or otherwise with respect to the Services provided under the Contract;
- E. Claims, demands, or lawsuits that, with respect to the goods (if any) or any parts thereof, allege product liability, strict product liability, or any variation thereof;
- F. The Contractor's performance or attempted performance of the Contract, including any employee, agent or subcontractor utilized or employed by the Contractor;
- G. Any failure by the Contractor to comply with the "Compliance with the Law" provision of the Contract;
- H. Any failure by the Contractor to make all reports, payments and withholdings required by federal and state law with respect to social security, employee income and other taxes, fees or costs required by the Contractor to conduct business in the State of Georgia or the United States;
- I. Any infringement of any copyright, trademark, patent, trade dress, or other intellectual property right; or
- J. Any failure by the Contractor to adhere to the confidentiality provisions of the Contract.
- K. For the avoidance of doubt, nothing herein shall be construed to require Contractor to indemnify, defend, or hold harmless any party for acts or omissions not attributable to the Contractor or its employees, agents, or subcontractors.

2. Duty to Reimburse State Tort Claims Fund. To the extent such damage or loss as covered by this indemnification is covered by the State of Georgia Tort Claims Fund ("the Fund"), the Contractor (and its insurers) agrees to reimburse the Fund. To the full extent permitted by the Constitution and the laws of the State and the terms of the Fund, the Contractor and its insurers waive any right of subrogation against the State, the Indemnified Parties, and the Fund and insurers participating thereunder, to the full extent of this indemnification.

3. Litigation and Settlements. The Contractor shall, at its own expense, be entitled to and shall have the duty to participate in the defense of any suit against the Indemnified Parties. No settlement or compromise of any claim, loss or damage entered into by the Indemnified Parties shall be binding upon Contractor unless approved in writing by Contractor. No settlement or compromise of any claim, loss or damage entered into by Contractor shall be binding upon the Indemnified Parties unless approved in writing by the Indemnified Parties.

4. **Patent/Copyright Infringement Indemnification.** Contractor shall, at its own expense, be entitled to and shall have the duty to participate in the defense of any suit instituted against the State and indemnify the State against any award of damages and costs made against the State by a final judgment of a court of last resort in such suit insofar as the same is based on any claim that any of the Services constitutes an infringement of any United States Letters Patent or copyright, provided the State gives the Contractor immediate notice in writing of the institution of such suit, permits Contractor to fully participate in the defense of the same, and gives Contractor all available information, assistance and authority to enable Contractor to do so. Subject to approval of the Attorney General of the State of Georgia, the State Entity shall tender defense of any such action to Contractor upon request by Contractor. Contractor shall not be liable for any award of judgment against the State reached by compromise or settlement unless Contractor accepts the compromise or settlement. Contractor shall have the right to enter into negotiations for and the right to effect settlement or compromise of any such action, but no such settlement shall be binding upon the State unless approved by the State.

In case any of the Services is in any suit held to constitute infringement and its use is enjoined, Contractor shall, at its option and expense:

- A. Procure for the State the right to continue using the Services;
- B. Replace or modify the same so that it becomes non-infringing; or
- C. Remove the same and cancel any future charges pertaining thereto.

Contractor, however, shall have no liability to the State if any such patent, or copyright infringement or claim thereof is based upon or arises out of:

- a. Compliance with designs, plans or specifications furnished by or on behalf of the State Entity as to the Services;
- b. Use of the Services in combination with apparatus or devices not supplied by Contractor;
- c. Use of the Services in a manner for which the same was neither designed nor contemplated; or
- d. The claimed infringement of any patent or copyright in which the State Entity or any affiliate or subsidiary of the State Entity has any direct interest by license or otherwise.

5. **Survives Termination.** The indemnification obligation of the Contractor shall survive termination of the Contract.

F. INSURANCE

Contractor shall provide all insurance as required by the RFP.

G. BONDS

The Contractor shall provide all required bonds in accordance with the terms of the RFP and as stated in the State Entity Standard Contract Form.

J. WARRANTIES

- 1. Construction of Warranties Expressed in the Contract with Warranties Implied by Law.** All warranties made by the Contractor and/or subcontractors in all provisions of the Contract and the Contractor's Response, whether or not the Contract specifically denominates the Contractor's and/or subcontractors' promise as a warranty or whether the warranty is created only by the Contractor's affirmation or promise, or is created by a description of the Services to be provided, or by provision of samples to the State shall not be construed as limiting or negating any warranty provided by law, including without limitation, warranties which arise through course of dealing or usage of trade, the warranty of merchantability, and the warranty of fitness for a particular purpose. The warranties expressed in the Contract are intended to modify the warranties implied by law only to the extent that they expand the warranties applicable to the Services provided by the Contractor. The provisions of this section apply during the term of the Contract and any extensions or renewals thereof.
- 2. Warranty – Nonconforming Services and Goods.** All Services and any goods delivered by Contractor to the State Entity shall be free from any defects in design, material, or workmanship. If any Services or goods offered by the Contractor are found to be defective in material or workmanship, or do not conform to Contractor's warranty, the State Entity shall have the option of returning, repairing, or replacing the defective Services or goods at Contractor's expense. Payment for Services and any goods shall not constitute acceptance. Acceptance by the State Entity shall not relieve the Contractor of its warranty or any other obligation under the Contract.
- 3. Compliance with Federal Safety Acts.** Contractor warrants and guarantees to the State that the Services provided under the Contract are in compliance with Sections 5 and 12 of the Federal Trade Commission Act; the Fair Packaging and Labeling Act; the Federal Food, Drug, and Cosmetic Act; the Consumer Product Safety Act; the Federal Environmental Pesticide Control Act; the Federal Hazardous Substances Act; the Fair Labor Standards Act; the Wool Products Labeling Act; the Flammable Fabrics Act; the Occupational Safety and Health Act; the Office of Management and Budget A-110 Appendix A; and the Anti-Kickback Act of 1986.
- 4. Originality and Title to Concepts, Materials, and Goods Produced.** Contractor represents and warrants that all the concepts, materials, goods and Services produced, or provided to the State pursuant to the terms of the Contract shall be wholly original with the Contractor or that the Contractor has secured all applicable interests, rights, licenses, permits or other intellectual property rights in such concepts, materials

and works. The Contractor represents and warrants that the concepts, materials, goods and Services and the State's use of same and the exercise by the State of the rights granted by the Contract shall not infringe upon any other work, other than material provided by the Contract to the Contractor to be used as a basis for such materials, or violate the rights of publicity or privacy of, or constitute a libel or slander against, any person, firm or corporation and that the concepts, materials and works will not infringe upon the copyright, trademark, trade name, trade dress patent, literary, dramatic, statutory, common law or any other rights of any person, firm or corporation or other entity. The Contractor represents and warrants that it is the owner of or otherwise has the right to use and distribute the goods and Services contemplated by the Contract.

5. **Conformity with Contractual Requirements.** The Contractor represents and warrants that the Services provided in accordance with the Contract will appear and operate in conformance with the terms and conditions of the Contract.
6. **Authority to Enter into Contract.** The Contractor represents and warrants that it has full authority to enter into the Contract and that it has not granted and will not grant any right or interest to any person or entity that might derogate, encumber or interfere with the rights granted to the State and the State Entity.
7. **Obligations Owed to Third Parties.** The Contractor represents and warrants that all obligations owed to third parties with respect to the activities contemplated to be undertaken by the Contractor pursuant to the Contract are or will be fully satisfied by the Contractor so that the State and the State Entity will not have any obligations with respect thereto.
8. **Title to Property.** The Contractor represents and warrants that title to any property assigned, conveyed or licensed to the State is good and that transfer of title or license to the State is rightful and that all property shall be delivered free of any security interest or other lien or encumbrance. Title to any supplies, materials, or equipment shall remain in the Contractor until fully paid for by the State Entity. Except as otherwise expressly authorized by the State Entity, all materials produced by Contractor personnel in performance of Services, including but not limited to software, charts, graphs, diagrams, video tapes and other project documentation shall be deemed to be work made for hire and shall be the property of the State of Georgia.
9. **Industry Standards.** The Contractor represents and expressly warrants that all aspects of the Services provided or used by it shall at a minimum conform to the standards in the Contractor's industry. This requirement shall be in addition to any express warranties, representations, and specifications included in the Contract, which shall take precedence.
10. **Contractor's Personnel and Staffing.** Contractor warrants that all persons assigned to perform Services under this Contract are either lawful

employees of Contractor or lawful employees of a subcontractor authorized by the State Entity as specified in the RFP. All persons assigned to perform Services under this Contract shall be qualified to perform such Services. Personnel assigned by Contractor shall have all professional licenses required to perform the Services. All persons assigned to perform services under this Contract shall complete forty (40) hours of pre-service orientation training on content designated by the GDC.

- 11. State Security.** State Entity requires that a criminal background investigation be made of any and all Contractor personnel utilized to provide Services to the State. Contractor represents and warrants that Contractor shall refrain from assigning personnel to any task under this Contract if such investigation reveals a disregard for the law or other background that indicates an unacceptable security risk as determined by the State. The Contractor's employees, agents and subcontractors may be granted access to state computers, hardware, software, programs and/or information technology infrastructure or operations to the extent necessary to carry out the Contractor's responsibilities under the Contract. Such access may be terminated at the sole discretion of the State. The Contractor shall provide immediate notice to State Entity of any employees, agents and/or subcontractors suspected of abusing or misusing such access privilege. The Contractor represents and warrants that Contractor shall provide notice to State Entity of the changed status of any employee, agent or subcontractor granted access to state computers, hardware, software, programs and/or information technology infrastructure or operations, including, but not limited to, termination or change of the position or contract relationship.
- 12. Use of State Vehicles.** Contractor warrants that no State vehicles will be used by Contractor for the performance of Services under this Contract. Contractor shall be responsible for providing transportation necessary to perform all Services.

I. PRODUCT RECALL

If this Contract includes the provision of goods and in the event that any of the goods are found by the Contractor, the State, any governmental agency, or court having jurisdiction to contain a defect, serious quality or performance deficiency, or not to be in compliance with any standard or requirement so as to require or make advisable that such goods be reworked or recalled, the Contractor will promptly communicate all relevant facts to the State Entity and undertake all corrective actions, including those required to meet all obligations imposed by laws, regulations, or orders, and shall file all necessary papers, corrective action programs, and other related documents, provided that nothing contained in this section shall preclude the State Entity from taking such action as may be required of it under any such law or regulation. The Contractor shall perform all necessary repairs or modifications at its sole expense except to any extent that the Contractor and the State shall agree to the performance of such repairs by the State upon mutually acceptable terms.

J. CONTRACT ADMINISTRATION

- 1. Order of Preference.** In the case of any inconsistency or conflict among the specific provisions of the State Entity Standard Contract Terms and Conditions (including any amendments accepted by both the State Entity and the Contractor attached hereto), the RFP (including any subsequent addenda), and the Contractor's Response, any inconsistency or conflict shall be resolved as follows:
 - (i)** First, by giving preference to the specific provisions of the State Entity Standard Contract Terms and Conditions.
 - (ii)** Second, by giving preference to the specific provisions of the RFP.
 - (iii)** Third, by giving preference to the specific provisions of the Contractor's Response, except that objections or amendments by a Contractor that have not been explicitly accepted by the State Entity in writing shall not be included in this Contract and shall be given no weight or consideration.
- 2. Intent of References to Bid Documents.** The references to the parties' obligations, which are contained in this document, are intended to supplement or clarify the obligations as stated in the RFP and the Contractor's Response. The failure of the parties to make reference to the terms of the RFP or the Contractor's Response in this document shall not be construed as creating a conflict and will not relieve the Contractor of the contractual obligations imposed by the terms of the RFP and the Contractor's Response. The contractual obligations of the State Entity cannot be implied from the Contractor's Response.
- 3. Contractor's Forms.** Any pre-printed contract terms and conditions included on Contractor's forms or invoices shall be null and void.

- K. Compliance with the Law.** The Contractor, its employees, agents, and subcontractors shall comply with all applicable federal, state, and local laws, rules, ordinances, regulations and orders now or hereafter in effect when performing under the Contract, including without limitation, all laws applicable to the prevention of

discrimination in employment and the use of targeted small businesses as subcontractors or contractors. The Contractor, its employees, agents and subcontractors shall also comply with all federal, state and local laws regarding business permits and licenses that may be required to carry out the work performed under the Contract. Contractor and Contractor's personnel shall also comply with all State and State Entity policies and standards in effect during the performance of the Contract, including but not limited to the State Entity's policies and standards relating to personnel conduct, security, safety, confidentiality, and ethics. Further, the provisions of O.C.G.A. §45-10-20, *et seq.* have not and must not be violated under the terms of this Contract. Contractor certifies that Contractor is not currently engaged in, and agrees for the duration of this Contract not to engage in, a boycott of Israel, as defined in O.C.G.A. §50-5-85.

- L. Sexual Harassment Prevention.** The State of Georgia promotes respect and dignity and does not tolerate sexual harassment in the workplace. The State is committed to providing a workplace and environment free from sexual harassment for its employees and for all persons who interact with state government. All State of Georgia employees are expected and required to interact with all persons including other employees, contractors, and customers in a professional manner that contributes to a respectful work environment free from sexual harassment. Furthermore, the State of Georgia maintains an expectation that its contractors and their employees and subcontractors will interact with entities of the State of Georgia, their customers, and other contractors of the State in a professional manner that contributes to a respectful work environment free from sexual harassment.

Pursuant to the State of Georgia's Statewide Sexual Harassment Prevention Policy (the "Policy"), all contractors who are regularly on State premises or who regularly interact with State personnel must complete sexual harassment prevention training on an annual basis.

If the Contractor, including its employees and subcontractors, violates the Policy, including but not limited to engaging in sexual harassment and/or retaliation, the Contractor may be subject to appropriate corrective action. Such action may include, but is not limited to, notification to the employer, removal from State premises, restricted access to State premises and/or personnel, termination of contract, and/or other corrective action(s) deemed necessary by the State.

- (i) If Contractor is an individual who is regularly on State premises or who will regularly interact with State personnel, Contractor certifies that:
 - (a) Contractor has received, reviewed, and agreed to comply with the State of Georgia's Statewide Sexual Harassment Prevention Policy located at <http://doas.ga.gov/human-resources-administration/board-rules-policy-and-compliance/jointly-issued-statewide-policies/sexual-harassment-prevention-policy>;
 - (b) Contractor has completed sexual harassment prevention training in the last year and will continue to do so on an annual basis; or will complete the Georgia Department of Administrative Services' sexual harassment prevention training located at this direct link <https://www.youtube.com/embed/NjVtoDDnc2s?rel=0> prior to

accessing State premises and prior to interacting with State employees; and on an annual basis thereafter; and,

- (c) Upon request by the State, Contractor will provide documentation substantiating the completion of sexual harassment training.

(ii) If Contractor has employees and subcontractors that are regularly on State premises or who will regularly interact with State personnel, Contractor certifies that:

- (a) Contractor will ensure that such employees and subcontractors have received, reviewed, and agreed to comply with the State of Georgia's Statewide Sexual Harassment Prevention Policy located at <http://doas.ga.gov/human-resources-administration/board-rules-policy-and-compliance/jointly-issued-statewide-policies/sexual-harassment-prevention-policy>;
- (b) Contractor has provided sexual harassment prevention training in the last year to such employees and subcontractors and will continue to do so on an annual basis; or Contractor will ensure that such employees and subcontractors complete the Georgia Department of Administrative Services' sexual harassment prevention training located at this direct link <https://www.youtube.com/embed/NjVtoDDnc2s?rel=0> prior to accessing State premises and prior to interacting with State employees; and on an annual basis thereafter; and
- (c) Upon request of the State, Contractor will provide documentation substantiating such employees and subcontractors' acknowledgment of the State of Georgia's Statewide Sexual Harassment Prevention Policy and annual completion of sexual harassment prevention training.

M. Drug-free Workplace. The Contractor hereby certifies as follows:

- (i)** Contractor will not engage in the unlawful manufacture, sale, distribution, dispensation, possession, or use of a controlled substance or marijuana during the performance of this Contract; and
- (ii)** If Contractor has more than one employee, including Contractor, Contractor shall provide for such employee(s) a drug-free workplace, in accordance with the Georgia Drug-free Workplace Act as provided in O.C.G.A. §50-24-1, *et seq.*, throughout the duration of this Contract; and
- (iii)** Contractor will secure from any subcontractor hired to work on any job assigned under this Contract the following written certification: "As part of the subcontracting agreement with (Contractor's Name), (Subcontractor's Name) certifies to the contractor that a drug-free workplace will be provided for the subcontractor's employees during the performance of this Contract pursuant to paragraph 7 of subsection (b) of O.C.G.A. §50-24-3."

Contractor may be suspended, terminated, or debarred if it is determined that:

- (i) Contractor has made false certification here in above; or
- (ii) Contractor has violated such certification by failure to carry out the requirements of O.C.G.A. §50-24-3(b).

- N. Amendments.** The Contract may be amended in writing from time to time by mutual consent of the parties. If the contract award exceeds the delegated purchasing authority of the State Entity, then the State Entity must obtain approval of the amendment from the Department of Administrative Services (DOAS). All amendments to the Contract must be in writing and fully executed by duly authorized representatives of the State Entity and the Contractor.
- O. Third Party Beneficiaries.** There are no third-party beneficiaries to the Contract. The Contract is intended only to benefit the State Entity, the State, and the Contractor.
- P. Choice of Law and Forum.** The laws of the State of Georgia shall govern and determine all matters arising out of or in connection with this Contract without regard to the choice of law provisions of State law. In the event any proceeding of a quasi-judicial or judicial nature is commenced in connection with this Contract, such proceeding shall solely be brought in the Superior Court of Fulton County, Georgia. This provision shall not be construed as waiving any immunity to suit or liability, including without limitation sovereign immunity, which may be available to the State.
- Q. Parties' Duty to Provide Notice of Intent to Litigate and Right to Demand Mediation.** In addition to any dispute resolution procedures otherwise required under this Contract or any informal negotiations which may occur between the State and the Contractor, no civil action with respect to any dispute, claim or controversy arising out of or relating to this Contract may be commenced without first giving fourteen (14) calendar days written notice to the State of the claim and the intent to initiate a civil action. At any time prior to the commencement of a civil action, either the State or the Contractor may elect to submit the matter for mediation. Either the State or the Contractor may exercise the right to submit the matter for mediation by providing the other party with a written demand for mediation setting forth the subject of the dispute. The parties will cooperate with one another in selecting a mediator and in scheduling the mediation proceedings. Venue for the mediation will be in Atlanta, Georgia; provided, however, that any or all mediation proceedings may be conducted by teleconference with the consent of the mediator. The parties covenant that they will participate in the mediation in good faith, and that they will share equally in its costs; provided, however, that the cost to the State shall not exceed five thousand dollars (\$5,000.00).

All offers, promises, conduct and statements, whether oral or written, made in the course of the mediation by any of the parties, their agents, employees, experts and attorneys, and by the mediator or employees of any mediation service, are inadmissible for any purpose (including but not limited to impeachment) in any litigation or other proceeding involving the parties, provided that evidence that is otherwise admissible or discoverable shall not be rendered inadmissible or non-discoverable as a result of its use in the mediation. Inadmissibility notwithstanding, all written documents shall nevertheless be subject to the Georgia Open Records Act, O.C.G.A. §50-18-70, *et seq.*

No party may commence a civil action with respect to the matters submitted to

mediation until after the completion of the initial mediation session, forty-five (45) calendar days after the date of filing the written request for mediation with the mediator or mediation service, or sixty (60) calendar days after the delivery of the written demand for mediation, whichever occurs first. Mediation may continue after the commencement of a civil action, if the parties so desire.

- R. Assignment and Delegation.** The Contract may not be assigned, transferred or conveyed in whole or in part without the prior written consent of the State Entity. For the purpose of construing this clause, a transfer of a controlling interest in the Contractor shall be considered an assignment.
- S. Use of Third Parties.** Except as may be expressly agreed to in writing by the State Entity, Contractor shall not subcontract, assign, delegate or otherwise permit anyone other than Contractor or Contractor's personnel to perform any of Contractor's obligations under this Contract or any of the work subsequently assigned under this Contract. No subcontract which Contractor enters into with respect to performance of obligations or work assigned under the Contract shall in any way relieve Contractor of any responsibility, obligation or liability under this Contract and for the acts and omissions of all subcontractors, agents, and employees. All restrictions, obligations and responsibilities of the Contractor under the Contract shall also apply to the subcontractors. Any contract with a subcontractor must also preserve the rights of the State Entity. The State Entity shall have the right to request the removal of a subcontractor from the Contract for good cause.
- T. Integration.** The Contract represents the entire agreement between the parties. The parties shall not rely on any representation that may have been made which is not included in the Contract.
- U. Headings or Captions.** The paragraph headings or captions used in the Contract are for identification purposes only and do not limit or construe the contents of the paragraphs.
- V. Not a Joint Venture.** Nothing in the Contract shall be construed as creating or constituting the relationship of a partnership, joint venture, (or other association of any kind or agent and principal relationship) between the parties thereto. Each party shall be deemed to be an independent contractor contracting for the Services and acting toward the mutual benefits expected to be derived herefrom. Neither Contractor nor any of Contractor's agents, servants, employees, subcontractors or contractors shall become or be deemed to become agents, servants, or employees of the State. Contractor shall therefore be responsible for compliance with all laws, rules and regulations involving its employees and any subcontractors, including but not limited to employment of labor, hours of labor, health and safety, working conditions, workers' compensation insurance, and payment of wages. No party has the authority to enter into any contract or create an obligation or liability on behalf of, in the name of, or binding upon another party to the Contract.
- W. Joint and Several Liability.** If the Contractor is a joint entity, consisting of more than one individual, partnership, corporation or other business organization, all such entities shall be jointly and severally liable for carrying out the activities and obligations of the Contract, and for any default of activities and obligations.

- X. Supersedes Former Contracts or Agreements.** Unless otherwise specified in the Contract, this Contract supersedes all prior contracts or agreements between the State Entity and the Contractor for the Services provided in connection with the Contract.
- Y. Waiver.** Except as specifically provided for in a waiver signed by duly authorized representatives of the State Entity and the Contractor, failure by either party at any time to require performance by the other party or to claim a breach of any provision of the Contract shall not be construed as affecting any subsequent right to require performance or to claim a breach.
- Z. Notice.** Any and all notices, designations, consents, offers, acceptances or any other communication provided for herein shall be given in writing by registered or certified mail, return receipt requested, by receipted hand delivery, by Federal Express, courier or other similar and reliable carrier which shall be addressed to the person who signed the Contract on behalf of the party at the address identified in the State Entity Standard Contract Form. Each such notice shall be deemed to have been provided:
- (i)** At the time it is actually received; or,
 - (ii)** Within one (1) day in the case of overnight hand delivery, courier or Services such as Federal Express with guaranteed next day delivery; or,
 - (iii)** Within five (5) days after it is deposited in the U.S. Mail in the case of registered U.S. Mail.
 - a. If to the Contractor: Wellpath LLC
ATTN: Wellpath Chief Legal Officer
1283 Murfreesboro Road, Suite 500
Nashville, TN 37217
 - If to the Department: Georgia Department of Corrections
Purchasing Dept
300 Patrol Road / PO Box 1529
Forsyth, GA 31029
 - b. From time to time, the parties may change the name and address of the person designated to receive notice. Such change of the designated person shall be in writing to the other party and as provided herein.
- AA. Cumulative Rights.** The various rights, powers, options, elections and remedies of any party provided in the Contract shall be construed as cumulative and not one of them is exclusive of the others or exclusive of any rights, remedies or priorities allowed either party by law, and shall in no way affect or impair the right of any party to pursue any other equitable or legal remedy to which any party may be entitled as long as any default remains in any way unremedied, unsatisfied or undischarged.
- BB. Severability.** If any provision of the Contract is determined by a court of competent jurisdiction to be invalid or unenforceable, such determination shall not affect the validity or enforceability of any other part or provision of the Contract. Further, if any provision of the Contract is determined to be unenforceable by virtue of its scope, but may be made enforceable by a limitation of the provision, the provision shall be deemed

to be amended to the minimum extent necessary to render it enforceable under the applicable law. Any agreement of the State Entity and the Contractor to amend, modify, eliminate, or otherwise change any part of this Contract shall not affect any other part of this Contract, and the remainder of this Contract shall continue to be of full force and effect.

- CC. Time is of the Essence.** Time is of the essence with respect to the performance of the terms of the Contract. Contractor shall ensure that all personnel providing Services to the State are responsive to the State's requirements and requests in all respects.
- DD. Authorization.** The persons signing this Contract represent and warrant to the other parties that:
- (i)** It has the right, power and authority to enter into and perform its obligations under the Contract; and
 - (ii)** It has taken all requisite action (corporate, statutory or otherwise) to approve execution, delivery and performance of the Contract and the Contract constitutes a legal, valid and binding obligation upon itself in accordance with its terms.
- EE. Successors in Interest.** All the terms, provisions, and conditions of the Contract shall be binding upon and inure to the benefit of the parties hereto and their respective successors, assigns and legal representatives.
- FF. Record Retention and Access.** The Contractor shall maintain books, records and documents in accordance with generally accepted accounting principles and procedures and which sufficiently and properly document and calculate all charges billed to the State throughout the term of the Contract for a period of at least five (5) years following the date of final payment or completion of any required audit, whichever is later. Records to be maintained include both financial records and service records. The Contractor shall permit the Auditor of the State of Georgia or any authorized representative of the State, and where federal funds are involved, the Comptroller General of the United States, or any other authorized representative of the United States government, to access and examine, audit, excerpt and transcribe any directly pertinent books, documents, papers, electronic or optically stored and created records or other records of the Contractor relating to orders, invoices or payments or any other documentation or materials pertaining to the Contract, wherever such records may be located during normal business hours. The Contractor shall not impose a charge for audit or examination of the Contractor's books and records. If an audit discloses incorrect billings or improprieties, the State reserves the right to charge the Contractor for the cost of the audit and appropriate reimbursement. Evidence of criminal conduct will be turned over to the proper authorities. Notwithstanding anything to the contrary, nothing herein shall be construed to require the Contractor to violate any applicable law or regulation.
- GG. Solicitation.** The Contractor warrants that no person or selling agency (except bona fide employees or selling agents maintained for the purpose of securing business) has been employed or retained to solicit and secure the Contract upon an agreement or understanding for commission, percentage, brokerage or contingency.

- HH. Public Records.** The laws of the State of Georgia, including the Georgia Open Records Act, as provided in O.C.G.A. §50-18-70, *et seq.*, require procurement records and other records to be made public unless otherwise provided by law.
- II. Clean Air and Water Certification.** Contractor certifies that none of the facilities it uses to provide the Services are on the Environmental Protection State Entity (EPA) List of Violating Facilities. Contractor will immediately notify the State Entity of the receipt of any communication indicating that any of Contractor's facilities are under consideration to be listed on the EPA List of Violating Facilities.
- JJ. Debarred, Suspended, and Ineligible Status.** Contractor certifies that the Contractor and/or any of its subcontractors have not been debarred, suspended, or declared ineligible by any agency of the State of Georgia or as defined in the Federal Acquisition Regulation (FAR) 48 C.F.R. Ch.1 Subpart 9.4. Contractor will immediately notify the State Entity if Contractor is debarred by the State or placed on the Consolidated List of Debarred, Suspended, and Ineligible Contractors by a federal entity.
- KK. Use of Name or Intellectual Property.** Contractor agrees it will not use the name or any intellectual property, including but not limited to, State trademarks or logos in any manner, including commercial advertising or as a business reference, without the expressed prior written consent of the State.
- LL. Taxes.** The State Entity is exempt from Federal Excise Taxes, and no payment will be made for any taxes levied on Contractor's employee's wages. The State Entity is exempt from State and Local Sales and Use Taxes on the services. Tax Exemption Certificates will be furnished upon request. Contractor or an authorized subcontractor has provided the State Entity with a sworn verification regarding the filing of unemployment taxes or persons assigned by Contractor to perform Services, which verification is incorporated herein by reference.
- MM. Certification Regarding Sales and Use Tax.** By executing the Contract, the Contractor certifies it is either (a) registered with the State Department of Revenue, collects, and remits State sales and use taxes as required by Georgia law, including Chapter 8 of Title 48 of the O.C.G.A.; or (b) not a "retailer" as defined in O.C.G.A. §48-8-2. The Contractor also acknowledges that the State may declare the Contract void if the above certification is false. The Contractor also understands that fraudulent certification may result in the State Entity or its representative filing for damages for breach of contract.
- NN. Delay or Impossibility of Performance.** Neither party shall be in default under the Contract if performance is delayed or made impossible by an act of God. In each such case, the delay or impossibility must be beyond the control and without the fault or negligence of the Contractor. If delay results from a subcontractor's conduct, negligence or failure to perform, the Contractor shall not be excused from compliance with the terms and obligations of the Contract.
- OO. Limitation of Contractor's Liability to the State.** Except as otherwise provided in this Contract, Contractor's liability to the State for any claim of damages arising out of this Contract shall be limited to direct damages and shall not exceed the total amount paid to Contractor for the performance under this Contract.

No limitation of Contractor's liability shall apply to Contractor's liability for loss or damage to State equipment or other property while such equipment or other property is in the sole care, custody, and control of Contractor's personnel. Contractor hereby expressly agrees to assume all risk of loss or damage to any such State equipment or other property in the care, custody, and control of Contractor's personnel. Contractor further agrees that equipment transported by Contractor personnel in a vehicle belonging to Contractor (including any vehicle rented or leased by Contractor or Contractor's personnel) shall be deemed to be in the sole care, custody, and control of Contractor's personnel while being transported. Nothing in this section shall limit or affect Contractor's liability arising from claims brought by any third party.

PP. Obligations Beyond Contract Term. The Contract shall remain in full force and effect to the end of the specified term or until terminated or canceled pursuant to the Contract. All obligations of the Contractor incurred or existing under the Contract as of the date of expiration, termination or cancellation will survive the termination, expiration or conclusion of the Contract.

QQ. Counterparts. The State Entity and the Contractor agree that the Contract has been or may be executed in several counterparts, each of which shall be deemed an original and all such counterparts shall together constitute one and the same instrument.

RR. Further Assurances and Corrective Instruments. The State Entity and the Contractor agree that they will, from time to time, execute, acknowledge and deliver, or cause to be executed, acknowledged and delivered, such supplements hereto and such further instruments as may reasonably be required for carrying out the expressed intention of the Contract.

SS. Transition Cooperation and Cooperation with other Contractors.

1. Contractor agrees that upon termination of this Contract for any reason, it shall provide sufficient efforts and cooperation to ensure an orderly and efficient transition of services to the State or another contractor. The Contractor shall provide full disclosure to the State and the third-party contractor about the equipment, software, or services required to perform the Services for the State. The Contractor shall transfer licenses or assign agreements for any software or third-party services used to provide the Services to the State or to another contractor.
2. Further, in the event that the State has entered into or enters into agreements with other contractors for additional work related to Services rendered under the Contract, Contractor agrees to cooperate fully with such other contractors. Contractor shall not commit any act, which will interfere with the performance of work by any other contractor.

TT. Headings. The headings in this Agreement have been inserted for convenience only and shall not affect or control the meaning or construction of any of the provisions of this Agreement.

UU. Meanings of Certain Terms. Where used herein, and unless the contract otherwise clearly requires, the term "including" shall be interpreted in its most expansive sense and shall not operate as a limitation; the term "Contractor" shall include any parent or

subsidiary corporation or firm of Contractor, the officers, directors, employees, contractors, agents and assigns of any of them.

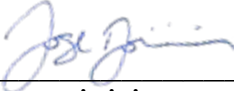
- VV. Equal Employment Opportunity.** The Contractor agrees to comply with Executive Order No. 11246, as amended and as supplemented by U.S. Department of Labor regulations (41 CFR, Part 60-1, *et seq.*), which require that the Contractor not discriminate on the basis of race, creed, color, religion, national origin, sex, or age in the performance of this Agreement. The Contractor further agrees to include the provisions of this paragraph in every contract, subcontract or purchase order unless exempted by rules, regulations, or orders of the Secretary of Labor.
- WW. Compliance with Federal and State Work Authorization and Immigration Laws.** Contractor certifies its compliance with Illegal Immigration Reform and Enforcement Act of 2011 and specifically those provisions codified at O.C.G.A. §13-10-90, *et seq.* Contractor warrants that it has registered with and uses the federal work authorization program commonly known as "E-Verify." Contractor further agrees that it will contract for the physical performance of services in satisfaction of this contract only with subcontractors who present an affidavit as required by O.C.G.A. §13-10-91. Contractor warrants that it will include a similar provision in all contracts entered into for the physical performance of services in satisfaction of this contract.
- XX. Survival.** The terms, conditions, representations, obligations, understandings and undertakings herein shall survive any termination of this Agreement.
- YY. Severability.** If any term or provision in this Agreement shall be found to be illegal or unenforceable, then, notwithstanding the offending terms or provisions, this Agreement shall remain in full force in effect and such terms or provisions shall be deemed stricken herefrom.
- ZZ. Legislative Modification.** Notwithstanding any other provision of this Agreement to the contrary, in the event that any federal, state, or local law, rule, regulation, or interpretation thereof restricts, prohibits, or in any way materially changes the method or amount of reimbursement or payment for services under this Agreement at any time during the duration of this Agreement, then this Agreement shall, to the extent permitted by the laws of the State of Georgia, be deemed amended by the parties to provide for payment of compensation and other fees in a manner consistent with any such prohibition, restriction, or limitation.
- AAA. Remedies.** No remedies or rights herein conferred upon the parties are intended to be exclusive of any remedy or right provided by law, but each shall be cumulative and shall be in addition to every other remedy or right given hereunder or now or hereafter existing at law or in equity (including the right of specific performance).
- BBB. Counterparts.** This Agreement may be executed in multiple counterparts, each of which shall be an original but all of which shall constitute one agreement. No party shall be bound by this Agreement until all parties have executed it.

IN WITNESS WHEREOF, the parties have caused the authorized representatives of each to execute this Agreement on the day and year first above written.

GEORGIA DEPARTMENT OF
CORRECTIONS

CONTRACTOR

By: 
Jennifer Ammons
General Counsel

By: 
Jorge Dominicus
Chief Executive Officer

Date: 07/08/2021

Date: June 23, 2021

**State of Georgia****State Entity: Georgia Department of Corrections****Electronic Request for Proposals ("eRFP")****Event Name: Physical Healthcare Services****eRFP (Event) Number: GDC0000946****1. Introduction****1.1. Purpose of Procurement**

Pursuant to the State Purchasing Act (Official Code of Georgia Annotated §§50-5-50 et seq.), this electronic Request for Proposals ("eRFP") is being issued to establish a contract with a qualified supplier who will provide physical healthcare services to the Georgia Department of Corrections (hereinafter, "the State Entity") as further described in this eRFP.

The Georgia Department of Corrections requires support for in-prison and out-of-prison physical healthcare services to provide constitutionally required healthcare services for GDC's offender population. As part of this procurement, GDC seeks physical healthcare services that maximize delivery of quality in-prison care, that incorporate value-based contracting approaches, and that leverage innovation to deliver quality care across the end-to-end delivery model at predictable and sustainable costs.

1.2. Goals of Procurement

GDC seeks best-in-class approaches to providing healthcare for its offender population, including support for the transition from its current healthcare delivery model of services to a new healthcare delivery model. GDC is especially interested in supplier approaches to maximize in-prison care while delivering high-quality services at predictable and sustainable costs. Please refer to Exhibit 1 below to see a complete list of GDC's goals for its future healthcare delivery model.

Care provided must be in keeping with current American Correctional Association (ACA) and National Commission on Correctional Health Care (NCCHC) standards. GDC welcomes responses that suggest modifications to GDC's current Standard Operating Procedures (SOPs) to support a different delivery model so long as the proposed changes meet ACA accreditation standards, requirements of the NCCHC, and other relevant State or Federal regulations applicable to physical healthcare.

GDC seek single-source management of end-to-end physical healthcare delivery. Suppliers should have experience working in a correctional setting and delivering comprehensive physical healthcare services in a correctional setting. Suppliers must have delivered healthcare services in a correctional environment of a similar scale (e.g., for a state Department of Corrections, for an offender population of similar size to GDC's (i.e., more than 30,000 offenders), or for a similar geographic complexity).

Suppliers may form contractor/subcontractor relationships with other suppliers for this RFP, provided there is a single lead supplier that proposes and is accountable for end-to-end delivery of comprehensive physical healthcare services. Examples of subcontracted services could include but are not limited to: physical health services that can be completed on-site (e.g., laboratory, physical therapy, select clinical specialties, diagnostic services), population health management services (e.g., chronic care management, tracking missed healthcare appointments), claims processing, utilization management, care management, and credentialing/re-credentialing.

Exhibit 1: GDC's goals for its future healthcare delivery model

GDC's goals for its future healthcare delivery model

Goals of healthcare delivery model	Future-state aspiration
Improved quality per episode / event	<ul style="list-style-type: none"> Supplier accountability to support high quality outcomes for offender health
Predictable and sustainable costs	<ul style="list-style-type: none"> Sustainable healthcare costs with predictable growth that allow for minimal variance from budget each year
Transparent communication and collaboration	<ul style="list-style-type: none"> Transparent communications across suppliers with predictable data and performance sharing to support overall health status of offender population
Stable workforce	<ul style="list-style-type: none"> Approach to workforce (e.g., medical staff structure) that supports recruitment and retention of healthcare talent
High flexibility	<ul style="list-style-type: none"> Contractual allowance to respond to future innovations (e.g., health payment model innovation), environmental factors (e.g., correctional legislation change, complex or chronic disease cohort changes), or technological advances (e.g., analytics) that might improve healthcare delivery or outcomes
Administrative simplicity	<ul style="list-style-type: none"> Streamlined administrative structure and approach to support focus on delivery of high-quality healthcare services
Proactive population health management	<ul style="list-style-type: none"> Focus on management and prevention of complex and chronic conditions for the offender population, including early detection and screening, to manage health status over time

1.3. eRFP Certification

Pursuant to the provisions of the Official Code of Georgia Annotated §50-5-67(a), the State Entity certifies the use of competitive sealed bidding will not be practicable or advantageous to the State of Georgia in completing the acquisition described in this eRFP. Thus, competitive sealed proposals will be submitted in response to this eRFP. This eRFP is being sourced through an electronic sourcing tool approved by the Department of Administrative Services ("DOAS") and all suppliers' responses must be submitted electronically in accordance with the instructions contained in Section 2 "Instructions to Suppliers" of this eRFP. Electronic competitive sealed proposals will be administered pursuant to the Georgia Electronic Records and Signature Act. Please note electronic competitive sealed proposals meet the sealed proposal requirements of the State of Georgia, an electronic record meets any requirements for writing, and an electronic signature meets any requirements for an original signature.

1.4. Overview of the eRFP Process

The objective of the eRFP is to select a qualified supplier to provide the goods and/or services outlined in this eRFP to the State Entity. This eRFP process will be conducted to gather and evaluate responses from suppliers for potential award. All qualified suppliers are invited to participate by submitting responses, as further defined below. After evaluating all suppliers' responses received prior to the closing date of this eRFP and following negotiations (if any) and resolution of any contract exceptions, the preliminary results of the eRFP process will be publicly announced, including the names of all participating suppliers and the evaluation results. Subject to the protest process, final contract award(s) will be publicly announced thereafter.

NOTE TO SUPPLIERS: The general instructions and provisions of this document have been drafted with the expectation that the State Entity will make a single award; however, please refer to Section 6.7 "Selection and Award" of this eRFP for information concerning the State Entity's actual award strategy (single, multiple, split awards, etc).

1.5. Schedule of Events

The schedule of events set out herein represents the State Entity's best estimate of the schedule that will be followed. However, delays to the procurement process may occur which may necessitate adjustments to the proposed schedule. If a component of this schedule, such as the close date, is delayed, the rest of the schedule may be shifted as appropriate. Any changes to the dates up to the closing date of the eRFP will be publicly posted prior to the closing date of this eRFP. After the close of the eRFP, the State Entity reserves the right to adjust the remainder of the proposed dates, including the dates for evaluation, negotiations, award and the contract term on an as needed basis with or without notice.

Description	Date	Time
Release of eRFP	As Published on the Georgia Procurement Registry ("GPR")	N/A
Deadline for written questions sent via email to the Issuing Officer referenced in Section 1.5.	Round 1 - 01/29/2021 Round 2 – 02/12/2021 Round 3 – 03/03/2021	5:00 p.m. ET
Bidders/Offerors' Conference Location: Virtual Meeting Attendance is: Mandatory	See Attachment W – Bidders/Offerors Conference Announcement	
Responses to Written Questions	Round 1 – 02/05/2021 Round 2 – 02/19/2021 Round 3 – 03/10/2021	5:00 p.m. ET
Proposals Due/Close Date and Time	As Published on the GPR	See GPR
Proposal Evaluation Completed (on or about)	4 to 8 Weeks after Closing	N/A
Negotiations Invitation Issued (emailed) (on or about); discretionary process	4 to 10 Weeks after Closing	TBD
Negotiations with Identified suppliers (on or about); discretionary process	4 to 10 Weeks after Closing	TBD
Final Evaluation (on or about)	4 to 12 Weeks after Closing	N/A
Finalize Contract Terms	4 to 12 Weeks after Closing	N/A
Notice of Intent to Award* [NOIA] (on or about)	4 to 12 Weeks after Closing	N/A
Notice of Award [NOA] (on or about)	10 calendar days after NOIA	N/A

*In the event the estimated value of the contract is less than \$100,000, the State Entity reserves the right to proceed directly to contract award without posting a Notice of Intent to Award.

1.6. Official Issuing Officer (Buyer)

Ross Barrineau

ross.barrineau@gdc.ga.gov

1.7. Definition of Terms

Please review the following terms:

- Continuous Quality Improvement (CQI) Program - A program designed to objectively and systematically monitor and evaluate the quality and appropriateness of care, pursue opportunities to improve care and resolve identified problems.
- Disease Management - An integrated, systematic healthcare management approach to improve patient outcomes and lower medical costs for offenders living with specific chronic health conditions (e.g., heart disease, depression, type 2 diabetes).

- Electronic Health Record (EHR) - A comprehensive, all-inclusive electronic medical record for healthcare documentation.
- In-prison care - Physical healthcare services administered on-site within GDC facilities.
- Out-of-prison care - Physical healthcare services administered off-site.
- Routine care - Preventive and primary care, sick call, pill call, chronic care, urgent/emergent care, and infirmaries.
- Specialty care - Ancillary services including dialysis, laboratory, imaging, vision, and women's health.
- State Entity - The governmental entity identified in Section 1.1 "Purpose of Procurement" of this eRFP.
- Supplier(s) - Companies desiring to do business with the State of Georgia.
- Utilization Management (UM) - The evaluation of the medical necessity, appropriateness, and efficiency of the use of healthcare services, procedures, and facilities; sometimes called "utilization review."

Any special terms or words which are not identified in this State Entity eRFP Document may be identified separately in one or more attachments to the eRFP. Please download, save and carefully review all documents in accordance with the instructions provided in Section 2 "Instructions to Suppliers" of this eRFP.

1.8. Contract Term

The initial term of the contract(s) shall be from the date of award until the end of the State's current fiscal year. The State's fiscal year is from July 1st through June 30th. The State Entity shall possess nine one (1) year option(s) to renew. The Contractor is required to provide written notice to the State Entity no less than 364 calendar days prior to the contract end date if it elects to not renew the contract. Failure to provide written notice will serve as agreement on behalf of the Contractor to renew for another term. Renewal will depend upon the best interests of the State, funding, and Contractor's performance. Renewal will be accomplished through the issuance of a Notice of Award Amendment. Renewal will be accomplished through the issuance of Notice of Award Amendment. In the event that the contract(s), if any, resulting from the award of this eRFP shall terminate or be likely to terminate prior to the making of an award for a new contract for the identified products and/or services, the State Entity may, with the written consent of the awarded supplier(s), extend the contract(s) for such period of time as may be necessary to permit the State Entity's continued supply of the identified products and/or services. The contract(s) may be amended in writing from time to time by mutual consent of the parties. Unless this eRFP states otherwise, the resulting award of the contract(s) does not guarantee volume or a commitment of funds.

2. Instructions to Suppliers

By submitting a response to the eRFP, the supplier is acknowledging that the supplier:

1. Has read the information and instructions,
2. Agrees to comply with the information and instructions contained herein.

2.1. General Information and Instructions

2.1.1. Team Georgia Marketplace™ Registration System

DOAS requires all companies and/or individuals interested in conducting business with the State of Georgia to register in the State's web-based registration system, through Team Georgia Marketplace™. Registration is free and enables the registering company to gain access to certain information, services and/or materials maintained in Team Georgia Marketplace™ at no charge to the registering company. All registering companies must agree to be bound by the applicable terms

and conditions governing the supplier's use of Team Georgia Marketplace™. In the event DOAS elects to offer certain optional or premium services to registered companies on a fee basis, the registered company will be given the opportunity to either accept or reject the service before incurring any costs and still maintain its registration. Companies may register at https://fscm.teamworks.georgia.gov/psc/supp/SUPPLIER/ERP/c/NUI_FRAMEWORK.PT_LANDING_PAGE.GBL?&

2.1.2. Restrictions on Communicating with Staff

From the issue date of this eRFP until the final award is announced (or the eRFP is officially cancelled), suppliers are not allowed to communicate for any reason with any State staff except through the Issuing Officer named herein, or during the Bidders/Offerors' conference (if any), or as defined in this eRFP or as provided by existing work agreement(s). Prohibited communication includes all contact or interaction, including but not limited to telephonic communications, emails, faxes, letters, or personal meetings, such as lunch, entertainment, or otherwise. The State Entity reserves the right to reject the response of any supplier violating this provision.

2.1.3. Submitting Questions

All questions concerning this eRFP must be submitted in writing via email to the Issuing Officer identified in Section 1.5 "Issuing Officer" of this eRFP. No questions other than written will be accepted. No response other than written will be binding upon the State. All suppliers must submit questions by the deadline identified in the Schedule of Events for submitting questions. Suppliers are cautioned that the State Entity may or may not elect to entertain late questions or questions submitted by any other method than as directed by this section. All questions about this eRFP must be submitted in the following format:

Company Name

Question #1 Question, *Citation of relevant section of the eRFP*

Question #2 Question, *Citation of relevant section of the eRFP*

Do not use the comments section of the Sourcing Event to submit questions to the issuing officer.

2.1.4. Attending Bidders/Offerors' Conference

The Bidders/Offerors' Conference or any other information session (if indicated in the schedule of events) will be held at the offices referred to in Section 1.4 "Schedule of Events" of this eRFP. Unless indicated otherwise, attendance is not mandatory; although suppliers are strongly encouraged to attend. However, in the event the conference has been identified as mandatory, then a representative of the supplier must attend the conference in its entirety to be considered eligible for contract award. The supplier is strongly encouraged to allow ample travel time to ensure arrival in the conference meeting room prior to the beginning of any mandatory conference. The State Entity reserves the right to consider any representative arriving late to be "not in attendance." Therefore, all suppliers are strongly encouraged to arrive early to allow for unexpected travel contingencies.

2.1.5. State's Right to Request Additional Information – Supplier's Responsibility

Prior to contract award, the State Entity must be assured that the selected supplier has all of the resources to successfully perform under the contract. This includes, but is not limited to, adequate number of personnel with required skills, availability of appropriate equipment in sufficient quantity to meet the on-going needs of the State Entity, financial resources sufficient to complete performance under the contract, and experience in similar endeavors. If, during the evaluation process, the State Entity is unable to assure itself of the supplier's ability to perform, if awarded, the State Entity has the option of requesting from the supplier any information deemed necessary to determine the supplier's responsibility. If such information is required, the supplier will be so notified and will be permitted approximately seven business days to submit the information requested.

2.1.6. Failing to Comply with Submission Instructions

Responses received after the identified due date and time or submitted by any other means than those expressly permitted by the eRFP will not be considered. Suppliers' responses must be complete in all respects, as required in each section of this eRFP.

2.1.7. Rejection of Proposals; State's Right to Waive Immaterial Deviation

The State Entity reserves the right to reject any or all responses, to waive any irregularity or informality in a supplier's response, and to accept or reject any item or combination of items, when to do so would be to the advantage of the State of Georgia. It is also within the right of the State Entity to reject responses **that do not contain all elements and information requested in this eRFP**. A supplier's response will be rejected if the response contains any defect or irregularity and such defect or irregularity constitutes a material deviation from the eRFP requirements, which determination will be made by the State Entity on a case-by-case basis.

2.1.8. State's Right to Amend and/or Cancel the eRFP

The State Entity reserves the right to amend this eRFP. Any revisions must be made in writing prior to the eRFP closing date and time. By submitting a response, the supplier shall be deemed to have accepted all terms and agreed to all requirements of the eRFP (including any revisions/additions made in writing prior to the close of the eRFP whether or not such revision occurred prior to the time the supplier submitted its response) unless expressly stated otherwise in the supplier's response. THEREFORE, EACH SUPPLIER IS INDIVIDUALLY RESPONSIBLE FOR REVIEWING THE REVISED eRFP AND MAKING ANY NECESSARY OR APPROPRIATE CHANGES AND/OR ADDITIONS TO THE SUPPLIER'S RESPONSE PRIOR TO THE CLOSE OF THE eRFP. Suppliers are encouraged to frequently check the eRFP for additional information. Finally, the State Entity reserves the right to cancel this eRFP at any time.

2.1.9. Protest Process

Suppliers should familiarize themselves with the procedures set forth in Chapter 6 of the *Georgia Procurement Manual*.

2.1.10. Costs for Preparing Responses

Each supplier's response should be prepared simply and economically, avoiding the use of elaborate promotional materials beyond those sufficient to provide a complete presentation. The cost for developing the response and participating in the procurement process (including the protest process) is the sole responsibility of the supplier. The State will not provide reimbursement for such costs.

2.1.11. ADA Guidelines

The State of Georgia adheres to the guidelines set forth in the Americans with Disabilities Act. Suppliers should contact the Issuing Officer at least one day in advance if they require special arrangements when attending the Bidders/Offerors' Conference (if any). The Georgia Relay Center at 1-800-255-0056 (TDD Only) or 1-800-255-0135 (Voice) will relay messages, in strict confidence, for the speech and hearing impaired.

2.1.12. Public Access to Procurement Records

Solicitation opportunities will be publicly advertised as required by law and the provisions of the Georgia Procurement Manual. The State Purchasing Act delays the release of certain procurement records in the event the public disclosure of those records prior to the State Entity's public announcements of the results of a solicitation would undermine the public purpose of obtaining the best value for the State such as cost estimates, proposals/bids, evaluation criteria, supplier evaluations, negotiation documents, offers and counter-offers, and certain records revealing preparation for the procurement. After final contract award has been made or after a bid has been

cancelled following evaluation, without intent to rebid, requests for access to supplier proposals and/or communications, shall be subject to the disclosure provisions of Georgia's Open Records Act. Pursuant to O.C.G.A. § 50-18-71(a), DOAS must make all public records, including bid proposals, open for personal inspection and copying, except those records which by order of a court of this state or by law are specifically exempted from disclosure.

The State Entity is allowed to assess a reasonable charge to defray the cost of reproducing documents. A state employee should be present during the time of onsite inspection of documents. PLEASE NOTE: Even though information (financial or other information) submitted by a supplier may be marked as "confidential", "proprietary", etc., the State will make its own determination regarding what information may or may not be withheld from disclosure.

2.1.12.1 Marking Submissions as “Confidential”, “Proprietary”, or “Trade Secret

If a Supplier considers any portion of the documents, data, or records submitted in response to this solicitation to be exempt from disclosure under Georgia law, the Supplier must clearly mark each such submission, or portions of the submission, considered to be exempt from disclosure as “Confidential,” “Proprietary,” or “Trade Secret.” and specify the statutory exemption. All markings must be conspicuous; use color, bold, underlining, or some other method in order to conspicuously distinguish the mark from the other text. Wholesale designation of a response or substantial parts of a response as “Confidential” will not be accepted by the State. If only portions of a page are subject to some protection, Supplier should not mark the entire page. PLEASE NOTE: Even though information (financial or other information) submitted by a supplier may be marked as "confidential", "proprietary", etc., the State will make its own determination regarding what information may or may not be withheld from disclosure.

2.1.12.2 Submission of Redacted Copies

If Supplier considers any portion of its bid/proposal to the solicitation to be trade secret or otherwise not subject to public disclosure under Georgia Open Records Act, Supplier must, in addition to the required original documents, provide a separate redacted electronic copy of its bid/proposal, in PDF format, and briefly describe in a separate writing, as to each item redacted, the grounds for claiming exemption from the public records law, including citation to the appropriate exemption from disclosure requirements provided under Georgia law. This redacted copy should be clearly marked “Redacted Copy-Available for Public Review.” In addition, the electronic file name should include the words “**Redacted Copy**” at the **beginning of the file name**. The redacted copy shall be submitted at the same time Supplier submits its bid/proposal and must only exclude or redact those specific portions that are claimed not subject to disclosure. The redacted copy should reflect the same pagination as the original and show the location from which information was redacted. Except for the redacted information, the redacted electronic copy must be identical to the original bid/proposal. The redacted copy will be open to public inspection under the Georgia Open Records Act without further notice to the Supplier. If Supplier fails to submit a redacted copy with its bid/proposal, the State is authorized to produce the vendor's bid/proposal with the exception of audited financial statements in answer to any public records request under the Georgia Open Records Act. Even though information submitted by a Supplier may be marked as "confidential", "proprietary", “trade secret” etc., the State will make its own determination regarding what information may or may not be withheld from disclosure. If the State of Georgia deems redacted information to be subject to disclosure under the Georgia Open Records Act, the Supplier will be contacted prior to the release of this information.

2.1.12.3 Trade Secret

In addition, if the Supplier claims that certain information in its bid/proposal may be withheld as trade secret pursuant to O.C.G.A. 50-18-72(a)(34), the Supplier shall include **with its bid/proposal submission, an affidavit indicating the specific information** that the

Supplier identifies as trade secret, affirmatively declaring that such information is trade secret. Along with the affidavit, the Supplier shall provide a justification regarding how and why each redaction request constitutes a trade secret pursuant to Georgia Law. Designation of a “trade secret” shall not be binding on the State, but the State will review and consider the designation. If the Supplier does not include an affidavit with its bid/proposal submission, the State is authorized to produce the vendor’s bid/proposal with the exception of audited financial statements in answer to any public records request under the Georgia Open Records Act. Wholesale designation of a response or substantial parts of a response as “trade secrets” will not be accepted by the State. In general, the State does not consider pricing information to be trade secret. *See State Rd. & Tollway Auth. V. Elec. Transaction Consultants Corp.* 306 Ga. App. 487; 702 S.E. 2d 486 (2010).

2.1.13. Registered Lobbyists

By submitting a response to this eRFP, the supplier hereby certifies that the supplier and its lobbyists are in compliance with the Lobbyist Registration Requirements in accordance with the *Georgia Procurement Manual*.

2.1.14. Supplier Debriefing Process

For all solicitations issued on or after November 1, 2020 that result in a contract award of \$250,000 or more, unsuccessful suppliers may request a supplier debriefing from the State Entity in accordance with the *Georgia Procurement Manual*, Section 6.6. The purpose of a supplier debriefing is to share information about the evaluation and award process. Unsuccessful suppliers can benefit from supplier debriefings by enhancing their understanding of the procurement process and gaining insights to improve the competitiveness of their responses to future solicitations. The supplier debriefing is not an adversarial proceeding and may not be used to challenge the state entity’s selection. For more information, including the process and deadline for requesting a supplier debriefing, please review the *Georgia Procurement Manual*, Section 6.6.

2.2. Submittal Instructions

Submittal Instructions for Team Georgia Marketplace™

Listed below are key action items related to this eRFP. The Schedule of Events in Section 1.4 identifies the dates and time for these key action items. This portion of the eRFP provides high-level instructions regarding the process for reviewing the eRFP, preparing a response to the eRFP and submitting a response to the eRFP. Suppliers are required to access, print and utilize the training materials identified in Section 2.2.1 of this eRFP to ensure the supplier successfully submit a response to this eRFP.

2.2.1. eRFP Released

The release of the eRFP is formally communicated through the posting of this eRFP as an event in Team Georgia Marketplace™ and by a public announcement posted to the Georgia Procurement Registry, which is accessible online as follows: http://ssl.doas.state.ga.us/PRSapp/PR_index.jsp

This eRFP is being conducted through Team Georgia Marketplace™, an online, electronic tool, which allows a supplier to register, logon, select answers and type text in response to questions, and upload any necessary documents. Team Georgia Marketplace™ permits a supplier to build and save a response over time until the supplier is ready to submit the completed response. Each supplier interested in competing to win a contract award must complete and submit a response to this eRFP using Team Georgia Marketplace™. Therefore, each supplier MUST carefully review the instructions and training information from the following link for a comprehensive overview of the functionality of Team Georgia Marketplace™: <http://doas.ga.gov/state-purchasing/purchasing-education-and-training/supplier-training>

2.2.2. eRFP Review

The eRFP (or “Sourcing Event”) consists of the following: this document, entitled “The State Entity eRFP Document”, and any and all information included in the Sourcing Event, as posted online on Team Georgia Marketplace™, including any and all documents provided by the State Entity as attachments to the Sourcing Event or links contained within the Sourcing Event or its attached documents.

Please carefully review all information contained in the Event, including all documents available as attachments or available through links. Any difficulty accessing the Event or opening provided links or documents should be reported immediately to the Issuing Officer (See Section 1.5) and/or the Help Desk (Section 2.2.8). Attached documents may be found as follows:

1. First, the State Entity will provide documents at the “header” level of the Event. Please select “View/Add General Comments & Attachments”, which appears at the top of the screen of the Event under the “Event Details” Section. Next, by selecting “View Event Attachments”, the supplier may open and save all of the available documents. In this location, the supplier is most likely to find this document (The State Entity eRFP Document) as well as the worksheets referenced in Section 4 “eRFP Proposal Factors”, such as the Mandatory Response Worksheet, the Mandatory Scored Requirements, and the Additional Scored Responses. Please thoroughly review all provided attachments.
2. Second, the State Entity may also provide documents at the “line detail” level of the Event. Please navigate to “Step 2: Enter Line Bid Responses”, which appears towards the bottom of the screen of the Event. Please access any provided documents as follows:
 - a. First Method:
 - i. To the right of each line appearing under Step 2, the Event contains a “Bid” link. By selecting the “Bid” link, the supplier will navigate to a new page of the Event.
 - ii. On this new page, the supplier can select “View/Add Question Comments and Attachments” to locate attached documents.
 - b. Second Method:
 - i. To the right of each line appearing under Step 2, the Event contains a “Line Comments/Files” icon (appears as a bubble with text). By selecting the “Line Comments/Files” icon, the supplier will navigate to a new page of the Event.
 - ii. On this new page, the supplier can locate attached documents.

In this location, the supplier is most likely to find the cost worksheet (if any, as defined by Section 5 “Cost Proposal”) as well as any other documents provided by the State Entity with respect to the identified line items. Please thoroughly review all provided attachments.

2.2.3. Preparing a Response

As noted earlier, Team Georgia Marketplace™ allows the supplier to answer questions by entering text and numeric responses. In addition, as noted in Section 2.2.4 “Uploading Forms”, the supplier may also provide information by uploading electronic files. When preparing a response, the supplier must consider the following instructions:

1. Use the provided worksheets to prepare your response. Enter your responses directly into the worksheet. Unless otherwise directed, do not insert “see attached file” (or similar statements) in the worksheet to reference separate documents.
2. Answer each question in sufficient detail for evaluation while using judgment with regards to the length of response.
3. Proofread your response and make sure it is accurate and readily understandable.
4. Label any and all uploaded files using the corresponding section numbers of the eRFP or any other logical name so that the State Entity can easily organize and navigate the supplier’s response.

5. Use caution in creating electronic files to be uploaded. If the State Entity is unable to open an electronic file due to a virus or because the file has become corrupted, the supplier's response may be considered incomplete and disqualified from further consideration.
6. Use commonly accepted software programs to create electronic files. The State Entity has the capability of viewing documents submitted in the following format: Microsoft Word or WordPad, Microsoft Excel, portable document format file (PDF), and plain text files with the file extension noted in parentheses (.txt). Unless the eRFP specifically requests the use of another type of software or file format than those listed above, please contact the Issuing Officer prior to utilizing another type of software and/or file format. In the event the State Entity is unable to open an electronic file because the State Entity does not have ready access to the software utilized by the supplier, the supplier's response may be considered incomplete and disqualified from further consideration.
7. Continue to save your response until the response is ready to be submitted. Select the "Save for Later" button at the top of the page under "Event Details" of the Event.

2.2.4. Uploading Forms

Once the supplier is ready to upload electronic files (completed forms or worksheets, product sheets, etc.), please following the directions within the eRFP to upload these documents in the proper location. There are three places to upload completed documents:

1. First, the "View/Add General Comments & Attachments" link contains a place for the supplier to upload all of the documents and worksheets which were provided by the State Entity under the "View Event Attachments" link. Once the supplier has completed the Event Attachments, the supplier can then select "Add New Attachments" to upload the completed documents. The supplier can upload as many documents as necessary in this section of the Event.
2. Second, the supplier can also upload documents in response to each question or bid factor which appears on the main page of the Event, which appears below the "View/Add General Comments & Attachments" link of the Event. To the right of each question or bid factor, the supplier can select the "Add Comments or Attachments" link to either enter a written response or upload an electronic document in response to the question or bid factor. After selecting "Add Comments or Attachments", the supplier should select "Upload" under the "Add New Attachments" section to browse and upload an electronic file.
3. Third, the supplier can also upload documents in the bottom portion of the Event where pricing is requested. After selecting the comment bubble icon, the Event allows the supplier to select "Upload" in order to include an attachment as part of the supplier's response. In the alternative, the supplier can also select the link "Bid", which also appears to the right of any line items provided in the "Enter Line Bid Responses" portion of the Event. After selecting the "Bid" link, the supplier can select "View/Add Question Comments and Attachments" to upload a document.

2.2.5. Reviewing the Response Prior to Submission

Each supplier is responsible for ensuring all questions have been answered appropriately and that all necessary documents have been uploaded. Prior to final submission of your response, please review the following checklist:

1. Please review and confirm that the supplier has answered all questions appropriately. Many questions require a "yes" or "no" response. Please ensure that the correct response has been selected.
2. Please review and confirm that the most competitive response has been provided.
3. Please confirm that all necessary files have been uploaded.
4. Please select the "Validate Entries" button under "Event Details" at the top portion of the Event. While the "Validate Entries" feature cannot verify whether the supplier has attached files, attached the correct files, or entered the correct responses, the "Validate Entries" feature will alert the supplier if one or more questions in the "Event Questions" section of the Event have not been answered. The "Validate Entries" feature is a useful tool; however, it is

no substitute for careful preparation and review by the supplier. The State Entity will not consider the supplier's use of the "Validate Entries" feature as an excuse for an error committed by the supplier in the preparation of its response.

2.2.6. Submitting the Completed Response/Bid

Once the completed response has been reviewed by the supplier, click the "Submit Bid" button at the top of the page under the "Event Details" section of the Event. Any information entered by a supplier into Team Georgia Marketplace™ but not submitted prior to the submission deadline will not be released to the State Entity and will not be considered for award. Only after the supplier selects the "Submit Bid" button, will the response to the eRFP be sent electronically, time stamping the supplier's response and sending a confirmation email to the email address of the supplier. Please note that submission is not instantaneous; therefore, each supplier must **allow ample time for its response to be submitted prior to the deadline.**

2.2.7. Reviewing, Revising or Canceling a Submitted Response

After the response has been submitted, the supplier may view and/or revise its response by logging into Team Georgia Marketplace™ and selecting the eRFP event number and the "View/Edit" feature for the supplier's previous response. Please take note of the following:

1. REVIEW ONLY. In the event the supplier only wishes to view a submitted response, the supplier may select "View/Edit". Once the supplier has finished viewing the response, the supplier may simply exit the screen. **DO NOT SELECT "Save for Later."** Team Georgia Marketplace™ recognizes any response placed in the "Save for Later" status as a work in progress and withdraws the originally submitted bid. As a result, unless the supplier selects "Submit" prior to the closing date and time, no response will be transmitted to the State Entity.
2. REVIEW AND REVISE. In the event the supplier desires to revise a previously submitted response, the supplier may select "View/Edit" and then revise the response. If the revisions cannot be completed in a single work session, the supplier should save its progress by selecting "Save for Later." Once revisions are complete, the supplier **MUST** select "Submit" to submit its corrected response. Please permit adequate time to revise and then resubmit the response. Please note submission is not instantaneous and may be affected by several events, such as the supplier temporarily losing a connection to the Internet.

AS EACH SUPPLIER IS SOLELY RESPONSIBLE FOR RESUBMITTING ITS RESPONSE PRIOR TO THE eRFP END DATE AND TIME TO ENSURE THE RESPONSE MAY BE CONSIDERED BY THE STATE ENTITY, PLEASE USE CAUTION IN DECIDING WHETHER OR NOT TO MAKE REVISIONS. The State will assume no responsibility for a supplier's inability to correct errors or otherwise make revisions to the submitted response or the supplier's inability to resubmit a response prior to the eRFP end date and time.

3. WITHDRAW/CANCEL. In the event the supplier desires to revise a previously submitted response, the supplier may select "View/Edit" and then select "Save for Later". Team Georgia Marketplace™ recognizes any response placed in the "Save for Later" status as a work in progress and **withdraws the originally submitted bid**. As a result, unless the supplier selects "Submit" prior to the closing date and time, no response will be transmitted to the State Entity. In the event a supplier desires to withdraw its response after the closing date and time, the supplier must submit a request in writing to the Issuing Officer.

2.2.8. Help Desk Support

For technical questions related to the use of Team Georgia Marketplace™, suppliers have access to phone support through the DOAS Customer Service Help Desk at 404-657-6000, Monday through Friday 8:00 AM to 5:00 PM excluding State Holidays or any other day state offices

are closed such as furlough days or closings in response to inclement weather. Suppliers can also email questions to: ProcurementHelp@doas.ga.gov.

2. General Business Requirements

This section contains general business requirements. By submitting a response, the supplier is certifying its agreement to comply with all of the identified requirements of this section and that all costs for complying with these general business requirements are included in the supplier's submitted pricing.

3.1. Standard Insurance Requirements

If awarded a contract, the supplier shall procure and maintain insurance which shall protect the supplier and the State of Georgia (as an additional insured) from any claims for bodily injury, property damage, or personal injury covered by the indemnification obligations set forth in the contract attached to this solicitation throughout the duration of the contract. The supplier shall procure and maintain the insurance policies described below at the supplier's own expense and shall furnish the State Entity an insurance certificate listing the State of Georgia as certificate holder and as an additional insured. The insurance certificate must document that the Commercial General Liability insurance coverage purchased by the supplier includes contractual liability coverage applicable to the contract. In addition, the insurance certificate must provide the following information: the name and address of the insured; name, address, telephone number and signature of the authorized agent; name of the insurance company (authorized to operate in Georgia); a description of coverage in detailed standard terminology (including policy period, policy number, limits of liability, exclusions and endorsements); and an acknowledgment of notice of cancellation to the State Entity.

The supplier is required to maintain the following insurance coverage's during the term of the contract:

- 1) Workers Compensation Insurance (Occurrence) in the amounts of the statutory limits established by the General Assembly of the State of Georgia (A self-insurer must submit a certificate from the Georgia Board of Workers Compensation stating that the supplier qualifies to pay its own workers compensation claims.) In addition, the supplier shall require all subcontractors occupying the premises or performing work under the contract to obtain an insurance certificate showing proof of Workers Compensation Coverage with the following minimum coverage:

Bodily injury by accident - per employee	\$100,000;
Bodily injury by disease - per employee	\$100,000;
Bodily injury by disease – policy limit	\$500,000.
- 2) Commercial General Liability Policy with the following minimum coverage:

Each Occurrence Limit	\$1,000,000
Personal & Advertising Injury Limit	\$1,000,000
General Aggregate Limit	\$ 2,000,000
Products/Completed Ops. Aggregate Limit	\$ 2,000,000
- 3) Automobile Liability

Combined Single Limit	\$1,000,000
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- 4) Professional Liability / Errors & Omissions \$3,000,000
- 5) Fidelity Coverage \$1,000,000
- 6) Umbrella Liability \$3,000,000
- 7) Cyber Liability \$5,000,000

The Supplier shall add the “State of Georgia, its officers, employees and agents” as an additional insured under the commercial general, Automobile, Fidelity, Umbrella and Professional liability policies.

The foregoing policies shall contain a provision that coverage afforded under the policies will not be canceled, or not renewed or allowed to lapse for any reason until at least thirty (30) days prior written notice has been given to the State Entity. Certificates of Insurance showing such coverage to be in force shall be filed with the State Entity prior to commencement of any work under the contract. The foregoing policies shall be obtained from insurance companies licensed to do business in Georgia and shall be with companies acceptable to the State Entity, which must have a minimum A.M. Best rating of A-. All such coverage shall remain in full force and effect during the term and any renewal or extension thereof.

Within ten (10) business days of award, the awarded supplier must procure the required insurance and provide the State Entity with two (2) Certificates of Insurance. Certificates must reference the contract number. The supplier’s submitted pricing must include the cost of the required insurance. No contract performance shall occur unless and until the required insurance certificates are provided.

3.2. Bonds and/or Letter of Credit

Performance Bond/Letter of Credit

The awarded supplier(s) shall be required to furnish a performance bond to the State Entity for the faithful performance on the contract in an amount no less than 20% of the annual total amount of the contract. The bond shall be issued by a Corporate Surety authorized to do business with the State of Georgia. The performance bond/letter of credit must be submitted to the State Entity within ten (10) calendar days of the date the contract is awarded, but in any event, prior to the beginning of any contract performance by the awarded supplier.

3.3. Proposal Certification

By responding to this solicitation, the supplier understands and agrees to the following:

1. That this electronically submitted proposal constitutes an offer, which when accepted in writing by the State Entity, and subject to the terms and conditions of such acceptance, will constitute a valid and binding contract between the supplier and the State Entity; and
2. That the supplier guarantees and certifies that all items included in the supplier’s response meet or exceed any and all of the solicitation’s identified specifications and requirements except as expressly stated otherwise in the supplier’s response; and
3. That the response submitted by the supplier shall be valid and held open for a period of **one hundred and twenty (120) days** from the final solicitation closing date and that the supplier’s offer may be held open for a lengthier period of time subject to the supplier’s consent; and
4. That the supplier’s response is made without prior understanding, agreement, or connection with any corporation, firm, or person submitting a response for the same materials, supplies, equipment, or services and is in all respects fair and without collusion or fraud. Supplier understands and agrees that collusive bidding is a violation of state and federal law and can result in fines, prison sentences, and civil damage awards; and
5. That the provisions of the Official Code of Georgia Annotated, Sections 45-10-20 et seq. have not been violated and will not be violated in any respect.

3. eRFP Proposal (Bid) Factors

This section contains the detailed technical requirements and related services for this Sourcing Event. Suppliers are required to download, complete and then upload the Worksheets titled “Supplier General Information”, “Mandatory Response Worksheet”, “Mandatory Scored Requirement Worksheet” and “Additional Scored Response Worksheet” found as attachments in the Sourcing Event. Although many solicitations will contain all of the worksheets noted above, it is possible that a solicitation will not contain all of the worksheets. In the event all four worksheets are not available as downloadable forms to this eRFP, please confirm with the Issuing Officer that all four worksheets are not required.

Unless requested otherwise, all responses must be provided within the Excel worksheets and not as a separately attached document. Except as otherwise indicated, all requested forms and documents must be submitted electronically via the sourcing tool as an uploaded document to the supplier's response. These worksheets together with any and all other documents submitted in response to Section 4 of this eRFP will be considered the supplier's technical proposal.

The State Entity has determined that it is best to define its own needs, desired operating objectives, and desired operating environment. The State Entity will not tailor these needs to fit particular solutions suppliers may have available; rather, the suppliers shall propose to meet the State Entity's needs as defined in this eRFP. All claims shall be subject to demonstration. Suppliers are cautioned that conditional proposals, based upon assumptions, may be deemed non-responsive.

4.1. Technical Proposal Introduction

All of the items described in this section are service levels and/or terms and conditions that the State Entity expects to be satisfied by the selected supplier. Each supplier must indicate its willingness and ability to satisfy these requirements in the appropriate worksheets.

DO NOT INCLUDE ANY COST/PRICING INFORMATION IN YOUR RESPONSE TO THIS WORKSHEET.

4.2. Mandatory Requirements

As specified with each requirement listed in the **Mandatory Response Worksheet**, the supplier must indicate whether its proposal meets the individual requirements by marking either a "YES" or "NO" in the response block provided. A Pass/Fail evaluation will be utilized for all mandatory requirements. Ordinarily, to be considered responsive, responsible and eligible for award, all questions identified as mandatory must be marked "YES" to pass. There may be rare instances in which a response of "NO" is the correct and logical response in order to meet the mandatory requirement (e.g. responding "NO" that the supplier does not possess any conflicts of interest). Otherwise, any mandatory questions marked "NO" will fail the technical requirements and will result in disqualification of the proposal.

DO NOT INCLUDE ANY COST/PRICING INFORMATION IN YOUR RESPONSE TO THIS WORKSHEET.

4.3. Mandatory Scored Response

As specified with each requirement listed in the **Mandatory Scored Response Worksheet**, the supplier must indicate whether it will meet the individual requirement (if any) and provide a supporting narrative in the space provided. To be considered responsive, responsible and eligible for award, any and all requirements identified in the Mandatory Scored Response Worksheet must be met. There may be rare instances in which an item within the Mandatory Scored Response Worksheet does not create an individual requirement which must be met, but, instead, merely requires a response. All requirements labeled "Mandatory Scored" must be met by the supplier. Failure to meet any mandatory scored requirements may result in disqualification of the proposals. The narrative description, along with any required supporting materials, will be evaluated and awarded points in accordance with Section 6 "Proposal Evaluation, Negotiations and Award" of this eRFP.

DO NOT INCLUDE ANY COST INFORMATION IN YOUR RESPONSE TO THIS WORKSHEET.

4.4. Additional Scored Responses

All items labeled "Additional Scored Responses" represent information that is requested by the State Entity. Suppliers are encouraged to provide a thorough narrative description in the space provided in the **Additional Scored Response Worksheet**. Answers along with any requested supporting materials will be evaluated and awarded points in accordance with Section 6 "Proposal Evaluation, Negotiations and Award" of this eRFP.

DO NOT INCLUDE ANY COST INFORMATION IN YOUR RESPONSE TO THIS WORKSHEET.

4.5. Additional Information

As noted in Section 2.2.2 “eRFP Review”, please access and review all of the attachments provided by the State Entity within the Event. If supplemental materials are requested by the State Entity to be submitted by the supplier as part of the technical proposal, the supplier should upload these additional materials as noted in Section 2.2.4 “Uploading Forms”.

In the spirit of co-developing the best possible solution with a partner supplier, GDC is also open to proposed modifications to the minimum basic requirements described in this RFP (see description of minimum basic requirements in Attachment B – Scope of Services). If the supplier believes a modification to requirements could result in increased quality of service to the offenders and increased value to GDC, the supplier is encouraged to provide a supporting narrative that clearly explains the proposed modifications, associated approach, and associated pricing. This information shall be submitted in an attachment to the bid response that is PDF format and is titled “Additional Information Response”

The narrative description, along with any required supporting materials, will not be awarded points. Responses will be reviewed as additional information only.

5. Cost Proposal

5.1. Cost Proposal

Each supplier is required to submit a cost proposal as part of its response. The cost proposal will be evaluated and scored in accordance with Section 6 “Proposal Evaluation, Negotiations and Award” of this eRFP. By submitting a response, the supplier agrees that it has read, understood, and will abide by the following instructions/rules:

1. The submitted cost proposal must include all costs of performing pursuant to the resulting contract; and
2. Cost proposals containing a minimum order/ship quantity or dollar value, unless otherwise called for in the eRFP, will be treated as non-responsive and may not be considered for award; and
3. In the event there is discrepancy between the supplier’s unit price and extended price, the unit price shall govern;
4. In the event there is a discrepancy between (1) the supplier’s pricing as quoted on the eRFP’s provided cost worksheet and (2) the supplier’s pricing as quoted by the supplier in one or more additional documents, the former shall govern; and
5. The prices quoted and listed in the cost proposal shall be firm throughout the term of the resulting contract, unless otherwise noted in the eRFP or contract.

5.2. Cost Structure and Additional Instructions

The State Entity’s intent is to structure the cost format in order to facilitate comparison among all suppliers and foster competition to obtain the best market pricing. Consequently, the State Entity requires that each supplier’s cost be in the format outlined below. Additional alternative cost structures will not be considered. Each supplier is cautioned that failure to comply with the instructions listed below, submission of an incomplete offer, or submission of an offer in a different format than the one requested may result in the rejection of the supplier’s proposal.

GDC seeks to structure a contract with the supplier to include three contract line items for physical healthcare services.

GDC is interested in the supplier’s approach to pricing and risk-sharing structures for each contract line item in order to achieve high-quality services at predictable and sustainable costs. The below describes each contract line item (CLIN):

- 1) **In-prison care:** Physical healthcare services (as described in Attachment B – Scope of Services) that are provided on-site within a prison facility. Cost proposal should include medical equipment and supplies required to deliver all elements of on-site care included in Attachment B – Scope of Services.
- 2) **Out-of-prison care:** Physical healthcare services (as described in Attachment B – Scope of Services) that are provided off-site, outside of the prison facility (e.g., in a community hospital or outpatient setting). Cost proposal should include costs associated with providing off-site care, including claims processing and transportation costs.
- 3) **Administrative costs:** The additional and indirect costs associated with providing and managing these services. Administrative costs include but are not limited to service oversight, insurance, account/relationship management, utilization management, Medicaid enrollment, population health support, and IT (as described in Attachment B – Scope of Services). IT includes IT hardware, electronic health records (EHR), and other software.

In addition to proposed pricing against these three CLINs, GDC is interested in the use of **quality-based measures** to assess the quality of services provided by the supplier. These measures are intended to create accountability, to align GDC and the supplier in adherence to clinical processes, and to ensure achievement of high-quality health outcomes. GDC is interested in creating incentives¹ (incentive fees and/or penalties) related to each measure.

For each of the three CLINs above, the supplier shall propose target per offender per month (POPM) rates to cover all required healthcare services as defined in Attachment B – Scope of Services. GDC will compensate the supplier for these services through a **target cost plus incentive fee structure**.

Target costs for in-prison, out-of-prison, and administrative costs will be calculated by dividing the total estimated annual cost of each CLIN by the estimated number of offender months (e.g., 504,000 offender months = 42,000 offenders multiplied by 12 months) to calculate a POPM rate. The POPM cost/rate to GDC each month will be calculated by multiplying the rate by that month's Average Daily Population (ADP) identified from the first to the final day of the month. GDC will calculate ADP at the close of each month and provide to the supplier for invoicing on the 15th of the following month. For example, when calculating the ADP for January, GDC will determine the number of offenders across its facilities from the 1st of January to the 31st of January. By February 15th, GDC will provide the supplier with the January ADP for invoicing.

In addition to the proposed target costs, GDC will ask the supplier to provide **planned year-over-year continuous improvement** on the target POPM rate. GDC would plan to enter into a contract with the selected supplier using this base year POPM rate and the proposed yearly rate changes that incorporate continuous improvement assumptions. Rate changes can also take into account supplier assumptions regarding inflation, changing costs of healthcare delivery, etc.

GDC will evaluate bids based on Total Costs (5 Years), which will incorporate the POPM rates across all three CLINs and the supplier's proposed rate changes each year. The proposed total POPM rate for each year will be binding once the contract is fully executed. The underlying assumptions in the cost template (e.g., labor rates, detail in line-item costs) will not be binding. GDC intends to award a one-year contract with nine one-year options for renewal. The supplier will provide pricing and cost projections for only Years 1-5. Assuming renewal options are exercised to arrive at Year 4 of the contract, GDC and the supplier will negotiate in good faith to agree upon costs for Years 6 through 10 in Year 4. Costs may be re-evaluated to be in-line with industry trends (e.g., inflation, labor rate index). Documented justification will be necessary for any significant changes to the POPM rate.

Incentives specific to the three CLINs will take the form of risk-sharing of costs below and above target for in-prison and out-of-prison care only. In order to calculate risk-sharing amounts, the actual incurred cost will be compared to the projected cost from the contract. Savings under the projected cost are referred to as "costs below target", or "gain-share." These will be shared between the supplier and GDC at an allocation agreed to by GDC and the supplier. "Costs above target", or "loss-share", refers to incremental costs above the projected costs. These also will be shared between the supplier and GDC at an allocation proposed by the supplier and finalized during negotiations.

¹ Examples include gain-share, loss-share, incentive fees or penalties tied to performance tiers, etc.

The supplier will be responsible for the reconciliation (i.e., tracking, reporting) of the actual costs incurred compared to the projected costs from the contract on an annual basis. Payments associated with risk will be assessed at the end of each contract year. The first year of the contract (Year 1) will be considered a reporting year. During Year 1, the supplier will be responsible for tracking the actual costs incurred, however, risk-share related payments will not be made. Starting in Year 2, payment to the supplier will be adjusted based on the risk-sharing arrangement agreed upon between the supplier and GDC.

Suppliers are required to download Attachment E – Cost Proposal Worksheet, complete the worksheet and then upload the worksheet with their bid response by following the instructions in the third bullet of Section 2.2.4 “Uploading Forms” of this eRFP. The supplier is expected to carefully follow the instructions included in the worksheet and respond using the worksheet provided. Enter numbers on each cost sheet in “number” (two-place decimal), not “currency” or other format unless otherwise stated. That is, omit dollar signs, commas, and any other non-essential symbols (e.g., \$7.90 should be entered as 7.90). Prices must be in US Dollars. Enter “n/a” to indicate not available or “0” if there is no charge. Cells left blank will be interpreted as “no offer”.

In addition to the completed Attachment E – Cost Proposal Worksheet, each supplier shall provide a written cost proposal narrative for each CLIN addressing how the expense of the category was calculated, core assumptions the supplier used to estimate the cost and the supplier’s proposed approach to risk-sharing. The written narrative should address:

A. Elements required in cost proposal for in-prison care (narrative limit: five pages)

- **A per offender per month (POPM) proposed cost for in-prison physical healthcare services**
 - Underlying staffing assumptions, including employed labor volume and facility staffing assumptions (e.g., volume, mix of roles, and salaries, wages, and benefits by facility). GDC has included a worksheet in the pricing template through which suppliers should provide a preliminary plan. *Note: GDC understands that a contractual facilities-based staffing matrix would require site visits, dialogue with GDC, etc. – the purpose of the worksheet is to provide insight into the supplier’s assumptions and approach regarding labor mix, rates, etc. to better understand the supplier’s proposed approach to staffing. Below, in GDC’s description of quality-based performance measures, GDC includes staffing performance as a critical performance area (e.g., percentage of shifts filled).*
 - Assumptions around agency labor, including rates, expected staffing levels, and the circumstances that would require contracted staff.
 - Assumptions around any other costs required to deliver care on-site in prison facilities. These should be inclusive of labor and could include additional expenses such as medical equipment, supplies, and other general and administrative expenses. Costs for this CLIN should include:
 - Employee wages and benefits
 - Professional and outside services
 - Non-IT equipment (e.g., CT scanner, X-Ray)
 - Durable Medical Equipment (DME)/Medical supplies (e.g., central lines, gloves, syringes, biomed materials)
 - Travel
 - SG&A and overhead (e.g., payroll taxes) directly related to in-prison care
 - Other in-prison care costs (optional – to be specified by the supplier)
 - *Note: Supplier should ensure all in-prison care costs are accounted for in the template, using the optional field “other in-prison care costs” if necessary. Any costs specified as “other in-prison care costs” should be itemized and described in the cost narrative.*
- **Year-over-year continuous improvement² to indicate efficiencies the supplier anticipates being able to achieve in managing the total cost of care, including:**
 - The proposed year-over-year efficiencies expressed as a percentage change from one year to the next.

² Estimated savings, typically in the form of a year-over-year percentage (%) change that the supplier expects to achieve from gaining efficiencies as the supplier develops familiarity with GDC’s requirements and operations

- A detailed approach to continuous improvement, including assumptions made to determine the proposed year-over-year changes. The assumptions should also cover assumptions around inflation and other changes to cost over time.
- **An approach to risk-sharing** when costs are below or above target (include both scenarios). The approach should detail terms for both the supplier and GDC, including:
 - The proposed type of risk-sharing and proposed split between GDC and the supplier.
 - A plan to manage costs efficiently and avoid overruns, with greater consideration given to overruns than savings.
 - An approach to cost reconciliation to validate whether costs are above or below the target POPM rate included in the contract (e.g., specific reports, cadence of review, validation with GDC).
 - *Note: Risk-sharing will only be applied to the difference between estimated and actual costs, not to the full POPM rate or a percentage of the total.*

As part of in-prison care costs, the supplier shall be responsible for the provision of all medical equipment and supplies to deliver in-prison physical healthcare services. The supplier shall be responsible for the acquisition, maintenance, and replacement of existing medical equipment (including telemedicine equipment) and shall include these in the POPM rate. Any equipment purchased shall remain the property of the supplier. A non-exhaustive inventory of existing government furnished equipment (GFE) by GDC facility is included as Attachment Q, and is available for use by the supplier under the terms described in Attachment B – Scope of Services. An inventory of existing GFE within GDC's infirmaries, including purchase date and cost details, is included as Attachment R. When GDC's existing GFE reaches End of Life (EOL), the supplier will be responsible for replacing equipment. Prior to execution of the contract, the supplier may request the opportunity to review available GFE on-site to assess equipment condition.

B. Elements required in cost proposal for out-of-prison care (narrative limit: three pages)

- **A per offender per month (POPM) proposed cost for out-of-prison physical healthcare services**
 - Pricing shall cover all costs required to provide out-of-prison care (e.g., care provided in a community hospital or outpatient setting) and should cover all costs necessary for the supplier's approach, inclusive of labor. Costs should include:
 - Medical costs
 - Ambulance costs
 - Dialysis
 - Emergency department
 - Imaging
 - Infusion (e.g., chemotherapy, pain management)
 - Lab
 - Medical hospitalization
 - Other specialty services
 - Outpatient consults
 - Prosthetics
 - Surgeries – inpatient
 - Surgeries – outpatient
 - Vision care
 - Women's health, including pregnancy and delivery
 - Other out-of-prison medical costs (optional – to be specified by the supplier)
 - Claims processing
 - Transportation costs
 - Any exceptions or limitations the supplier would propose where the POPM rate would not apply. *Note: GDC will evaluate the cost of the bid using the overall POPM rate but is interested in understanding any exceptions to this rate proposed by the supplier.*
 - *Note: Supplier should ensure all out-of-prison care costs are accounted for in the template, using the optional field "other out-of-prison care medical costs" if necessary. Any costs specified as "other out-of-prison care costs" should be itemized and described in the cost narrative.*

- **Year-over-year continuous improvement to indicate efficiencies the supplier anticipates being able to achieve in managing the total cost of care, including:**
 - The proposed year-over-year efficiencies expressed as a percentage change from one year to the next.
 - A detailed approach to continuous improvement (e.g., reduced hospital re-admission rates), including assumptions made to determine the proposed year-over-year changes. The assumptions should also cover assumptions around inflation and other changes to cost over time.
- **An approach to risk-sharing**, when costs are below or above target (include both scenarios). The approach should detail terms for both the supplier and GDC, including:
 - The proposed type of risk-sharing and proposed split between GDC and the supplier.
 - A plan to manage costs efficiently and avoid overruns, with greater consideration given to overruns than savings.
 - An approach to cost reconciliation to validate whether costs are above or below the target POPM rate included in the contract (e.g., specific reports, cadence of review, validation with GDC).
 - *Note: Risk-sharing will only be applied to the difference between estimated and actual costs, not to the full POPM rate or a percentage of the total.*

C. Elements required in cost proposal for administrative costs (narrative limit: two pages)

- **A per offender per month (POPM) proposed cost for administrative services** required to perform and adhere to required contract terms. Costs should include:
 - Administrative overhead (e.g., corporate)
 - Insurance (e.g., commercial general liability)
 - EHR
 - Utilization management
 - Medicaid enrollment
 - Other IT software (e.g., materials management system)
 - Other IT hardware (e.g., barcode scanners)
 - Other IT services (e.g., storage and telecommunications)
 - Population health support (e.g., patient data aggregation)
 - Transition activities (including transition to EHR)
 - Management fee
 - Other administrative costs (optional – to be specified by the supplier)
 - *Note: Supplier should ensure all administrative costs are accounted for in the template, using the optional field "other administrative costs" if necessary. Any costs specified as "other administrative costs" should be itemized and described in the cost narrative.*
- **Year-over-year continuous improvement to indicate efficiencies the supplier anticipates being able to achieve in managing the total cost of care, including:**
 - The proposed year-over-year efficiencies.
 - A detailed approach to continuous improvement, including assumptions made to determine the proposed year-over-year changes. The assumptions should also cover assumptions around inflation and other changes to cost over time.
- *Note: GDC assumes low variability in administrative costs based on its population demographics, and therefore has not included an assumption around risk-sharing for these costs.*

D. Quality-based measures (narrative limit: five pages)

GDC is interested in the supplier's approach to defining and managing toward performance measures in order to ensure progress against GDC's goals of quality care and positive health outcomes at a predictable and sustainable cost. The supplier must define, track, monitor, and deliver on (i.e., meet or exceed) quality-based measures (both GDC-specified/mandatory and supplier-selected). The first year of the contract (Year 1) will be considered a reporting year. During Year 1, the supplier will be responsible for tracking and reporting out data collected over the first year of providing care, however, payments or penalties will not be made. Starting in Year 2, payment to the supplier will be adjusted based on the financial incentives agreed upon and tied to the supplier's performance on both GDC-specified/mandatory measures and supplier-selected measures.

Performance against quality-based measures will be reviewed each month and on an annual basis, as applicable. Performance will be assessed from the first to the final day of the month. The supplier will report results monthly and include in monthly invoices on the 15th day of the following month. For measures where a monthly read-out and invoice the following the month is inappropriate, terms will be determined in negotiations.

GDC-specified mandatory quality-based measures

The supplier shall adhere to a set of GDC-specified mandatory measures. These measures align to and support GDC's stated goals for its future state healthcare delivery model and are defined in the table below. A supplier's non-compliance with any of these measures or performance outside of target thresholds would constitute a breach of contract and would require a corrective action plan. The supplier is responsible for proposing targets for each measure, as well as a rationale for each in the narrative. Target thresholds, penalties, and incentive fees will be determined during negotiations and validated by both GDC and the supplier after the Year 1 reporting-only phase. The 6 measures GDC considers mandatory and against which GDC asks suppliers to set targets are provided below:

Category	Measure	Numerator	Denominator	Target (to be provided by the supplier)
Structural (Staffing)	Percentage of unfilled shifts (vacancies), compared to staffing plan	Number (#) of labor shifts that go unfilled	Total number (#) of labor shifts	
Structural (Staffing)	Percentage of hourly staffing filled overall, and at each facility	Number (#) of hours of FTE shifts filled by either direct or contracted labor for in-prison care	Total number (#) of hours of required FTE shifts	
Structural (Staffing)	Percentage of in-prison care labor filled by agency / contracted staff	Number (#) of hours of in-prison care FTE shifts filled by contracted labor	Total number (#) of staffed in-prison care hours	
Outcome (Hospitalization)	Case mix-adjusted average length of stay (ALOS) for medical and surgical hospital admissions³	Number (#) of acute medical and surgical inpatient days associated with out-of-prison hospital admissions	Total number (#) of out-of-prison medical and surgical hospital admissions	
Process (Sick call)	Percentage of non-urgent sick calls seen within 24 hours	Number (#) of non-urgent sick calls that are seen and entered into the medical record within 24 hours of call	Total number (#) of non-urgent sick calls seen	
Process (Sick call)	Percentage of urgent sick calls seen on same day	Number (#) of urgent sick calls that are seen and entered into the medical record on same day of call	Total number (#) of urgent sick calls seen	

GDC and the supplier will negotiate quality-based measures on an annual basis, and GDC may add mandatory quality-based measures to the list in partnership with the supplier.

³ As defined in National Quality Forum (NQF) #0328

For each mandatory measure, the supplier shall provide in its cost proposal narrative:

- Detail on how measure will be calculated with mathematical calculation (e.g., numerator and denominator), including any exclusion criteria and rationale for exclusions.
- Proposed target threshold for the measure.

Supplier-selected quality-based measures

GDC is interested in understanding which performance-driven quality-based measures the supplier would propose to ensure progress toward GDC's goals of quality care and improved health outcomes at predictable and sustainable costs. In addition to commitment to the mandatory measures listed above, GDC asks the supplier to propose at least three (3) quality-based measures appropriate for the supplier's model and designed to track the supplier's achievements in applying its specific model to achieve GDC's goals. GDC has provided example supplier-selected measures on the last page of this document.

The supplier shall select three (3) or more quality-based measures and shall provide details for each measure in its cost proposal narrative:

- Rationale for the measure, including how it is appropriate for the supplier's model and helps GDC meet its goals for GDC's future state delivery model.
- Detail on how measure will be calculated with mathematical calculation (e.g., numerator and denominator), including any exclusion criteria and rationale for exclusions.
- Proposed target threshold for the measure.

Proposed penalty and incentive fee amounts (i.e., value at stake) will be discussed during the negotiation process. Amounts will be expressed as an absolute dollar value (\$).

Note: GDC would like to implement a tiered penalty and incentive fee structure, where the amount (\$) of incentive fee/penalty increases as the difference between the target and actual performance increases.

The supplier shall also provide in its cost proposal narrative the process by which the supplier will track mandatory and supplier-selected quality-based measures, validate measures to determine outcomes and to award incentives, report and review with GDC, and support continuous improvement over time. The supplier shall be accountable for maintaining data and reports that track and monitor all quality-based measures. Examples of each expected component of supplier-provided quality-based measures are provided on the next page.

GDC and the supplier will negotiate quality-based measures on an annual basis, and GDC may request to add additional supplier-selected quality-based measures to the list in partnership with the supplier.

Each supplier-selected quality-based measure must contain the following required elements:

- A. Measure name
- B. Numerator
- C. Denominator
- C. Target

Elements to be resolved during negotiation process:

- E. Penalty / incentive fee amount

Key elements of each supplier-selected measure:

A Measure name	B Numerator	C Denominator	D Target	E Penalty / incentive fee amount
Name of measure and description of what it captures	Target that constitutes completion of measure	Population being measured	Performance goal to consider measure successful	Penalty charged to supplier if target not met, incentive fee to award if target surpassed

Example of supplier-selected measure:

A Measure name	B Numerator	C Denominator	D Target	E Penalty / incentive fee amount
Percentage of patients who were seen for a follow-up appointment after an off-site visit	Number of patients from the denominator who had a follow-up appointment documented after off-site visit	Total number of patients who received an off-site service	85%	Penalty: \$1,000 per percentage point below 85% Incentive fee: \$1,000 credit per percentage point above 85%

Please see the next page for additional examples of supplier-selected quality-based measures.

Cost Proposal – List of Example Supplier-Selected Quality-based Measures

Below is a list of example quality-based measures the supplier can reference in developing measures appropriate to the supplier's delivery model. The list is representative and non-exhaustive. It draws upon quality-based measures used in other state correctional contexts, monitored by NCCHC, and/or NCQA. The supplier can propose these or any other quality-based measures as long as they ensure progress toward GDC's goals of quality care and improved health outcomes at predictable and sustainable costs.

Suppliers may choose to include outcome and/or process quality-based measures:

- **Outcome measures** track the impact of the healthcare delivery on patient health and assess whether the end result of the work achieved the goal(s) set.
- **Process measures** reflect the actions healthcare workers take to deliver desired outcomes.

Sample (non-exhaustive) of potential quality-based measures

Type	Area of focus	Measure
Outcome	Patient safety	• Average number of patient safety and adverse events
		• Percentage of individuals discharged from hospital with a re-admission within 30 days
	Chronic conditions	• Percentage of patients with an appointment or inpatient stay for CHF with a readmission, ED visit, or evaluation and management within 30 days
		• Percentage of offenders with high blood pressure that is adequately controlled
		• Percentage of emergency department visits for diabetes-related problems
Process	General process	• Percentage of patients who were seen for a follow-up appointment after an off-site visit
		• Percentage of eligible offenders who received an annual pap smear
	At-risk patient groups	• Percentage of patients in at-risk demographics who received breast/cervical/colorectal cancer screening
		• Percentage of emergency department visits for drug abuse or dependence with a follow-up visit
		• Percentage of offenders with a diagnosis of diabetes who had two or more Hemoglobin A1C tests performed in past 12 months
		• Number of patients with chest pain for whom an EKG was obtained in-prison and reviewed in a timely manner

Supplier shall submit this written cost proposal narrative as described above as an attachment to the supplier's bid response in PDF format titled "Cost Proposal Narrative Response."

6. Proposal Evaluation, Negotiations and Award

All timely proposals will be evaluated in accordance with the following steps. The objective of the evaluation process is to identify the proposal which represents the best value to the State Entity based on a combination of

technical and cost factors. Based on the results of the initial evaluation, the State Entity may or may not elect to negotiate technical and/or cost factors as further described in the eRFP. In the event negotiations of the technical and/or cost factors occur, the revised proposals will be reevaluated in accordance with the provisions of Section 6.4 “Scoring Criteria” of this eRFP. Once the evaluation process has been completed (and any negotiations the State Entity desires to conduct have occurred), the apparent successful supplier(s) will be required to enter into discussions with the State Entity to resolve any exceptions to the State Entity’s contract. The State Entity will announce the results of the eRFP as described further in Section 6.9 “Public Award Announcement” of this eRFP.

6.1. Administrative/Preliminary Review

First, the proposals will be reviewed by the Issuing Officer to determine the proposal’s compliance with the following requirements:

1. Proposal was submitted by deadline in accordance with Section 2
2. Proposal is complete and contains all required documents
3. Technical Proposal does not include any pricing from the Cost Proposal

6.2. Evaluating Proposal Factors (Section 4)

If the supplier’s proposal passes the Administrative/Preliminary Review, the supplier’s responses to Section 4 “eRFP Proposal Factors” will be submitted to the Evaluation Team for evaluation.

6.2.1. Review of Mandatory and Mandatory Scored Questions

The Evaluation Team will review each proposal in detail to determine its compliance with mandatory eRFP requirements. Responses to both “Mandatory” and “Mandatory Scored” Questions will be evaluated on a pass/fail basis. If a proposal fails to meet a mandatory and/or mandatory scored eRFP requirement, the State Entity will determine if the deviation is material. A material deviation will be cause for rejection of the proposal. An immaterial deviation will be processed as if no deviation had occurred. All proposals which meet the requirements of the “Mandatory” and “Mandatory Scored” Questions are considered “Responsive Proposals” at this point in time and will be scored in accordance with the point allocation in Section 6.4 “Scoring Criteria” of this eRFP.

6.2.2. Review of Additional Scored Information Questions

For all proposals determined to be “Responsive Proposals”, the Evaluation Team will review and score the responses to the Additional Scored Information (if any) in accordance with the point allocation in Section 6.4 “Scoring Criteria” of this eRFP.

The supplier will receive a total technical score at the conclusion of the evaluation of the eRFP Proposal Factors. Technical proposals that receive a total score less than 350 points may be deemed to be unacceptable and may be rejected from further evaluation.

6.3. Evaluating Cost Proposal and Total Combined Score

The cost proposals will be reviewed and scored in accordance with Section 6.4 “Scoring Criteria.” To expedite the evaluation process, the State Entity reserves the right to analyze the cost proposals independently, but at the same time the Evaluation Team is analyzing the technical proposals, provided neither the cost proposals nor the cost analysis is disclosed to the Evaluation Team until the Evaluation Team completes its initial evaluation and scoring of the eRFP Proposal Factors.

6.3.1. Cost Scoring

The State Entity may utilize lowest cost, lowest total cost, and total cost of ownership (TCO) or greatest savings to determine the most competitive cost proposal. The cost proposal may be scored on an overall basis or at the category/subcategory/line level (as applicable) relative to other proposals. The supplier deemed to have the most competitive cost proposal overall, as determined by the State Entity, will receive the maximum weighted score for the cost criteria. In the alternative, in the event the cost proposal is scored at the category, subcategory or line level, the State Entity

may assign the maximum score per category/subcategory/line for the most competitive proposal at that level. Other proposals will receive a percentage of the weighted score based on the percentage differential between the most competitive cost proposal and the specific proposal in question. Only costs for years 1 through 5 (including implementation and closeout costs) will be used for evaluation purposes. The State Entity will negotiate in good faith with the Supplier in Year 4 of the contract to establish pricing for years 6 through 10 in the event renewal options are exercised for those years. Closeout costs will only be paid upon the ending of the contract and completion of all closeout activities.

6.3.2. Cost Proposal Narrative Scoring

The Evaluation Team will review each cost incentive response in detail and the proposal will be scored in accordance with the point allocation in Section 6.4 "Scoring Criteria" of the eRFP. Supplier's will receive a percentage of available points based on evaluator's score.

6.3.3. Georgia Enterprises for Products and Services (GEPS)

In the event the issuing officer has received a response from GEPS, the issuing officer must factor in a price preference of 8% for purposes of cost evaluation. The price preference of 8% has been approved by DOAS in accordance with the State Use Law set forth at O.C.G.A. 50-5-135 et seq., which is intended to create opportunities for disabled persons employed by community-based rehabilitation programs and training centers that are certified by the State Use Council. To implement the price preference, the issuing officer must lower GEPS' price by 8% when comparing GEPS' price with any other supplier's response. However, in the event GEPS wins the contract award, GEPS must be paid at its actual bid price.

6.3.4. Total Score

The supplier's cost score will be combined with the supplier's technical score to determine the supplier's overall score (or "total combined score").

6.4. Scoring Criteria

The evaluation is comprised of the following:

Category	Criteria	Points
Cost	1. Cost of proposed products and/or services	150 points
	2. Cost Proposal Narrative Response	150 points
Technical/Proposal Factors	2. "Mandatory" Requirements	Pass/Fail
Technical/Proposal Factors	3. "Mandatory Scored" Responses	700 points
Total	N/A	1000 points

6.5. Georgia Based Business/Reciprocal Preference Law O.C.G.A. §50-5-60(b)

For the purposes of evaluation only, suppliers resident in the State of Georgia will be granted the same preference over suppliers resident in another state in the same manner, on the same basis, and to the same extent that preference is granted in awarding bids for the same goods or services by such other state to suppliers resident therein over suppliers resident in the State of Georgia. NOTE: For the purposes of this law, the definition of a resident supplier is a supplier who is domiciled in the State of Georgia.

6.6. Negotiations of Proposals and/or Cost Factors

DOAS possesses discretionary authority to conduct one or more rounds of negotiations of technical proposal and/or cost factors as permitted by Georgia law and DOAS' established procurement policy. This section of the eRFP describes DOAS' process for utilizing its discretionary negotiation authority as defined by O.C.G.A. Section 50-5-67(a)(6). No state entity is permitted to conduct negotiations of proposal and/or cost factors without DOAS' supervision unless DOAS has expressly authorized the state entity to conduct

negotiations on its own. Although this section addresses DOAS' right to negotiate in accordance with O.C.G.A. §50-5-67(a)(6), DOAS/State Entity reserves the right to conduct any other negotiations authorized by law.

The objective of negotiations is to obtain the supplier's best terms. PLEASE NOTE: NEGOTIATIONS ARE DISCRETIONARY; THEREFORE, THE STATE ENTITY URGES THE SUPPLIER (1) TO SUBMIT ITS BEST RESPONSE AND (2) NOT TO ASSUME THE SUPPLIER WILL BE GRANTED AN OPPORTUNITY TO NEGOTIATE.

6.6.1. Overview of Negotiations

After the Evaluation Team has scored the suppliers' proposals, the State Entity may elect to enter into one or more rounds of negotiations with all responsive and responsible suppliers or only those suppliers identified by the Evaluation Team as being in the competitive range. The competitive range will not be selected arbitrarily, and those suppliers included in the competitive range must have highly scored proposals.

After each round of negotiations (if any), the supplier will submit revisions to its proposal factors and/or cost proposal, which revisions will be scored by the Evaluation Team in accordance with the same criteria used to evaluate the initial responses from the suppliers. Suppliers may be removed from further participation in the negotiation process in the event the Evaluation Team determines the supplier cannot be considered responsive and responsible or based on the competitive range as defined in Section 6.6.3 "Competitive Range."

The State Entity reserves the right to proceed to award without further discussions after receipt of the initial proposals, in which case, negotiations and Proposal Revisions will not be required.

6.6.2. Negotiation Instructions

Listed below are the key action items related to negotiations. The State's Negotiation Committee may consist of the State's Evaluation Committee or may be comprised of different people. However, evaluation of proposals or revised proposals shall be completed only by the State's Evaluation Committee.

- 1. Negotiation Invitation:** Those suppliers identified by the Evaluation Committee to negotiate will be notified and invited to attend negotiations. Suppliers will be notified in writing: (i) the general purpose and scope of the negotiations; (ii) the anticipated schedule for the negotiations; and (iii) the procedures to be followed for negotiations.
- 2. Confirmation of Attendance:** Suppliers who have been invited to participate in negotiations must confirm attendance.
- 3. Negotiations Round(s):** One or more rounds of negotiations may be conducted with those suppliers identified by the State's Evaluation Team.

6.6.3. Competitive Range

If the State Entity elects to negotiate pursuant to Section 6.6, the State Entity may either (1) elect to negotiate with all responsive and responsible suppliers, (2) limit negotiations to those suppliers identified within the competitive range, or (3) limit negotiations to the number of suppliers with whom the State Entity may reasonably negotiate as defined below. In the event the State Entity elects to limit negotiations to those suppliers identified within the competitive range, the State Entity will identify the competitive range by (1) ranking suppliers' proposals from highest to lowest based on each supplier's Total Combined Score and (2) then looking for breaks in the scores such that natural groupings of similar scores may be identified. In the event the State Entity determines the number of responsive and responsible suppliers is so great that the State Entity cannot reasonably

conduct negotiations (which determination shall be solely at the State Entity's discretion and shall be conclusive), the State Entity may elect to limit negotiations to the top three (3) ranked suppliers as determined by the Total Combined Score.

6.6.4. Negotiation Round Completion

As part of each round of negotiation, the State Entity may or may not engage in verbal discussions with the suppliers. However, whether or not the State Entity engages in verbal discussions, any revisions the supplier elects to make to its response must be submitted in writing via email by the end date and time identified by the Issuing Officer. All revisions received by the due date and time will be evaluated and re-scored by the Evaluation Team in accordance with the same criteria used to evaluate the initial responses from the suppliers. Revisions which are not received prior to the due date and time cannot be considered; however, any supplier failing to submit timely revisions will not be disqualified from consideration for award based on its final proposal as accepted by the State Entity.

6.7. Selection and Award

The responsive and responsible supplier receiving the highest Total Combined Score and with whom the State Entity is able to reach agreement as to contract terms will be selected for award.

6.8. Site Visits and Oral Presentations

The State Entity reserves the right to conduct site visits or to invite suppliers to present their proposal factors/technical solutions to the Evaluation Team. Cost proposals and related cost information must not be discussed during the oral presentation of the supplier's technical solution. Nothing in this section shall prohibit the Negotiation Team from discussing both proposal factors and cost information during the negotiation process defined by Section 6.6 "Negotiations of Proposals and/or Cost Factors".

6.9. Public Award Announcement

The preliminary results of the evaluation will be announced through the public posting of a Notice of Intent to Award (in the event the value of the contract(s) is estimated to be \$100,000 or more in the first year) to the Georgia Procurement Registry. The Notice of Intent to Award ("NOIA") is not notice of an actual contract award; instead, the NOIA is notice of the State Entity's expected contract award(s) pending resolution of the protest process. The NOIA (if any) will identify the apparent successful supplier(s), unsuccessful supplier(s), and the reasons why any unsuccessful suppliers were not selected for contract award. NO SUPPLIER SHOULD ASSUME PERSONAL NOTICE OF THE NOTICE OF INTENT TO AWARD ("NOIA") WILL BE PROVIDED BY THE STATE ENTITY. INSTEAD, ALL SUPPLIERS SHOULD FREQUENTLY CHECK THE GEORGIA PROCUREMENT REGISTRY FOR NOTICE OF THE NOIA.

The Notice of Award ("NOA") is the State Entity's public notice of actual contract award(s). The NOA will be publicly posted to the Georgia Procurement Registry.

7. Contract Terms and Conditions

The contract that the State Entity expects to award as a result of this eRFP will be based upon the eRFP, the successful supplier's final response as accepted by the State Entity and the contract terms and conditions, which terms and conditions can be downloaded from the Sourcing Event. The "successful supplier's final response as accepted by the State Entity" shall mean: the final cost and technical proposals submitted by the awarded supplier and any subsequent revisions to the awarded supplier's cost and technical proposals and the contract terms and conditions due to negotiations, written clarifications or changes made in accordance with the provisions of the eRFP, and any other terms deemed necessary by the State Entity, except that no objection or amendment by the supplier to the eRFP requirements or the contract terms and conditions shall be incorporated by reference into the contract unless the State Entity has explicitly accepted the supplier's objection or amendment in writing.

Please review the State Entity's contract terms and conditions prior to submitting a response to this eRFP.

Suppliers should plan on the contract terms and conditions contained in this eRFP being included in any award as

a result of this eRFP. Therefore, all costs associated with complying with these requirements should be included in any pricing quoted by the suppliers. The contract terms and conditions may be supplemented or revised before contract execution and are provided to enable suppliers to better evaluate the costs associated with the eRFP and the potential resulting contract.

Exception to Contract

By submitting a proposal, each supplier acknowledges its acceptance of the eRFP specifications and the contract terms and conditions without change except as otherwise expressly stated in the submitted proposal. If a supplier takes exception to a contract provision, the supplier must state the reason for the exception and state the specific contract language it proposes to include in place of the provision. Any exceptions to the contract must be uploaded and submitted as an attachment to the supplier's response utilizing Attachment J – Contract Exception Form. Proposed exceptions must not conflict with or attempt to preempt mandatory requirements specified in the eRFP. Proposed exceptions should be in compliance with Georgia law. For further information regarding contracting with entities subject to DOAS purview please see SPD-SP060 "Contracting with State Entities" provided as an attachment to this solicitation and located at <http://doas.ga.gov/state-purchasing/seven-stages-of-procurement/stage-3-solicitation-preparation#>.

In the event the supplier is selected for potential award, the supplier will be required to enter into discussions with the State Entity to resolve any contractual differences before an award is made. These discussions are to be finalized and all exceptions resolved within the period of time identified in the schedule of events. Failure to resolve any contractual issues will lead to rejection of the supplier. The State Entity reserves the right to proceed to discussions with the next best ranked supplier.

The State Entity reserves the right to modify the contract to be consistent with the apparent successful offer, and to negotiate other modifications with the apparent successful supplier. Exceptions that materially change the terms or the requirements of the eRFP may be deemed non-responsive by the State Entity, in its sole discretion, and rejected. Contract exceptions which grant the supplier an impermissible competitive advantage, as determined by the State Entity, in its sole discretion, will be rejected. If there is any question whether a particular contract exception would be permissible, the supplier is strongly encouraged to inquire via written question submitted to the Issuing Officer prior to the deadline for submitting written questions as defined by the Schedule of Events.

8. List of eRFP Attachments

The following documents make up this eRFP. Please see Section 2.2.2 "eRFP Review" for instructions about how to access the following documents. Any difficulty locating or accessing the following documents should be immediately reported to the Issuing Officer.

- A. Attachment A – State Entity eRFP (this document)
- B. Attachment B – Scope of services
- C. Attachment C – Mandatory Questions
- D. Attachment D – Mandatory Scored Questions Worksheet
- E. Attachment E – Cost Proposal Worksheet
- F. Attachment F – State contract form (to be posted no later than 1/29/2021)
- G. Attachment G – Contractor Affidavit
- H. Attachment H – Subcontractor Affidavit
- I. Attachment I – Tax Compliance Form
- J. Attachment J – Contract Exception Form
- K. Attachment K – Current Model for Physical Healthcare Services Information
- L. Attachment L – Summary of Benefits
- M. Attachment M – Standard Operating Procedures for Physical Health
- N. Attachment N – GDC Medication Formulary
- O. Attachment O – Summary table of medications for population
- P. Attachment P – Summary table of population characteristics by facility
- Q. Attachment Q – List of Department-owned equipment by facility

- R. Attachment R - List of select equipment with purchasing and cost information
- S. Attachment S – Current Third Party Administrator (TPA) contract
- T. Attachment T – Current Medicaid enrollment policy with DCH
- U. Attachment U – Facility Matrix
- V. Attachment V – Network Diagram
- W. Attachment W – Bidders/Offerors Conference Announcement

Attachment B

Scope of Services

The supplier is responsible for providing comprehensive health services to all offenders in GDC from intake to discharge. Comprehensive health services to be provided include (but are not limited to) services outlined as “in-prison care” and “out-of-prison care.” Care provided must be in keeping with current NCCHC and ACA Standards, GDC Policies (unless agreed-upon amendments to SOPs are made), current medical standards of care, and guidelines as set forth by the relevant medical, nursing, and other professional organizations. Comprehensive health services also encompass outpatient and infirmary medical, nursing, ancillary, and pharmacy management services (working in partnership with GDC’s contracted pharmacy supplier); specialty consultation, emergency transportation and in-patient hospital services. Dental and mental health services are provided by another supplier.

Supplier approach to deliver on physical healthcare services

The following subsections describe GDC’s desire for innovation and outline GDC’s minimum basic requirements.

Innovation

GDC seeks innovative approaches to the technical proposal requirements below that address themes including, but not limited to, the following:

- An approach to maximize in-prison care services for routine and specialty care while delivering high-quality services at predictable and sustainable costs.
- An approach to population health management for the offender population (e.g., chronic care management, tracking missed healthcare appointments) and an assessment of the potential impact of the proposed approach on quality and cost of care.
- An approach to providing tailored care to high-risk/high-cost cohorts of the offender population (e.g., patients with chronic disease) and an assessment of the potential impact of the proposed approach on quality and cost of care.
- Details on how the supplier will work collaboratively across the care continuum to deliver healthcare with consistently high quality and predictable and sustainable costs. This includes, but is not limited to:
 - Working with GDC’s contracted pharmacy supplier to maintain and utilize its 340B program, as applicable.
 - Working with providers to improve scheduling to reduce overflows (i.e., situations where too many offenders are scheduled for appointments and some were unable to be seen).

- Working with GDC security to improve communication with wardens and deputies to improve the rate of in-prison appointments in which an offender was seen.
 - Working with DCH to enroll eligible offenders in Medicaid when they are admitted to the hospital.
 - Establishing a claims management program, including accurate and timely end-to-end claims processing, upfront triage of claims to ensure claims are routed through Medicaid appropriately, and reporting to track and monitor payments.
 - Establishing a utilization management program to evaluate the medical appropriateness, quality, and quantity of care delivered in-prison and out-of-prison.
 - Establishing the network of care providers that will deliver out-of-prison care to GDC's population when required, including the KPIs that will be used to track network quality.
- Adding or increasing use of industry best practices to GDC's current care delivery model for the offender population. This includes but is not limited to:
 - Patient specialty consultations
 - Chronic care management
 - Palliative care/hospice care
 - Telemedicine
 - Routine or specialty services provided out-of-prison which could be provided in-prison.
 - Re-entry coordination to ensure continuity of healthcare for the offender upon release

Minimum basic requirements

GDC has defined the following minimum basic requirements (MBRs). Listed below are service domains as well as their corresponding SOPs. Suppliers may propose changes to GDC's current SOPs as long as they adhere to the health standards outlined at the beginning of Section 3.1 (above).

- A. In-prison care:** The supplier shall provide on-site at prison facilities all physical healthcare services, inclusive of labor, equipment, supplies, and other elements required to promote high-quality outcomes.

A.1. Intake: The supplier shall provide all on-site medical screening and admission evaluation. Intake services, and their corresponding GDC policies, should include but are not limited to the following listed in Table 1:

Table 1: List of service domains required of selected supplier

Service domain	Current GDC policies (not exhaustive list)
Intake/receiving screening	SOP 507.04.19 RECEIVING SCREEN SOP 507.04.20 ORIENTATION OF INMATE-PROBATIONERS FOR ACCESS TO HEALTH SERVICES
Health assessment	SOP 507.04.21 HEALTH ASSESSMENT AND MEDICAL DIAGNOSTICS
Offender transfer screening	SOP 507.04.25 HEALTH SCREENING OFFENDER TRANSFERS SOP 507.04.52 PATIENT TRANSPORT SOP 507.04.53 TRANSPORTING INMATES-PROBATIONERS WITH INFECTIOUS DISEASES

A.2. Routine care: The supplier shall provide on-site routine services that are accredited and meet all applicable state and federal laws. Routine care services, and their corresponding GDC policies, should include but are not limited to the following listed in Table 2:

Table 2: List of routine care services required of selected supplier

Service domain	Current GDC policies (not exhaustive list)
Continuous Quality Improvement	SOP 507.01.12- CONTINUOUS QUALITY IMPROVEMENT
Scope of treatment services	SOP 507.04.07 SCOPE OF TREATMENT SERVICES
Clinical diagnostic testing	SOP 507.04.08 CLINICAL DIAGNOSTIC TESTING
Consultations	SOP 507.04.10 CONSULTATIONS AND PROCEDURES

Telemedicine and technology	SOP 507.04.12 TELEMEDICINE (3/2005)
Substance use disorder treatment and care	SOP 507.04.24 CHEMICAL DEPENDENCY, INTOXICATION, AND WITHDRAWAL (10/2012)
Chronic care management	SOP 507.04.28 CHRONIC CARE PROCEDURES AND PROTOCOLS
Periodic physical examinations	SOP 507.04.36 PERIODIC PHYSICAL EXAMINATIONS
Infirmity care, observation, and accommodated living	SOP 507.04.42 INFIRMARY CARE (3/2005)
Disability and special needs care	SOP 507.04.59 ASSISTED MEDICAL BED SPACE
Palliative and hospice care	SOP 507.04.60 CARE FOR TERMINALLY ILL SOP 507.04.87 ADVANCED DIRECTIVES SOP 507.04.89 DO NOT RESUSCITATE (DNR) ORDERS
HIV testing and care	SOP 507.04.61 HIV ANTIBODY TESTING
Infectious diseases	SOP 507.04.70 INFECTION CONTROL PROGRAM SOP 507.04.73 ECTOPARASITE CONTROL SOP 507.04.74 EXPOSURE CONTROL PLAN- BLOODBORNE PATHOGENS SOP 507.04.75 HEPATITIS B VACCINATION, POST EXPOSURE EVALUATION AND FOLLOW-UP SOP 507.04.61 HIV ANTIBODY TESTING CONTACT TRACING TB 507.04.56 MANAGEMENT OF TB 507.04.54

	TB SCREENING OF CORRECTIONAL OFFICERS 507.03.15
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A.3. Specialty care: The supplier shall provide on-site specialty care services that are registered, accredited, and meet all applicable state and federal laws. Specialty services, and their corresponding GDC policies, should include but are not limited to the following listed in Table 3.

Note: GDC does not have an SOP specific to dialysis, but GDC's dialysis population and facility capabilities are described in the current state overview.

Table 3: List of specialty care services required of selected supplier

Service domain	Current GDC policies (not exhaustive list)
Scope of treatment services	SOP 507.04.07 SCOPE OF TREATMENT SERVICES
Optical services and regular check-ups	SOP 507.04.22 OPTICAL SERVICES
Women's health services	SOP 507.04.69 WOMEN'S HEALTH SERVICES
IV Therapy	SOP 507.04.47 INTRAVENOUS THERAPY
Radiology services	SOP 507.04.80 RADIOLOGY SERVICES
Laboratory services	SOP 507.04.81 SCOPE OF LABORATORY SERVICES SOP 507.04.82 WAIVERED LABORATORIES-PROVIDER PERFORMED MICROSCOPY SOP 507.04.83 LABORATORY SAFETY

A.4. Emergency care: The supplier shall provide on-site emergency services. GDC would like to understand the supplier's approach to urgent/emergent care in-prison (e.g., chest pain, abdominal pain and constipation, bone fractures, lacerations). Emergency care services, and their corresponding GDC policies, should include but are not limited to the following listed in Table 4:

Table 4: List of emergency care services required of selected supplier

Service domain	Current GDC policies (not exhaustive list)
Urgent and emergent care	SOP 507.04.37- URGENT AND EMERGENT CARE SERVICES

A.5. Release to community: The supplier shall participate in comprehensive re-entry coordination for offenders into the community. Prior to discharge, the supplier shall ensure continuity of healthcare and access to social services for discharged offenders. Discharge services, and their corresponding GDC policies, should include but are not limited to the following listed in Table 5:

Table 5: List of discharge services required of selected supplier

Service domain	Current GDC policies (not exhaustive list)
Community hospitalization and discharge	SOP 507.04.17- COMMUNITY HOSPITALIZATION AND DISCHARGE
Discharge planning	SOP 507.04.18 DISCHARGE PLANNING

A6. Provision of services for disabled persons: The supplier shall work closely with GDC to provide accommodations to offenders in compliance with the Americans with Disabilities Act (ADA), including provision of access to interpreters for American Sign Language (ASL), Limited English Proficient (LEP), etc. and provision of hearing aids, eyeglasses and other necessary durable medical equipment. Services for disabled persons, and their corresponding GDC policies, should include but are not limited to the following listed in Table 6:

Table 6: List of ADA services required of selected supplier

Service domain	Current GDC policies (not exhaustive list)
Compliance with Americans with Disabilities Act (ADA)	SOP 103.63 AMERICANS WITH DISABILITIES ACT (ADA), Title II Provisions
Therapeutic Diets	SOP 507.04.29 – THERAPEUTIC DIETS

Medical Prostheses	SOP 507.04.63 MEDICAL PROSTHESES
Assisted Medical Beds	SOP 507.04.59 ASSISTED MEDICAL BED SPACE
Optical services and regular check-ups*	SOP 507.04.22 OPTICAL SERVICES

***Note: GDC will be responsible for the purchase of offender eyeglasses and the associated cost.**

A7. Medical equipment and supplies: The supplier shall be responsible for the provision of all medical equipment (e.g., EKG machines, scales, beds, pulse oximeters, oxygen concentrators, etc.) and supplies (i.e., typically disposable) to deliver in-prison physical healthcare services. The supplier shall be responsible for acquiring, maintaining, and replacing existing medical equipment (including telemedicine equipment). Any equipment purchased shall remain the property of the supplier. In some cases, offenders may be released with durable medical equipment at no cost to the offender.

A non-exhaustive inventory of existing government furnished equipment (GFE) at GDC facilities is included as Attachment Q and is available for use by the supplier. An inventory of existing GFE within GDC's infirmaries, including purchase date and cost details, is included as Attachment R. When GDC's existing GFE reaches mutually agreed-upon End of Life (EOL), the supplier will be responsible for replacing equipment. The supplier will be responsible for maintaining existing GFE equipment until EOL and should incorporate anticipated costs into the in-prison POPM cost along with any associated costs. The current supplier's annual budget for replacing medical equipment has been \$300,000 each year for the past several years.

B. Staffing: The supplier shall be responsible for adequate staffing, including but not limited to utilizing the full scope of licensed, certified, professionally-trained, and (where required) appropriately-credentialed personnel sufficient in number, location, and competency to meet all clinical and administrative requirements of the contract.

B1. Productivity-based staffing. The supplier shall develop a facility-specific, productivity-based staffing plan (i.e., instead of defining the required number of positions, headcount, or FTEs) that specifies the appropriate number of staffing hours to meet offender needs. The supplier shall continually reassess and report staffing coverage KPIs.

B2. Staffing ratios and innovative staffing models. The supplier shall utilize and monitor appropriate staffing ratios for offender needs. The supplier shall propose a physician-led staffing model and is encouraged to propose staffing models that use innovative approaches to providing care for offenders (e.g., flexible labor models, cross-training, technology).

B3. Judicious utilization of agency and premium pay. The supplier shall have policies, targets, and proper controls for use of temporary labor and labor augmentation via overtime and other means.

B4. Top-of-license practice and other productivity approaches. The supplier shall have strategies to ensure an appropriate match of workforce strategies with the proposed staffing model and intended qualifications of the workforce.

B5. Qualification and quality assurance. The supplier shall have employment and license/credential verification processes and regular updates to ensure the latest practice standards are in place across the workforce.

B6. Staffing coverage. The supplier shall complete the appropriate checks and verification before the hiring of employed and contracted labor.

B6.1 The supplier shall perform drug tests on all employment applicants who will be working in GDC facilities prior to employment and will perform random drug testing of hired employees who work in GDC facilities.

B6.2 The supplier is required to provide coverage for all positions in the event of leave, training, resignation/termination and all other absences. The supplier shall allow other staff to substitute for absent staff, provided that:

- The substituting staff's professional qualifications, including certification and licensure meets or exceeds those required of the absent staff; and,
- In the sole judgment of GDC, the substituting staff's primary duties and responsibilities are adequately fulfilled during the substitution.

Table 7: List of staffing services required of selected supplier

Service domain	Current GDC policies (not exhaustive list)
Staffing	SOP 507.03.03 STAFFING LEVELS SOP 507.03.05 JOB DESCRIPTIONS AND SHIFT ASSIGNMENTS
Professional Conduct	SOP 507.03.02 PROFESSIONAL CONDUCT
Credentialing/licensure	SOP 507.03.01 LICENSURE AND CREDENTIAL VERIFICATION
On-Call Duties	SOP 507.03.04 ON-CALL DUTIES
Nurse Practitioners and Physician Assistant Practices	SOP 507.03.08 NURSE PRACTITIONER (NP) AND

	PHYSICIAN ASSISTANT (PA) PRACTICE
Training and education	<p>SOP 507.03.09 ORIENTATION TRAINING FOR HEALTH SERVICES STAFF</p> <p>SOP 507.03.10 CONTINUING EDUCATION FOR QUALIFIED HEALTHCARE PERSONNEL</p> <p>SOP 507.03.11 HEALTH RELATED TRAINING FOR CORRECTIONAL OFFICERS</p> <p>SOP 507.03.13 MEDICATION ADMINISTRATION TRAINING</p> <p>SOP 507.03.14 TRAINING FOR HEALTH CARE AND CORRECTIONAL PERSONNEL REGARDING COMMUNICABLE DISEASES</p>

C. Out-of-prison care: The supplier shall provide access to specialty and sub specialty care provided in a community setting within the State of Georgia outside of prison and necessary medical and support services to be administered and completed outside of the prison facilities and in a manner that prevents adverse outcomes.

C1. Provider network development: The supplier is responsible for developing a sufficient network to cover all specialty needs not met with in-prison care, including long-term acute care facilities. The network shall be contracted at appropriate rates while encouraging quality care. The network shall have a sufficient number of providers located in proximity to GDC's prisons and shall have access to emergency medical care outside of the prison. The supplier shall actively educate the provider network on effective network participation to include timely scheduling, availability, and follow-up care.

The strength of the network will be assessed across three critical dimensions.

C1.1 Contracting: The supplier shall negotiate contract rates that are appropriate for an organization of the scope and scale of GDC, including:

- Willingness of provider to enter in value-based arrangements
- Acceptance of pricing at appropriate rates (e.g., % of Medicare, GA Medicaid rates) in line with GDC and offender population

- Willingness to provide evidence for costs avoided by good management, including the provision of monthly reports and underlying data

C1.2 Quality: The supplier shall ensure the network provides high-quality care and predictable and sustainable costs, including:

- Continuous quality improvement
- Specialty providers with high-quality HEDIS scores and demonstrated quality outcomes
- Provider education programs to share best practices on offender care and increase awareness of GDC's policies
- Proof of appropriate accreditation and licensure
- An approach to measuring network-driven healthcare outcomes and quality of service

C1.3 Convenience/proximity to GDC prisons: The supplier shall have a sufficient number and providers located within the State of Georgia and in proximity to serve GDC's offender population. The suppliers shall:

- Create efficiencies in associated transportation and security costs
- Maximize in-prison health services (including telemedicine)

Provider network develop shall also include:

C1.4 Emergency medical care: The supplier shall have provide access to emergency medical care outside of the prison, including:

- Ambulance
- Air transport
- Relationships with urgent care centers and emergency departments proximate to GDC facilities

C2. Utilization management: The supplier shall be responsible for creating a Utilization Management (UM) program to ensure that in-prison and out-of-prison care (including hospitalizations) decisions are made based upon evidence-based criteria. The supplier shall monitor performance (e.g., expected vs. actual length of stay, expected intensity of care based on predictive analytics), quality improvements, evaluation of use of medical resource consumption, and patient outcomes to assess quality of care delivered.

C2.1 Administrative and support functions:

Table 8: List of utilization services required of selected supplier

Service domain	Current GDC policies (not exhaustive list)

Utilization management	SOP 507.04.16 UTILIZATION MANAGEMENT
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Supplier shall be responsible for prospective, concurrent, and retrospective utilization management.

C2.2 Prospective: The supplier shall provide prospective review of clinical and administrative information prior to delivering a requested medical service (e.g., a patient admitted to inpatient care). Prospective utilization management includes:

- Notification
 - Ensuring information is provided from the provider to the supplier about a proposed procedure or service
 - Ensuring use of evidence-based protocols for required health services provided out-of-prison and in-prison
- Preauthorization
 - Timely and consistent assessment of eligibility, coverage, and level of care before a procedure or service takes place
 - Medical necessity review
- Preadmission care planning
 - Determination of approved treatments or procedures, treatment guidelines, and rationale

C2.3 Concurrent: The supplier shall provide concurrent review of ongoing medical services to determine whether continued inpatient stays or services are medically necessary and clinically appropriate. Concurrent utilization management includes:

- Case management
 - Communication with the inpatient care team of patient's condition and progress
 - Chart review of treatment guidelines and a care plan developed for the patient receiving treatment (e.g., length of stay)
 - Assessment of coverage and potential updates around patient coverage
 - Identifying potential quality of care concerns and patient safety events for additional review
- Care transitioning/discharge planning
 - Early development of discharge/continuity of care planning
 - Coordination of post-discharge services with providers (e.g., physical therapy, women's health, behavioral health) and GDC discharge nurses for medically appropriate placement back in-prison

C2.4 Retrospective: The supplier shall provide retrospective review of clinical and administrative information after a service is performed to determine whether services rendered were appropriate. Retrospective utilization management includes:

- Post-Service Clinical Review (PCR)
 - Confirming patient eligibility and availability of benefits (e.g., Medicaid)
 - Review of claims and denials based on medical necessity and level of care
 - Verifying clinical documentation from providers to support coverage determination
 - Administrative and contractual compliance
- Physician / clinical education
 - Inform care delivery strategies, highlight trends in care, and support population health management
 - Engagement with pharmacy supplier to align pharmacy and physical care approaches (e.g., formulary updates and new pharmacy trends)

C3. Claims processing: The supplier shall be responsible for all facility and professional claims incurred for medically necessary services provided to offenders out-of-prison and in GDC's on-site clinics. The supplier shall provide comprehensive claims management (i.e., from claims submission to final adjudication). The supplier must maintain and provide GDC with access to electronically available claims information. The supplier may subcontract with a TPA for some or all claims processing functions as desired. Mandatory basic requirements include:

C3.1 Accurate and timely end-to-end claims process management from claims submission to final adjudication (e.g., payments within 30 days of certain claims, payments limited to claims billed within 365 days)

C3.2 Electronic record keeping of claims information (by ICD-10 and CPT codes), including the provision of monthly reports on claims payments, outstanding claims, and recovered payments

C3.3 Process to track the timely and accurate payments of claims and a process to respond to and track provider claim disputes

C3.4 Database accessibility for GDC and identified personnel (e.g., UM team); the supplier must also provide a copy of the proposed system data model to the state for review and reporting needs

C3.5 Training GDC employees (e.g., UM team) on claims processing portal / database

C3.6 Regular reporting cadence (e.g., monthly), standard reports (e.g., all claims paid to GDC and third parties, claims incurred but not reported, bills paid to Georgia Medicaid), discreet reports with ICD-10 and CPT codes, and ad-hoc reports to provide GDC visibility into all payments made in relation to physical healthcare services; regarding ad hoc reports, the supplier must accommodate if there is a need from the state to get the data replicated in real-time for reporting needs

C3.7 Upfront triage of claims to ensure claims that are to be routed through Medicaid are routed appropriately

C4. Medicaid enrollment: Supplier is responsible for identifying and enrolling Medicaid-eligible offenders admitted and hospitalized for over 24 hours. Supplier shall actively work with the Georgia Department of Community Health (DCH) to help the offender fill out a Medicaid application. Existing policy can be referenced in Attachment T. Mandatory basic requirements include:

C4.1 Identification of existing offender health insurance and Medicaid eligibility status

C4.2 Completion and submission of the Medicaid enrollment form

C4.3 Coordination with GDC and DCH to review all claims paid for hospitalized and admitted offenders

D. Population health management: Supplier shall develop an approach to population health management (e.g., the stratification of offenders to better manage care coordination across all settings and longer than a single episode of care). Mandatory basic requirements include:

D1. Recommendations to improve upon GDC's existing approach to population health management

D2. Use of technology (e.g., EHR) to capture relevant patient data, to monitor patient care, and assist care teams in assessing the appropriate level of care for offenders

D3. Reporting (e.g., via EHR, pharmacy eMAR/CPOE) to monitor and track disease management, develop or update care protocols, and measure compliance of evidence-based treatments across disease, provider, and facility

E. Electronic Health Record (EHR): GDC seeks to move from a paper-based records system to an EHR with basic functionality to promote continuity of care and sharing of health information across providers, including in-prison and out-of-prison care. The supplier's proposed EHR should offer:

E1. Provision and maintenance of a cloud-based EHR solution capable of interfacing with other systems (representative list of interfaces required described below) that provides automated and integrated views of GDC's offender population including

details around sick calls, chronic care, physician notes, on-site and offsite consults, specialty care, offender transfers, appointment screenings, medications and other attributes and processes involved in delivering end-to-end physical healthcare on-site or off-site for Georgia's offender population.

E2. Pertinent health information including but not limited to diagnoses, care plans, medications, and laboratory results, which must be able to be shared bi-directionally between GDC and providers in the community. This functionality must support activities related to continuity of care and care coordination.

E3. Integration of the software solution with GDC's Offender Management Solution (SCRIBE), which will include initial population of data and updates by web services protocol. Integration between SCRIBE and the data fields will be based on available data and required fields within the provided solution. It is the desire of GDC to be able to integrate all necessary offender information, such as name, DOB, GDC number, facility assignment and location as well as security classification and bed type and to pass those data elements through from SCRIBE to the EHR upon offender data change and or transfer. The supplier should propose a preliminary approach to mapping fields from SCRIBE to the EHR. *Note: GDC will provide dedicated support to assist the supplier in integrating with SCRIBE.*

E4. Data Exchange Interfaces that provide a bi-directional interface with SCRIBE using REST style Web-services. Supplier must be able to host as well as consume Web-services. A representative list of interface scenarios is included below, but additional scenarios will be required as business requirements evolve.

Scribe to Physical Healthcare Supplier	Offender demographics changed
	Offender merged
	Offender Split
	Offender moved into GDC facility
	Offender moved to different GDC bed in the same facility
	Offender moved to different GDC facility
	Offender moved out of GDC facility(including private prison)
	Offender released
	Offender Court Production Order
	Offender Medical Reprieve
	Offender MRD Extended
	Bed Movement Update
	Offender Escape
	Reference Details (for Multiple Reference tables)
Physical Healthcare Supplier to Scribe	Offender Scheduled for medical appointment
	Health activity profile
	Height, Weight Change in Cerner
	PREA

	Medical Consult Requested
	Medical Consult UM Decision
	Medical Consult Schedule Created
	Medical Consult Schedule Cancelled
	Medical Consult Closed
	Offender Mental health Scheduling
	Medical\MH\Special Diet Profile Order
	Precaution - Isolation
	Medical Release Form
	Pill Call Order

E5. Collaboration with other GDC suppliers (e.g., Pharmacy, Mental and Dental health) to integrate across IT solutions.

E6. Provision of EHR in real time using industry standard services and/or protocols

E7. GDC plans for Source Code Escrow to apply to any new contract with a supplier. The supplier shall perform source code escrow as described herein.

E7.1 The State will be named as a beneficiary under an escrow agreement (“Escrow Agreement”) that shall be entered into between the supplier (acting on the supplier’s own behalf or involving a subcontractor / technology partner) and an escrow agent (“Escrow Agent”) within 90 days of the date hereof pursuant to which Supplier shall deliver a Source Code Escrow Package to Escrow Agent. The term “Source Code Escrow Package” means: a) a complete copy in machine-readable form of the source code and executable code of the software licensed to the State under the Contract; b) a complete copy of any existing design documentation and user documentation; and/or c) complete instructions for compiling and linking every part of the source code into executable code for purposes of enabling verification of the completeness of the source code as provided below. The Escrow Agreement shall govern the maintenance and release of the Source Code Escrow Package, and Supplier agrees to update, enhance, or otherwise modify such Source Code Escrow Package promptly upon each release of a new version of any component thereof. Supplier shall pay all fees and expenses charged by Escrow Agent, including, but not limited to, fees and expenses related to the State being a named beneficiary under the Escrow Agreement. The State shall treat the Source Code Escrow Package as Supplier’s confidential information. Under all circumstances, the Source Code Escrow Package shall remain the property of Supplier. The State shall only use the Source Code Escrow Package as contemplated in the Contract (including, but not limited to confidentiality provisions and usage restrictions). The Escrow Agent shall maintain the Source Code Escrow Package in a repository located in the United States.

E7.2 In the event that the Escrow Agent either ceases providing escrow services to Supplier or Supplier determines in its reasonable business judgment that the Escrow Agent is no longer providing acceptable services, Supplier shall replace the

Escrow Agent with another escrow agent, using an agreement which provides the State with rights no less advantageous than those in the Escrow Agreement. In such case, the new escrow agent shall be substituted in all ways for the incumbent Escrow Agent with respect to Section J1 above and all references herein to Escrow Agent shall be deemed to include such substitute escrow agent.

E7.3 Supplier shall inform the State of the availability of an escrow for any third party software solutions it provides to the State.

E7.4 In addition to the rights and obligations contained in the Escrow Agreement referenced in Section J1 above the State shall have the Software Escrow Package released by the Escrow Agent to the State's possession immediately upon any voluntary or involuntary filing of bankruptcy or any other insolvency proceeding, including but not limited to a general assignment for the benefit of including but not limited to a general assignment for the benefit of creditors, the appointment of a receiver for business or assets; creditors, the appointment of a receiver for business or assets; Supplier's dissolution or liquidation, voluntary or otherwise; the State has compelling reasons to believe that such events will cause Supplier to fail to meet its obligations in the foreseeable future; or Supplier's discontinuance of support or failure to support in accordance with the Supplier any software system or if the Supplier is otherwise unable or unwilling to provide the Source Code Escrow Package.

This condition will also be considered met if after repeated e-mail and phone requests by the State for service, the State makes a request for service in writing to the Supplier's last known address served by certified signed receipt required mail delivery by U.S. Post Office or by a nationally recognized (in the United States) overnight carrier, and the Supplier remains unresponsive, meaning that the Supplier is unable to acknowledge message receipt, unwilling or otherwise unable to satisfy the request for a period longer than 45 days from attempt to deliver the written request.

- F. IT systems:** IT and network infrastructure to support data tracking and management, including provision of a Computerized Electronic Health Record (EHR). All systems and solutions must be interoperable with GDC's pharmacy, mental health, and dental solutions.

Supplier shall provide the below minimum basic requirements:

Core systems, processes, and network environment

F1. Provision of an end-user solution that is approved by GDC and complies with McAfee Endpoint or with a future endpoint security solution and meets SCCM image requirements. The supplier shall provide all necessary computer hardware, software and necessary peripherals. The supplier will be responsible for all maintenance and software updates to maintain necessary security requirements.

F2. Integration of the software solution with GDC's Offender Management Solution (SCRIBE), including an audit and history function, which will include initial population of data and updates by web services protocol. *Note: GDC will provide dedicated support to assist the supplier in integrating with SCRIBE.*

F3. An intuitive user interface that requires only a basic level of training to nursing staff, corrections professionals, and GDC administrators.

F4. 24/7/365 availability of all core systems with minimum 99.99% uptime outside of agreed-upon downtime for maintenance. GDC asks suppliers to include a service credit structure for unplanned downtime that is driven by the supplier's technology (i.e., not planned downtime, not driven by issues with GDC's infrastructure).

F5. For any modules where a state user would be involved, the solution must be Section 508 compliant (i.e., provide effective, interactive control and use with nonvisual means) per the United States General Services Administration

F6. Additional IT SLAs adhered to, including monthly reporting on performance and proposed service credits for underperformance, as follows:

Service Requirement	Measurement	Service Level
Problem Response Time – High	Average Response Time for High Priority Problems	<15 minutes
Problem Response Time - Normal	Average Response Time for Normal or Low Priority Problems	<2 hours
Problem Resolution Time - High	Resolution Time for each High Priority Problem	<4 hours

Service Requirement	Measurement	Service Level
Problem Resolution Time - Normal	Resolution Time for Normal Priority Problems	<24 hours
Problem Resolution Time - Low	Resolution Time for Low Priority Problems	<72 hours
Scheduled Downtime/ Maintenance	Scheduled maintenance and downtime shall only occur during non-business hours*. The Supplier shall provide 14 calendar days' notice prior to any scheduled downtime.	<4 hours each month
Service Availability	All application functionality and accessibility shall be maintained at 99.99% uptime performance levels. Contractor shall minimize or eliminate unscheduled network downtime to .1% or less.	<99.99%
Notification of Security Incident	Notification of a Security Incident within 60 minutes of occurrence	1 hour
Security Incident Reporting	Security incident reporting requirement in 60 minutes or 1 hour	1 hour
Escrow Update	Update escrow within 14 days of a change.	14 days

G. IT Security

G1. Provision of physical and technological security required of high-trust environments that meets the standards defined by Health Insurance Portability and Accountability Act (HIPAA) and NIST 800.

G2. Compliance with all relevant security and privacy measures required of high-trust environments, including encryption of data (including tables and attributes) at transfer and at rest, provision of an HL7 interface, and adherence to FHIR protocols.

G3. Provision of a cloud solution that allows GDC to solely manage its own encryption keys (currently 256-bit, but solution should evolve with changing technology requirements)

G4. Support for continuous security and protection of data and IT systems in accordance with industry-level standards required of high-trust environments, and any applicable state or federal regulations (e.g., HIPAA and NIST 800). For example, clear approach in place to identify unusual system activity (e.g., large unplanned increase in usage) in a high-trust environment.

G5. Regular audits to ensure data security and privacy standards compliance.

G6. Solution must support AD and Okta integration.

G7. Successful supplier must comply with all State of Georgia standards for information technology and guidelines, available at <http://gta.ga.gov/psg/>

G8. Additional reference for security (PS08-005 Enterprise Information Security Charter) <http://gta.ga.gov/psg/article/enterprise-information-security-charter>

G9. Security controls may be developed and documented during Planning and/or Design activities. The state follows FISMA and uses NIST 800-53 to describe and define security controls. The supplier should use the 800-53 framework in completing its self-certification assessment. For securing PII data, choose use of the FIPS moderate control set from 800-53. Documentation on that standard is available at: <http://nvlpubs.nist.gov/nistpubs/SpecialPublications/NIST.SP.800-53r4.pdf>

G10. Breach Notification. If the supplier is responsible for a breach, the supplier will pay the cost of the breach investigation, resolution, notification, credit monitoring, and call centers up to a set amount per record/per person. The supplier will take corrective action subject to any limitation of liability in the Contract.

G11. Security Incident Responsibilities: The supplier shall inform the public jurisdiction of any security incident or data breach within one hour.

G11.1 Incident Response: The supplier may need to communicate with outside parties regarding a security incident, which may include contacting law enforcement, fielding media inquiries and seeking external expertise as mutually agreed upon, defined by law or contained in the contract. Discussing security incidents with the public jurisdiction should be handled on an urgent as-needed basis, as part of supplier communication and mitigation processes as mutually agreed upon, defined by law or contained in the contract.

G11.2. Breach Reporting Requirements: If the supplier has actual knowledge of a confirmed data breach that affects the security of any public jurisdiction content that is subject to applicable data breach notification law, the supplier shall (1) promptly notify the appropriate public jurisdiction identified contact within one hour, and (2) take commercially reasonable measures to address the data breach in a timely manner.

G12. Breach Responsibilities: This section only applies when a data breach occurs with respect to personal data within the possession or control of the supplier.

G12.1 The supplier, unless stipulated otherwise, shall immediately notify the appropriate public jurisdiction identified contact by telephone in accordance with the agreed upon security plan or security procedures if it reasonably believes there has been a security incident.

G12.2 The supplier, unless stipulated otherwise, shall promptly notify the appropriate public jurisdiction identified contact within 24 hours or sooner by telephone, unless shorter time is required by applicable law, if it confirms that there is, or reasonably believes that there has been a data breach. The supplier shall (1) cooperate with the public jurisdiction as reasonably requested by the public jurisdiction to investigate and resolve the data breach, (2) promptly implement necessary remedial measures, if necessary, and (3) document responsive actions taken related to the data breach, including any post-incident review of events and actions taken to make changes in business practices in providing the services, if necessary.

G12.3 Unless otherwise stipulated, if a data breach is a direct result of the supplier's breach of its contract obligation to encrypt personal data or otherwise prevent its release, the supplier shall bear the costs associated with (1) the investigation and resolution of the data breach; (2) notifications to individuals, regulators or others required by state law; (3) a credit monitoring service required by state (or federal) law; (4) a website or a toll-free number and call center for affected individuals required by state law — all not to exceed the average per record per person cost calculated for data breaches in the United States (currently \$201 per record/person) in the most recent Cost of Data Breach Study: Global Analysis published by the Ponemon Institute at the time of the data breach; and (5) complete all corrective actions as reasonably determined by supplier based on root cause; all [(1) through (5)] subject to this contract's limitation of liability.

H. Data Backup and Storage

H.1 Back up and replication of data in real time. At minimum, incremental data backup should occur in real time, with preferred capture of real-time transactions.

H.2 Compliance with storage specifications as indicated by GDC, including hosting of any cloud services in the United States. Hosting of all data should occur in a U.S.-based Tier 3 or greater secure data center, accessible by GDC over the Internet, with role-based access control capabilities and automatic system timeouts.

H.3 Except as required by law, the supplier shall not make any of its records in connection with support to GDC available to others for any purpose other than the provision of physical healthcare services. However, the supplier may combine such data for use in preparing statistical analysis reports, which may be made

available to others, if information relating to GDC or any offender is not identifiable from the data.

I. IT Implementation and transition plan: A structured transition timeline and change management plan must be included within the project plan needed for successful integration of the EHR and associated IT systems and solutions required to support physical healthcare delivery. This includes the following:

- I1. An approach to how the supplier will determine required changes to legacy business processes to meet workflow needs for the supplier's solution.
- I2. A RACI chart to assign roles and responsibilities for each implementation and transition task, milestone or decision required to integrate the proposed EHR solution and associated IT systems and solutions.
- I3. Approach addressing implementation of the supplier's scope and upload of proposed medical record necessary for migration of any existing data into the new system, including timeline and user training.
- I4. Approach to customizations for integration for both initial implementation and future transition.
- I5. Considerations of how implementation could be impacted by COVID-19 and a contingency plan for COVID-19 impact.
- I6. Planned timeline for IT implementation and transition, including planned go-live of new system within 6 months of physical health transition and a service credit offered per day should project milestones supporting go-live be delayed.

J. Project Assurance requirements, pending GTA review of supplier's approach: (i.e., As an Information Technology project completed on behalf of the State of Georgia, integration of an EHR solution into GDC's operating and IT environment will be subject to state-mandated project assurance processes governed by the Georgia Technology Authority (GTA). After review of the selected supplier's approach, the GTA Enterprise Portfolio Management Office with input from GDC, the Governor's Office, State Purchasing Division and the Office of Planning and Budget will provide additional details on additional assurance requirements, described below. Assurance requirements are based on an assessment of the size, complexity, and criticality of the initiative.

The three primary processes for which supplier involvement will be required are *Critical Panel Review, Independent Validation and Verification, and GEMS Reporting* (described below). In the context of this RFP, the supplier shall validate its willingness and ability to comply with associated activities.

- J1. Critical Panel Review: The Enterprise Critical Projects Review Panel provides a business context for large, critical technology investments. It provides a forum for state agency leaders to ensure they have the commitments and resources

needed to deliver on their initiative successfully. The Georgia Technology Authority (GTA) facilitates this forum and discussion through a disciplined approach and presents the results to the Governor's Office monthly.

The supplier shall:

J1.1 Assist GDC with data collection (e.g. schedule updates, budget updates, risk and issue status updates and/or completion of web-based status questionnaires) to create monthly dashboard reporting

J1.2 Attend GTA critical panel review meetings, either in person or via teleconference, as required. These meetings last less than 1 hour and occur no more than once per month. The supplier's Project Manager and/or appropriate designee must attend.

J1.3 Attend Governor's Office critical panel review meetings, if requested. These meetings last less than 1 hour and occur no more than once per month. Supplier attendees should include the Project Manager and Engagement Manager or appropriate designee. Note: Supplier attendance at the Governor's panel review is very rare.

J2. Independent Verification and Validation (IV&V): IV&V is a set of activities performed by an entity not under control of the Supplier. GTA (in collaboration with GDC) will select an IV&V vendor that is technically, managerially and financially independent to check that the deliverables provided by the supplier, meet the users' needs (Validation), and check that the deliverables are well engineered (Verification). During all phases of the project, the IV&V Vendor will be acting with the full authority of the State in performing activities.

The supplier shall:

J2.1 Provide project management deliverables to IV&V vendor as requested for review

J2.2 Respond to requests from IV&V vendor for project information

J2.3 Make project resources available for periodic meetings and/or interviews with the IV&V vendor (no more than 1-2 hours per month)

J3. Enterprise Portfolio Reporting (GEMS Reporting): Information on technology investments and implementation is maintained in the enterprise portfolio management tool – Georgia Enterprise Management Suite (GEMS). GEMS contains the state's inventory of investments and provides dashboard reporting on project progress for the duration of the project lifecycle.

The supplier shall:

J3.1 Provide regular status updates to the GDC project manager

J3.2 Respond to automated survey questionnaires generated monthly from the GEMS tool; only select project team members will be asked to respond. (Less than ½ to 1 hours per month)

K. Administration: Provision of robust reporting and transparency of collected data and collaboration with other suppliers and staff in a multi-supplier model. Mandatory basic requirements include:

K1. Transparency and reporting

K1.1 Provision of standard reports on population health including 1) breakdown of forms of routine care services provided to offenders, 2) breakdown of emergency care services provided to offenders, and 3) treatments provided for offenders with chronic health issues

K1.2 Provision of additional ad hoc reports on operations and costs to include service utilization and patient quality outcomes upon request of GDC

K1.3 Provision of raw underlying data, upon request of GDC, in a format that is analyzable by GDC staff (e.g., xls, csv)

K2. Collaboration in a multi-supplier environment

K2.1 Collaboration with GDC security for offender transportation

K2.2 Collaboration with GDC's contracted pharmacy supplier

K2.3 Collaboration with GDC's contracted mental health and dental supplier

K2.4 Participation in at least two meetings each month to:

- Review physical healthcare operations with GDC Health Services multidisciplinary staff
- Participate in an interdisciplinary team meeting with all GDC Office of Health Services leadership as healthcare provider representation

K3. Performance management

K3.1: The supplier will be responsible for conducting an annual audit (financial and programmatic) to report contract compliance with expected levels of service and key performance indicators such as staffing, provisions for physical healthcare delivery, and financial accounting and reporting aspects. The scope of the audit must be approved in advance and be agreed upon by GDC. The supplier's annual audit scope will be subject to the discretion of GDC. The written audit report to the Office of Health Services shall be due within 60 days of the end of the first 12 months period and thereafter within 60 days of the end of the Fiscal year.

K3.2 The supplier must report the status of any and all contractual obligations upon request of GDC.

K3.3 GDC makes frequent visits to all of its facilities (both scheduled and unscheduled) to monitor performance and ensure quality of care. The supplier must accommodate on-site monitoring visits from GDC. Any service delivery deficiencies identified during audits will require corrective action plans and a timeline for improvement that is subject to the discretionary approval of GDC.

K3.4 The supplier must provide responsive and accessible support to GDC.

L. Transition of services

L1. The supplier shall provide an implementation plan for transitioning physical healthcare services from the incumbent supplier to the recipient of this contract award. Submission will include:

L1.1 Description of supplier's methodology for assuming contract services when an existing supplier is in place

L1.2 How the supplier will ensure continuity of care during the transition

L1.3 Details on how much in-prison lead time the supplier would like, how large a team, and what information and participation is needed from GDC and the incumbent supplier to transition

L1.4 Approach the supplier would take regarding transition of assets (e.g., records, inventory, IT, data, equipment, supplier-operated facilities, etc.)

L1.5 Proposed roll-out strategy, including any recommendations regarding implementing/deploying services in separate areas or in a phased roll-out (e.g., by county)

- If proposing a multi-phased strategy, the supplier shall include a description of the proposed phases and the approach to providing continuity of physical healthcare services

L1.6 Proposed timeline, including the length of time for each of the implementation activities

L2. The supplier shall participate in activities to support smooth transition of in-prison and out-of-prison care services suppliers, including but not limited to preservation of continuity of care, management transition, any necessary transition of assets (sites, inventory, etc.), data migration, etc.

L3. The supplier shall cooperate in activities to support smooth transition for any other suppliers that may stop/start provision of other services (e.g., Pharmacy, dental, mental health) throughout the duration of the in-prison and out-of-prison services contract

L4. The supplier shall cooperate in the transition of services to the State or another contractor upon the termination of the contract for any reason, including the provision of sufficient efforts and cooperation to ensure an orderly and efficient transition of services to the State or another contractor; full disclosure to the State and the third-party contractor about the equipment, software, or services required to perform the services for the State; transfer licenses or assign agreements for any software or third-party services used to provide the services to the State or to another contractor. The supplier shall estimate the resourcing and/or level of effort required to transition services, including IT systems and solutions including the EHR, and include in its technical approach a cost estimate of level of effort should a transition occur. (Only Year 1 transition costs are to be included in the supplier's cost proposal, but GDC would like to understand cost associated with a contract closeout and transition should the need arise.)

L5. Commitment that the State should own its own data and action over the life of the contract to ensure the State maintains ownership.

M. GDC Policies and Standard Operating Procedures

M1. The supplier's personnel shall abide by applicable regulations and directives of GDC. All proposed services as outlined in this proposal will be delivered in conformance with ALL Departmental Standard Operating Procedures (SOP), the American Correctional Association (ACA), and National Commission on Correctional Health Care (NCCHC) standards. GDC will provide a single license to PowerDMS, the policy management system used to maintain GDC's SOPs and policies. The supplier shall be responsible for accessing PowerDMS to remain current on GDC's SOPs and ensure compliance across the supplier's operations and staff.

M2. The supplier's personnel shall be responsible for completing 40 hours of mandatory orientation prior to the start date and 40 hours of annual training, including 16 hours of in-service training each year thereafter to include GDC's in-service training.

M3. The supplier will be required to adhere to GDC policies, unless otherwise noted in a written directive, which may include email communications, from the State Health Services Director. The requirement for implementation of a policy change will be stated in the directive. The supplier shall be aware that any and all directives from the State Health Services Director will supersede prior policies. There may be a directive from the GDC Legal Department where the supplier will be responsible to incorporate changes into their procedures.

M4. The supplier's on-site employees must meet the same pre-employment standards and standards of conduct as Department employees. (SOP 104.47-IV014-0001).

M5. The supplier must obtain security background investigations on all potential employees prior to hiring. Investigations will include, but not be limited to a fingerprint check with the state and federal agencies and verification of personal data, to include education and employment experience.

M6. The supplier shall have drug tests performed on all employment applicants who will be working in GDC Facilities prior to employment and will perform random drug testing of hired employees who work in GDC Facilities.

M7. The supplier shall prepare a random drug testing plan (including timelines/schedules) to include at least five percent (5%) of employees each calendar month. The supplier will submit the schedule and identify the drug screening process and test(s) to be used to GDC for review and approval. This requirement is due no later than thirty (30) calendar days prior to the Service Commencement Date. The supplier shall retain all records relating to its employee drug testing. Supplier shall provide quarterly reports and an annual aggregate report of employee drug testing to the Office of Health Services.

M8. The supplier must agree not to reassign staff members who have been terminated from a facility to another facility without the written permission from the State Health Services Director or the Director of Health Services. The supplier further agrees to coordinate with GDC regarding a "no rehire" list.

- The supplier shall not employ any individual to perform work under the contract who has previously been determined unacceptable for performance under any other GDC Facility, contract, or who has been separated for cause by GDC.
- The supplier will discontinue the use of any employee for performance of work under the contract upon written notice from GDC that the individual is not, or is no longer, acceptable for performance under the contract.

N. Regulatory compliance

- The supplier shall ensure all services provided meet or exceed the applicable standards and regulations of the National Commission on Correctional Health Care (NCCHC), American Correctional Association (ACA), and other relevant State or Federal regulations applicable to physical healthcare
- The supplier shall include assurance that the supplier is aware that GDC must comply with the Open Records Act, O.C.G.A. §50-18-70, *et seq.*

O. Employment certification

The supplier shall include assurance that the supplier is aware of all required licenses, certifications or other formal and informal approvals required for the proposed service and that the supplier holds all such approvals.

Round	Number	Supplier question	Reference	Response	
Round 1	1	Is Attachment F missing from the list of Attachments?	n/a- General	Attachment F references the State Contract Form. This attachment is currently not uploaded to the solicitation event but GDC intends to add it as an attachment no later than 2/24/2021.	
Round 1	2	What type of Physical Healthcare Services positions are you looking for on this RFP?	n/a- General	GDC has defined the services and outcomes desired in Attachment B - Scope of Services. GDC expects suppliers to propose the types of physical healthcare services positions that they recommend as the best solution for GDC that will result in the delivery of quality care across the end-to-end physical healthcare delivery model at predictable and sustainable costs.	
Round 1	3	What is the current rates of the current Physical healthcare services being provided at this time?	n/a- General	GDC is unable to provide rates associated with the services delivered by its current supplier.	
Round 1	4	How many hours of Physical healthcare services are you looking for on this contract?	n/a- General	GDC has defined the services and outcomes desired in Attachment B - Scope of Services. GDC expects suppliers to propose the number of hours they recommend per facility based on the scope of services for each facility as the best solution for GDC that will result in the delivery of quality care across the end-to-end physical healthcare delivery model at predictable and sustainable costs.	
Round 1	5	What is the contract value of this RFP?	n/a- General	GDC estimates the annual costs for the physical healthcare costs associated with this RFP to be in the range of approximately \$150,000,000 to \$170,000,000.00 based on historical spend.	
Round 1	6	Besides for answering the questions in the RFP, is there a technical proposal of our services that needs to be included?	n/a- General	A list of the documents the suppliers are required to provide in their bid response is provided in Attachment C – Mandatory Questions.	

Round 1	7	<p>In regards to the above-referenced RFP, page 13 of 29 within Attachment A, State Entity RFP Template advises confirmation with the Issuing Officer on the following:</p> <p>This section contains the detailed technical requirements and related services for this Sourcing Event. Suppliers are required to download, complete and then upload the Worksheets titled "Supplier General Information", "Mandatory Response Worksheet", "Mandatory Scored Requirement Worksheet" and "Additional Scored Response Worksheet" found as attachments in the Sourcing Event. Although many solicitations will contain all of the worksheets noted above, it is possible that a solicitation will not contain all of the worksheets. In the event all four worksheets are not available as downloadable forms to this eRFP, please confirm with the Issuing Officer that all four worksheets are not required.</p> <p>With this RFP submission, we only have the following two worksheets provided:</p> <ol style="list-style-type: none"> 1. Attachment C – Mandatory Questions 2. Attachment D – Mandatory Scored Questions <p>As per the RFP, can you kindly confirm:</p> <ol style="list-style-type: none"> 1. That the two documents above are the only required worksheets? 2. This eRFP does not require a "Supplier General Information 	Attachment A – State Entity RFP Template	This eRFP does not require the "Supplier General Information Worksheet" or the "Additional Scored Response Worksheet" to be provided in the supplier's bid response. A list of the documents suppliers are required to provide in their bid response is provided in Attachment C – Mandatory Questions.	
Round 1	8	<p>Given that Augusta University is the current contractor for medical services and a public agency, are vendors allowed to have direct dialogue with current employees of the university about the medical program during the RFP process in relation to this procurement?</p>	n/a- General	GDC has set up a second Bidders/Offerors Conference which will include staff from Augusta University / Georgia Correctional Healthcare. The purpose of this conference is to allow interested suppliers to have a direct dialogue with them about the medical services currently being provided. Following this meeting, both Augusta University and GDC request that suppliers have no further direct contact with AU/GCHC staff concerning this solicitation or the medical services currently being provided by AU/GCHC to GDC. Requests for additional information should be submitted as formal Open Records Act requests following established procedures.	
Round 1	9	<p>Please confirm the only staffing plans required are those that will be reflected in our response to Attachment E, <i>Cost Proposal Worksheet</i>, and that the GDC does not require staffing plans which show spread staff over days of the week and hours of the day, or that identify specific posts (infirmary, intake, etc.) for each facility.</p>	Attachment E, Cost Proposal Worksheet	At this time, GDC requires only the staffing assumptions to be provided in Attachment E - Cost Proposal Worksheet. GDC is interested to understand and validate the supplier's assumptions around labor rates, mix of roles, and staffing volume/numbers.	
Round 1	10	<p>Attachment U <i>Facility Matrix</i> indicates that Turner RSAT does have infirmary beds, but does not have 24 x 7 coverage. Please clarify: does Turner RSAT have infirmary beds? If so, should 24 x 7 staffing be provided?</p>	Attachment U, Staffing Matrix	Turner RSAT does not have an infirmary. Please reference the updated attachment with GDC's Facility Matrix for healthcare services by facility.	

Round 1	11	Attachment U, <i>Staffing Matrix</i> , shows co-located facilities (Arrendale SP and Arrendale TC, Metro RF, Metro TC, and Helms Unit, etc.) Does the average # of offenders for the hub facilities include the ADP for each of the feeder units? For example, the Arrendale SP shows an ADP of 1,094, and the Arrendale TC shows an ADP of 138. Are Arrendale's 138 offenders in the TC included in the Arrendale SP ADP or does the TC population stand separate from the SP population?	Attachment U, Staffing Matrix	The Transitional Center populations are separate from the state prison populations.	
Round 1	12	Will the new pharmacy vendor provide the site pharmacy staff or is site pharmacy staff the responsibility of the medical vendor?	n/a- General	The pharmacy vendor will provide pharmaceuticals to each facility. The medical staff will be responsible for administering the pharmaceuticals.	
Round 1	13	Please provide a copy of the current medical staffing plan for each facility.	n/a- General	GDC does not plan to provide a copy of the current supplier's staffing plan. GDC is interested in the staffing plan that best fits the supplier's recommended delivery model vs. the current state.	
Round 1	14	Amongst other items, this section asks for a sample transition plan, but instructs for a 10-page limit of response. A sample comprehensive transition plan itself would likely be larger than 10 pages. Can the restriction of "No supporting documents shall be accepted" be lifted for this area so that bidders can attach a sample transition plan as requested?	Attachment D, Mandatory Scored Questions – Question 26, Contract Implementation and Transition	GDC recognizes that a robust transition plan would need to be developed in partnership with GDC, following site visits, conversations with the current supplier, etc. In the supplier's response, GDC would like to see a high-level proposed transition plan and believes 10 pages is enough space and provides the opportunity to differentiate from competitors.	
Round 1	15	Attachment D, #21 Data Backup and Storage, please confirm there is no page limit for his section response.	Attachment D, Mandatory Scored Questions – Question 21, Data Backup and Storage	The page limit for this section will be 4 pages.	
Round 1	16	Per page 13 of 29, please confirm the only worksheets required with this solicitation are: § Attachment C, Mandatory Questions § Attachment D, Mandatory Scored Questions Attachment E, Cost Worksheet	Attachment A, State Entity RFP Template; Section 3. eRFP Proposal (Bid) Factors	See answer to Question #7.	
Round 1	17	Per page 13 of 29, please confirm vendors do not need to upload a worksheet titled "Supplier General information," or "Additional Scored Response Worksheet" and no such document is required for this eRFP response.	Attachment A, State Entity RFP Template; Section 3. eRFP Proposal (Bid) Factors	See answer to Question #7.	
Round 1	18	The RFP requires four narratives for the subsections 5.2.A, 5.2.B, 5.2.C, and 5.2.D under the Cost Proposal. In our electronic submission, is it permissible to submit all four narratives in one combined searchable PDF file or does the Department request four separate files?	Attachment A, State Entity RFP Template; Section 5.2, Cost Structure and Additional Instructions	The written cost proposal narrative that is described in Attachment A – State Entity eRFP Section 5.2 shall be submitted as a single file in PDF format titled "Cost Proposal Narrative Response." This file should include all of the information requested in Attachment A – State Entity eRFP.	

Supplier Q&A

Round 1	19	Are you interested in seeing what can be delivered in comprehensive <i>virtual care</i> delivery? We are a virtual care provider... we are able to deliver medical care, recommend course of action for patients, coordinate that care and we successfully remote monitor medical conditions (chronic conditions). Do we fit the qualifications to support you in this bid?		The scope of services for the eRFP includes all elements of physical healthcare delivery. GDC is seeking to establish a contract with a single supplier that will be responsible for providing all components of services specified in this solicitation. Suppliers are welcomed to form contractor/subcontractor relationships with other suppliers, provided there is a single lead supplier that submits a bid response and is accountable for end-to-end delivery of the specified services.	
Round 1	20	Are you covering offenders and employees of the correctional facilities?		UPDATE: This procurement is primarily for offender healthcare. There are minor exceptions pertaining to infection control. The Infection Control SOP 507.04.70 provides more detail (section D 3) but GDC has no expectation that the physical healthcare vendor will be responsible for the ongoing healthcare/health maintenance of its staff, contractors and volunteers.	
Round 1	21	How many people are you considering covering?		Please use 42,000 as the average daily census for staffing plan and cost proposal development.	
Round 1	22	Will GDC allow a vendor to bid separately on a component of the eRFP, such as the Electronic Health Record solution?		No, GDC is seeking to establish a contract with a single supplier that will be responsible for providing all components of services specified in this solicitation. Suppliers are welcomed to form contractor/subcontractor relationships with other suppliers, provided there is a single lead supplier that submits a bid response and is accountable for end-to-end delivery of the specified services.	
Round 1	23	Was the Offerors Conference call recorded? If so, will a recording of the call be made available?		The Offerors' Conference Call was not recorded and therefore is not available for distribution.	
Round 1	24	For the Electronic Health Records portion would the state take a bid specific to just that portion. Or are you looking to have one contract with the health services vendor?		See answer to Question #22.	
Round 1	25	Will the State be providing the current on site staffing matrix for each facility?		See answer to Question #13.	
Round 1	26	What agencies do you currently use for Offender Physical Healthcare Services?		GDC has captured details on this data in the Physical Health Data Table. Please reference the data table for details and/or reference to an attachment.	
Round 1	27	What rates do those agencies charge for Offender Physical Healthcare Services, specifically NP,PR,MA, RN, LPN, Primary care physicians, medical director, special care physician, OT, PT, and MA?		GDC is unable to provide labor rates associated with the services delivered by its current supplier or subcontractors.	
Round 1	28	If awarded, can we speak with the current provider?		Yes, the supplier that is awarded a contract resulting from this solicitation will be able to and expected to speak with the current provider to ensure a successful transition of services.	
Round 1	29	On page 27 of 29 of the RFP, section 7 discusses Contract Terms and Conditions. It states that these "can be downloaded from the Sourcing Event." I didn't see them listed as part of the bid package. Can you please provide a link or clarify where we can find them?	Attachment A, Section 7	See answer to Question #1.	
Round 1	30	What is the GDC targeted start date for the contract?	Attachment A, Section 1.5	Immediately upon final award of this eRFP (estimated to be early June).	

Round 1	31	Are any of the GDC facilities currently subject to any court orders or legal directives? If "yes," please provide copies of the order/directive.	Attachment A	Yes. GDC has provided in the attachments a copy of the consent order for the SMU in Gumm.	
Round 1	32	Please provide the following data regarding the size of the inmate population. a. Three years' worth of facility-specific historical data b. Five-year population projections	Attachment P	GDC has captured details on this data in the Physical Health Data Table. Please reference the data table for details and/or reference to an attachment.	
Round 1	33	Is the GDC aware of any upcoming legislation or government policy that could result in a drop in its inmate population (e.g., compassionate release, population reduction measures, etc.)? If yes, please describe and provide a timeframe for the legislation/policy implementation.	Attachment U	No.	
Round 1	34	With regard to health care staffing at the GDC facilities: a. Please provide the health care staffing required by the current contract (by shift and day of the week). b. If it differs from what is in the contract, please also give us the actual staffing your current health care vendor is providing, for instance, any positions and/or hours being worked over and above what contract requirements	Attachment D, Section 10	See answer to Question #13.	
Round 1	35	Does the GDC have any plans to change the mission, size, or scope of any of its facilities within the term of the contract? If so, please provide details (including timeframe) on the planned change.	Attachment U	GDC has recently converted 75 beds at Wilcox and 10 at Long for offenders with a mental health diagnosis. At this time there are currently no other plans to change the mission, size or scope of any of GDC's facilities.	
Round 1	36	For each GDC facility, please provide a listing of any current health service vacancies, by position.	Attachment D, Section 10	GDC has provided a count of vacancies by role by facility for the past 6 months, which could highlight challenges retaining certain skillsets in certain geographies in the state. The current supplier has experienced vacancy rates around 35% in the recent past. As stated in GDC's response to Question #13, GDC will not provide a facility-level staffing matrix but, instead, is interested in potential suppliers' recommended staffing plan for the future that meet the minimum requirements of the SOPs.	
Round 1	37	Please confirm that if the awarded vendor retains existing health care staff who are already credentialed, those incumbent staff will <u>not</u> need to go through the credentialing all over again with the new vendor.	Attachment D, Section 10	Existing healthcare staff may be hired by the new supplier. The supplier is responsible for the hiring and credentialing their own staff. Incumbent staff will not need to go through credentialing (i.e., background check, training, drug testing) again with the new supplier.	
Round 1	38	Are any members of the current health service workforce unionized? If yes, please provide the following. a. A copy of each union contract b. Complete contact information for a designated contact person at each union c. The number of union grievances that resulted in arbitration cases over the last 12 months	Attachment D, Section 10	No.	
Round 1	39	Please provide the salaries/wages your incumbent health service Vendor is paying to its staff at the GDC facilities. a. How recent is this data? b. What is the source of this data (e.g., State/County records, data from the incumbent Vendor, etc.)?	Attachment D, Section 9	GDC is unable to provide labor rates associated with the services delivered by its current supplier or subcontractors.	

Round 1	40	Please confirm that labor hours in the following categories will count toward any "hours provided" requirements of the contract. a. Time spent by health care staff in orientation, in-service training, and continuing education classes b. Overtime hours c. Agency hours d. Approved paid-time-off	Attachment D, Section 9	The eRFP template and instructions do not require the supplier to specify hours. The supplier should include assumptions regarding annual training, paid time off, etc. into labor rate and staffing volume assumptions to complete Attachment E - Cost Proposal Worksheet.	
Round 1	41	Please list all office equipment (e.g., PCs, printers, fax machines, copiers, etc.) currently in use at the health care units and identify which items on the list will remain in place for the new Vendor to use.	Attachment D, Section 2	Each GDC facility has 2 copiers (Dell and Ricoh). Fax machines are currently standalone, although some facilities have already migrated to MFPs and have efax capabilities. GDC plans to use MFPs/all-in-1 machines moving forward. All PC's, Tablets or other peripherals required for the supplier to perform their services are the responsibility of the supplier.	
Round 1	42	Does the GDC currently utilize telehealth? If so, please provide the following information. a. Description of any equipment that will remain in place for the new vendor to use b. Description of the telehealth connectivity (network) that will remain in place for the new vendor to use c. The type of telehealth clinic (e.g., telepsychiatry, telecardiology, etc.) d. How often each telehealth clinic is currently conducted (e.g., weekly, monthly, as-needed, etc.) e. The length of each telehealth clinic currently conducted (e.g., day, half-day, etc.) f. The average number of patients in each telehealth clinic g. The name and contact information for the tele-provider	Attachment D, Section 2	GDC is unable to provide any more granular data beyond what is included in Attachment K - Current State and the attachment, "Annual telemedicine report FY2020."	
Round 1	43	What laboratory subcontractor does your current health care vendor use for lab services, e.g., LabCorp, Garcia, Bio-Reference, etc.?	Attachment D, Section 4	The current supplier subcontracts lab services to Quest Diagnostics and Ipsum.	
Round 1	44	Are any x-ray services currently provided onsite? If "yes," is this done (a) with permanent GDC-owned x-ray equipment or (b) through a mobile radiology vendor (Please identify vendor)?	Attachment D, Section 4	The current vendor subcontracts for mobile radiology services. GDC owns x-ray equipment at ASMP. However, this x-ray unit is obsolete and needs to be replaced so the supplier should plan to include that equipment or service at ASMP going forward.	
Round 1	45	Are any optometry services currently provided onsite? If "yes," is this done (a) with permanent GDC-owned optometry equipment or (b) through a mobile optometry vendor (Please identify vendor)?	Attachment D, Section 4	Optometry services are provided on-site by subcontracted vendors.	
Round 1	46	Are any dialysis services currently provided onsite? If "yes," is this done (a) with permanent GDC owned dialysis equipment or (b) through a mobile dialysis vendor (Please identify vendor)?	Attachment D, Section 4	The dialysis subcontractor, Chardonay, owns the dialysis equipment.	
Round 1	47	For each GDC facility, which hospital(s) is used most frequently?	Attachment D, Section 10	GDC has captured details on this data in the Physical Health Data Table. Please reference the data table for details and/or reference to an attachment.	

Round 1	48	With regard to any specialty care clinics currently conducted onsite at the GDC facilities, please provide the following information. a. The type of specialty clinic (e.g., orthopedics, neurology, etc.) b. How often each specialty clinic is currently conducted (e.g., weekly, monthly, as-needed, etc.) c. The length of each specialty clinic currently conducted (e.g., day, half-day, etc.) d. The average number of patients in each specialty clinic e. The name and contact information for the provider who operates each specialty clinic.	Attachment D, Section 6	GDC has captured details on this data in the Physical Health Data Table. Please reference the data table for details and/or reference to an attachment.	
Round 1	49	Please identify the number, type, and timeframes of any backlogs (chronic care clinics, offsite referrals, dental encounters, etc.) that currently exist at the GDC facilities.	Attachment D, Section 3	The constraints of GDC's current paper-based delivery model inhibits ready access to this data.	
Round 1	50	Please provide the following information about any medical, behavioral health, or other special needs units (infirmary, addiction recovery, sex offender, geriatric, skilled nursing, hospice, etc.) at the GDC facilities. a. Type of each unit b. Location of each unit c. Capacity of each unit d. Average occupancy of each unit e. Staffing for each unit f. Type of services/acuity able to be handled in each unit.	Attachment U	GDC has provided an updated Facilities Matrix.	
Round 1	51	With regard to medication administration. Who administers the medications (RNs, LPNs, or other position)? a. Is the current process: (a) med carts go to the housing units or (b) patients come to the medical unit? b. How often does med pass occur each day? c. On average, (a) how many FTEs and (b) how long does it take to perform a med pass?	Attachment D, Section 6	A qualified LPN or RN administers medications at each facility. The number and location of pill calls varies by facility.	
Round 1	52	For each of the past 36 months, please provide statistical data for each of the following categories. a. Number of (offsite) inpatient hospital admissions b. Number of (offsite) inpatient hospital days c. Number of outpatient surgeries d. Number of outpatient referrals e. Number of trips to the emergency department (ED) f. Number of ED referrals resulting in hospitalization g. Number of ground ambulance transports h. Number of air ambulance transports i. Number of dialysis treatments	Attachment D, Section 3	GDC has captured details on this data in the Physical Health Data Table. Please reference the data table for details and/or reference to an attachment.	
Round 1	53	For each of the past 3 years, please provide total spend amounts for the following categories. a. Offsite services b. Laboratory services c. Offsite diagnostic (x-ray) services	Attachment D, Section 5	GDC will not release spend data associated with the current model. GDC would like to see suppliers' innovative, quality-driven and value-based payment model and its associated costs based on the population data, facilities data, and scope of services GDC has provided.	

Round 1	54	Will the vendor be financially responsible for any of the following services under the new contract? For any category that will be at the vendor's cost, please provide three years' of cost data on the expenses incurred in that category. a. Care for newborn babies after the actual delivery b. Abortions that are not clinically necessary c. Cosmetic surgery that is not clinically necessary d. Gender reassignment (sex change) surgery and any follow-up treatment or related cosmetic procedures e. Contraception, including vasectomy, tubal ligation, or reversal of such f. Experimental care g. Elective care, i.e., care which if not provided would not (in the opinion of the Medical Director) cause the patient's health to deteriorate or cause the patient definite and/or irreparable physical harm h. Autopsies i. Organ, tissue, or other transplant surgery and related costs, including, but not limited to labs, testing, pharmaceuticals, pre- or post-op follow-up care, or ongoing care relating to the	Attachment B – Scope of Services	GDC has provided Attachment L - Summary of Benefits. Additional details on SOPs pertaining to Women's Health may be found in SOP 507.04.69. And, full access to constitutionally-required healthcare..	
Round 1	55	Please confirm that costs in the following categories will be included under any cap on offsite care. a. Inpatient hospitalization b. Outpatient surgeries c. Other outpatient referrals d. ER visits e. Ambulance transportation f. Offsite dialysis g. Offsite diagnostics (lab/x-ray)	Attachment C	Yes, the supplier should include these cost categories into its pricing for a POPM rate for out-of-prison care. As described in the Attachment A.5 - Cost Proposal, the supplier should describe any exceptions or limitations the supplier would propose in these cost categories or others where the POPM rate would not apply.	
Round 1	56	Conflicting language, data, and specs are often found among the various documents that make up a solicitation. For this RFP, please confirm the latest dated document always holds <u>precedence</u> , so bidders know which information to use in case we identify contradictory or inconsistent data among the original RFP files, addenda, and/or responses to questions.	Attachment A	In the event of any contradictory or inconsistent information provided in documents associated with this solicitation, the information from the latest dated document shall hold precedence.	
Round 1	57	Please provide the number of inmate healthcare lawsuits currently pending, in which the State, its employees or agents are a named party.	Litigation	GDC does not have this number.	
Round 1	58	Please provide a list of the inmate healthcare cases closed over the last two years including: a. the outcome of the cases b. the amount of any payments (judgments or settlements) paid by the State over the course of the last two years.	Litigation	GDC does not have this number.	
Round 1	59	Please confirm the invoicing payment structure.	Payment Structure	The invoicing payment structure will be outlined in the contract that will be provided as an attachment to this solicitation. Final invoicing structure is subject to changes during negotiations.	
Round 1	60	Would the GDOC consider a performance bond amount between 5% to 10% of the annual contract which is industry standard?	Attachment A: 3.2 Bond	Attachment A – State Entity eRFP has been revised to change the performance bond requirement.	

Round 1	61	The cost proposal lists the estimated ADP as 42,000. As of December 2020 the ADP was 35,787. Will the medical providers be provided a floor and ceiling to address the massive financial exposure to both the provider and GDOC of substantial ADP swings?	Attachments E and U	GDC asks suppliers to use an ADP of 42,000 in pricing and cost estimates; GDC does not intend to include a floor or a ceiling on its population coverage. GDC has provided additional population numbers for 2015 through current to show historical trends. Please reference the data table for details and/or reference to an attachment.	
Round 1	62	Please provide the current staffing matrix by facility, broken down by day and by shift.	Staffing	See answer to Question #13.	
Round 1	63	Please provide the required hours for GDOC annual training and orientation.	Backfill	GDC requires 40 hours of pre-service orientation and annual training.	
Round 1	64	Please provide a list of vacancies by position and location.	Staffing vacancies	See answer to Question #36.	
Round 1	65	Please provide the dates of the next NCCHC accreditation for each facility.	Accreditation	GDC seeks ACA accreditation and has captured details on this data in the Physical Health Data Table. Please reference the data table for details and/or reference to an attachment. GDC also requires MAG triennial accreditation by facility.	
Round 1	66	How many biohazardous waste containers/pick-ups are currently provided monthly?	Biohazardous waste	The biohazardous waste pick ups range from twice a day at surgical facilities to bi-weekly or weekly depending upon the size and mission of the facility.	
Round 1	67	Please provide total cost for each: a. Hospital b. ER/Ambulance c. Off-site specialties d. On-site specialty category e. All cases exceeding \$50,000 for the years ending 2018, 2019, and 2020.	Off-site and On-site Claim	GDC will not release spend data associated with the current model. GDC would like to see suppliers' innovative, quality-driven and value-based payment model and its associated costs based on the population data, facilities data, and scope of services GDC has provided.	
Round 1	68	Is the contractor responsible for pharmacy?	Pharmacy	No. The supplier will be responsible for medication ordering and medication administration.	
Round 1	69	Please provide the detailed health services reports for 2018, 2019 and 2020.	Health Services Reports	Please provide a better description of the health services reports requested.	

Round 1	70	<p>Please provide the <u>monthly</u> statistics for 2018, 2019 and 2020 for the following items:</p> <ol style="list-style-type: none"> Segregation bed counts (total capacity and average beds filled) Medical Infirmery bed counts (total capacity and average beds filled) MH housing unit bed counts (total capacity and average beds filled) Intakes / Bookings Health & Physicals (H&Ps) Medical Provider Sick call Nursing Sick call Psychiatry provider evaluation MH Staff individual evaluations MH groups (including type) Inpatient Admissions Inpatient Admissions not covered by Medicaid Inpatient Days Inpatient Days not covered by Medicaid ER visits (not admitted) # of ambulance runs Offsite surgeries Hospital observation stays Offsite specialty medical appointments (provide by specialty type) Oral surgeries Dialysis patients Dialysis treatments Optometry visits # of eyeglasses prescribed Ultrasounds 	Statistics	GDC has captured details on this data in the Physical Health Data Table. Please reference the data table for details and/or reference to an attachment.	
Round 1	71	<p>Please list:</p> <ol style="list-style-type: none"> All licenses or permits required by the State in order to provide healthcare services to Georgia All fees associated with any of those licenses 	Attachment B, Section O	Answering this question would be giving legal advice, which we cannot do. GDC's expectation is for the supplier to be responsible for 1) remaining aware and current on all licenses or permits required to provide the services requested in this eRFP and proposed in the supplier's response to this eRFP and 2) understanding fees associated with obtaining and maintaining those licenses and including those fees in the supplier's pricing.	
Round 1	72	<p>Is the State currently bound by any consent decrees at the facilities that would affect the provision of health care services? If so, please provide a copy of the decree(s).</p>	Attachment B, Section N Regulatory Compliance	No.	

Round 1	73	Is the State currently, or anticipated to be, under investigation, audit, or review by any federal, State or local governmental authority or regulatory agency for health care services provided? a. Is any visit/audit/inspection currently scheduled or pending? b. Is the State waiting for the results of any report from or any prior inspection/audit review? c. Have any reports of audits or visits been issued or received in the last 24 to 36 months? Will the State share such reports of audits or visits?	Attachment B, Section N Regulatory Compliance	The Southern Center for Human Rights has asked the United States Department of Justice to investigate conditions as Georgia State Prison (GSP). The DOJ has not taken any action so far.	
Round 1	74	Please provide utilization statistics by facility and by specialty for the past 24 months for telemedicine and telehealth services as specified in SOP 507.04.12 TELEMEDICINE. Please provide the names and contact information of any subcontracted entities performing these services	Attachment B: Scope of Services, A.2 Routine Care	GDC is unable to provide any more granular data beyond what is included in Attachment K - Current State and the attachment, "Annual telemedicine report FY2020."	
Round 1	75	Please provide utilization statistics by facility for the past 24 months for IV Therapy as specified in SOP 507.04.47 INTRAVENOUS THERAPY. Please provide the names and contact information of any subcontracted entities performing these services	Attachment B: Scope of Services, A.3 Specialty Care	The constraints of GDC's current paper-based delivery model inhibits ready access to this data.	
Round 1	76	Please provide utilization statistics by facility for the past 24 months for Medical prosthesis services as specified in SOP 507.04.63 MEDICAL PROSTHESES. Please provide the names and contact information of any subcontracted entities performing these services	Attachment B: Scope of Services, A.6 Provision of services for disabled persons	The constraints of GDC's current paper-based delivery model inhibits ready access to this data.	
Round 1	77	Please provide either copies of current contracts between the state and the current offsite providers, or a table/spreadsheet of the current hospital, specialty facility, physician group, or physician name, their address, contact information, and current contracted rates where available .	Attachment B: Scope of Services, C.1.1 Contracting	GDC has captured details on this data in the Physical Health Data Table. Please reference the data table for details and/or reference to an attachment.	
Round 1	78	Please provide utilization statistics by facility for the past 24 months for Substance use disorder treatment and care services as specified in SOP 507.04.24 CHEMICAL DEPENDENCY, INTOXICATION, AND WITHDRAWAL. To the extent these statistics can be broken out to include specific information around methadone treatment, that would be particularly helpful. Please provide the names and contact information of any subcontracted entities performing these services	Attachment B: Scope of Services, A.2 Routine Care	GDC does not have a Medication Assisted Therapy program.	
Round 1	79	Please provide utilization statistics by facility for the past 24 months for Consultations as specified in SOP 507.04.28 SOP 507.04.10 CONSULTATIONS AND PROCEDURES. To the extent these statistics can be broken out by specialty (ex., auditory services, physical therapy services, translation services, sleep studies), that would be particularly helpful. Please provide the names and contact information of any subcontracted entities performing these services	Attachment B: Scope of Services, A.2 Routine Care	GDC has captured details on this data in the Physical Health Data Table. Please reference the data table for details and/or reference to an attachment.	

Round 1	80	Please provide the name and contact information for the current biohazardous waste removal subcontractor, along with the past 24 months of waste removal statistics by facility (number of bins, frequency of pickup).		See answer to Question #66.	
Round 1	81	Please provide the name and contact information for the current shredding services subcontractor, along with the past 24 months of shredding services statistics by facility (number of bins, frequency of pickup).	Attachment B: Scope of Services, A.2 Routine Care	The current vendor does not contract with any shredding service.	
Round 1	82	Will vendor be allowed to install secure, IT based time clocks which communicate to an external server for purposes of staff time management?	Attachment B: Scope of Services, A.2 Routine Care	Yes, the supplier will be allowed to install time clocks with coordination with the OIT department.	
Round 1	83	Will time clocks be allowed to reside on the state network or will the vendor be required to add a dedicated network?	Attachment B: Minimum basic requirements, B. Staffing	Yes, time clocks will be allowed to reside on the state network with coordination with the OIT department.	
Round 1	84	Does the current network provide power over ethernet for time clock usage?	Attachment B: Minimum basic requirements, B. Staffing	This varies today. Power over ethernet for time clock usage may not be available depending on location.	
Round 1	85	If a clock needs to be relocated on site who is responsible for the cost, the state or the vendor?	Attachment B: Minimum basic requirements, B. Staffing	If a clock needs to be relocated on site, GDC would submit the order; however, the supplier would be responsible for the costs incurred.	
Round 1	86	Will vendor be allowed to use existing network infrastructure including internet, cable drops, routers, and switches to access EHR application and any other necessary applications required to provide medical care	Attachment B: Minimum basic requirements, B. Staffing	Yes, suppliers will be allowed to use the existing network infrastructure. Suppliers will not be allowed to provide their own network.	
Round 1	87	If vendor is required to provide its own Internet circuit, are there network drops in all locations medical is provided?	Attachment B: Minimum basic requirements, F. IT systems	No. The supplier will not be allowed to provide its own network.	
Round 1	88	Does wireless exist everywhere that medical services are provided including the housing units? If wi-fi exists, but not in all areas needed, can vendor expand?	Attachment B: Minimum basic requirements, F. IT systems	Wireless does not exist everywhere that medical services are provided. The State plans to expand. If the supplier needs to expand beyond the scope or timeline the state has planned, the supplier would be responsible for the costs incurred.	
Round 1	89	If client is providing network, will vendor be allowed to install VPN tunnel between vendor network and state network for use by medical staff for administrative and medical applications	Attachment B: Minimum basic requirements, F. IT systems	A VPN tunnel would not be permitted; however, there will be a VPN client available.	
Round 1	90	If state is providing current network, what is the available bandwidth?	Attachment B: Minimum basic requirements, F. IT systems	The current-state network has a 40 mg bandwidth average with a minimum bandwidth of 9 mg.	
Round 1	91	Has the new Pharmacy Services vendor been determined by the Department of Corrections?		No.	
Round 1	92	Can you share the current health services staffing for the GDC sites? By type of position/by FTE/site.	General	See answer to Question #13.	

Round 1	93	In Attachment A eRFP Physical Healthcare, on page 16 of 29: a. Under "Out-of-prison care" – you state that the cost proposal should include transportation costs that seem to be in addition to ambulance costs. What is this item specifically referring to? This is also mentioned on page 18 of 29 as an item to include in the per offender per month (POPM) out of prison proposed cost.	General	Ambulance costs are the only supplier-incurred transportation costs GDC anticipates.	
Round 1	94	How many inmates required emergency air transport in the last year?		GDC has captured details on this data in the Physical Health Data Table. Please reference the data table for details and/or reference to an attachment.	
Round 1	95	What's the Covid 19 population percentage ?		COVID statistics are uploaded daily to www.gdc.ga.gov	
Round 1	96	When the event close what percentage of the service needed immediately?		GDC expects the transition plan to avoid any interruption in services to include emergency and elective services.	
Round 1	97	What services are urgently needed at event closing?		GDC expects the transition plan to avoid any interruption in services to include emergency and elective services.	
Round 1	98	What counties are urgently need services?		Not applicable	
Round 1	99	Per SOP 507.03.06, we understand the GDC uses inmate helpers/inmate porters in the infirmaries to assist infirm patients with bathing, toileting, feeding, etc. How many porters are used in each infirmory today and what hours of the day and days of the week are they available to assist?		Although there is an SOP, this is not a common practice today.	
Round 1	100	Table 2 lists Coastal TC in downtown Savannah with a population of 260. Is this facility open?	GDC Standard Operating Procedures, SOP 507.03.06	This facility is now closed. Please reference the updated Facilities Matrix.	
Round 1	101	Will the successful bidder be required to provide an eMAR and an ePOE in the electronic health record, or will those two system components be provided by the new pharmacy vendor as directed in the 2020 pharmacy services RFP?	Attachment P, Summary of Population Characteristics by Facility.	The EHR should include a robust eMAR. The Pharmacy supplier will be responsible for physician order entry.	
Round 1	102	The RFP provided GDC Standard Operating Procedures. SOP 507.04.42 "Infirmory Care" dated 3.01.05, lists facilities and their infirmaries and observation units. The lists of facilities includes some facilities not in existence today, and omits certain facilities. Will the GDC please provide an updated list of facilities and the infirmaries/observation units to which they are assigned?	Attachment B – Scope of Services, Section E. Electronic Health Record, page 13	GDC has captured details on this data in the Physical Health Data Table. Please reference the data table for details and/or reference to an attachment.	
Round 1	103	Do the current employees of Augusta University working in the DOC healthcare program currently have the option to receive a stipend in lieu of enrolling in health benefits?	GDC Standard Operating Procedures, SOP 507.04.42	The current vendor does not provide a stipend in lieu of benefits.	
Round 1	104	What current practices or measures are in place to address the COVID pandemic?	General – Human Resources	COVID information is available at www.gdc.ga.gov	
Round 1	105	Are there any sites where employees are eligible to receive hazard pay to work at the site or within specific units?	General – Human Resources	No.	
Round 1	106	Is there additional or supplemental malpractice insurance required for prescribers, above the standard medical malpractice requirements?	General – Human Resources	GDC requires the minimum medical malpractice insurance of \$1,000,000 / \$3,000,000 per prescriber.	
Round 1	107	Please list the number of telehealth encounters per month (or year) for each medical specialty, as well as for primary care	General – Human Resources	See answer to Question #42.	

Round 1	108	Please provide as much information as is available reflecting the use of telehealth services in the medical program, such as a listing of the number of telehealth encounters per month (or year) for each medical specialty, as well as for primary care.	Attachment K, page 3	GDC is unable to provide any more granular data beyond what is included in Attachment K - Current State and the attachment, "Annual telemedicine report FY2020."	
Round 1	109	Please provide a list of telemedicine peripherals in use at GDC, including manufacturer and models.	Attachment R, page 3	See answer to Question #42.	
Round 1	110	What staff is currently responsible for facilitating telehealth encounters? (E.g. RN, LPN, etc)	Attachment K, page 3	See answer to Question #42.	
Round 1	111	What partners is GDC currently working with for telehealth services (hospital networks, private practices, etc)?	Attachment L, page 3	See answer to Question #42.	
Round 1	112	What outside partners is GDC currently working with for telehealth services (hospital networks, private practices, etc.)?	Attachment B, page 10	See answer to Question #111.	
Round 1	113	Will the supplier be permitted to install internet services in facilities to support telehealth?	Attachment A, page 18	The supplier must use the internet service provided.	
Round 1	114	Please provide the, "claims analysis" that was mentioned on the virtual bidders conference call that was held on January 26 th , 2021. Preferably, please provide at least two years of incurred claims data with enough runout to be considered a complete 24 month period, and sufficient detail to allow the bidder to aggregate the claims costs as shown below and on the Out-of-Prison Care tab included in Attachment E – Cost Proposal Worksheet: § Ambulance costs § Dialysis § Emergency department § Imaging § Infusion (e.g., chemotherapy, pain management) § Lab § Medical hospitalization § Other specialty services § Outpatient consults § Prosthetics § Surgeries - inpatient § Surgeries - outpatient § Vision care § Women's health incl. pregnancy and delivery	Attachment A, page 18	Claims data can be provided up on request. Please email the issuing officer to request this data.	
Round 1	115	Does the GDC have Data center space available for Supplier server infrastructure, including separate vLAN or should Supplier expect to house necessary servers in their own datacenters?		No, the supplier's server infrastructure should be hosted in the supplier's datacenter.	
Round 1	116	Is the Supplier network isolated to separate vLANs from other GDC equipment? Will the GDC provide separate vLANS if requested/where needed?	Attachment B, Section F.4, Page 17	vLANs are available and are restricted based on user.	
Round 1	117	Is there an official documented approval guideline for Supplier end-points?	Attachment B, Section F, Page 16	Yes. GDC can provide documentation as outlined by AT&T.	
Round 1	118	Can the Supplier assume that all existing network cabling meets IEEE standard 802.3 ?	Attachment B, Section F, Page 16	Yes	
Round 1	119	To confirm, the GDC is financially responsible for network equipment replacement or additions, including new copper/network runs, correct? Is the any network infrastructure for which the Supplier will be responsible?	Attachment B, Section F, Page 16	UPDATED IN ROUND 2: If the supplier needs a drop, GDC will make the request from AT&T and will bear the cost of new drops, with reason.	

Round 1	120	How many PC end-points are currently being used by current Supplier? Is there an estimated breakdown by facility?	Attachment B, Section F, Page 16	GDC does not have a breakdown by facility and the number varies by facility. There are ~1500 PC end points across facilities.	
Round 1	121	Can you confirm the current Supplier PCs are on the GDC AD domain?	Attachment B, Section F, Page 16	The current supplier has access to AD domain.	
Round 1	122	Are thin clients currently used in the Supplier environment? If so, please describe the use case and volume.	Attachment B, Section F, Page 16	No thin clients are used. All are currently laptops and desktops.	
Round 1	123	Is the Supplier responsible for any end-point printing maintenance and/or replacement? Please list approximate desktop printer quantity and facility breakdown if available.	Attachment B, Section F, Page 16	GDC does not have an inventory of desktop printers by facility. Currently GDC has network printers provided via a lease agreement.	
Round 1	124	Are there MFP printer/copier/scanners being used by the current Supplier? Please list approximate quantity and facility breakdown if available. Are they fully managed by GDC?	Attachment B, Section F, Page 16	GDC has MFP printers used by the current supplier that will be available to the future supplier. The supplier can provide additional MFPs as required, but it would require additional ports from AT&T.	
Round 1	125	Are any inmate health education programs currently provided via tablets or other portable devices?	Attachment B, Section F, Page 16	Yes, some tables and/or portable devices are currently used to provide inmate health education programs, but these devices are limited.	
Round 1	126	Is the Supplier required to provide telephony services?	Attachment B, Section F, Page 16	No. GDC will provide phone service.	
Round 1	127	Is there any financial responsibility for Supplier's PC internet access? Do all facilities have internet access?	Attachment B, Section F, Page 16	The supplier will be provided internet access with no additional charge. All facilities have internet access.	
Round 1	128	Can a list be provided of the current circuit/internet bandwidth per facility? Are there facilities that frequently hit their bandwidth utilization capacity?	Attachment K, Section 6, Page 7	There is a 40mg average capacity that is then reviewed for an added 90% threshold.	
Round 1	129	Are there plans to grow the current 10 facility wireless footprint in the near future? How is the wireless technology currently being used? Will the Supplier be allowed to use the existing wireless Network?	Attachment K, Section 6, Page 7	Yes, there are plans to grow the wireless footprint in the future. Wireless technology is currently used for inmate education, Administration, and where available can be used for connection. The supplier may use the wireless.	
Round 1	130	Does the GDC provide e-fax services for Supplier employees?	Attachment K, Section 6, Page 7	GDC's MFPs have efax services capabilities. The supplier will need to provide its staff with their own email IDs and GDC OIT will be able to whitelist the email IDs provided to have access to efax capabilities.	
Round 1	131	<p>This section requires bidders to provide a personnel roster listing the names of key people, along with their resumes, of who the contractor will assign to meet the staffing requirements.</p> <p>This is typically in best practice to conduct after award, to ensure bidders are not inappropriately communicating with any incumbent staff during the RFP process and allow for dialogue with the Department about current satisfactory and preferred personnel for positions that are currently occupied. Additionally, this gives an unfair advantage to the incumbent vendor.</p> <p>Is it permissible for vendors to provide resumes for similarly qualified personnel of the type vendors would propose to hire for the position and an accompanying job description for the qualifications the vendor would seek?</p>	General	Yes, that would be permissible.	

Round 1	132	What is the formal start date for the contract on which the selected vendor will be required to assume full responsibility for the program?		See answer to Question #30.	
Round 1	133	For Attachment D, question #18 – Electronic Health Records, the second bullet refers the reader to meeting basic requirements in Section F.1 through F.3 (IT Systems) of Attachment B – Scope of Services. Are these references to F.1 through F.3 accurate or did the GDC intend to refer to Section F.1 through F.3?	eRFP, Section 1.8, p.4	Attachment D, question #18 should refer to the minimum basic requirements provided in E.1 through E.7 of Attachment B – Scope of Services. GDC has provided an updated draft of Attachment D with the correct reference.	
Round 1	134	For Attachment D, question #19 – IT Systems, the second bullet refers the reader to meeting basic requirements in Section E.1 through E.4 (Electronic Health Record (EHR) of Attachment B – SOS. Are these references to E.1 through E.4 accurate or did the GDC intend to refer to Section F.1 through F.4?	Attachment D, Mandatory Scored Questions, Question 18	Attachment D, question #19 should refer to the minimum basic requirements provided in F.1 through F.6 of Attachment B – Scope of Services. GDC has provided an updated draft of Attachment D with the correct reference.	
Round 1	135	For Attachment D, question #20 – IT Security, the second bullet refers the reader to meeting basic requirements in Section E.5 through E.15 in Attachment B. However, Section E. ends with E.7, it does not go up to E.15, did the GDC intend to refer the reader to other sections within Attachment B?	Attachment D, Mandatory Scored Questions, Question 19	Attachment D, question #20 should refer to the minimum basic requirements provided in G.1 through G.12 of Attachment B – Scope of Services. GDC has provided an updated draft of Attachment D with the correct reference.	
Round 1	136	In attachment D, question #21 – Data Backup and Storage, the second bullet refers the reader to meeting basic requirements in Sections E.16 through E.19 in Attachment B. However, Section E ends with E.7, did the GDC intend to refer the reader to other sections within Attachment B?	Attachment D, Mandatory Scored Questions, Question 20	Attachment D, question #21 should refer to the minimum basic requirements provided in H.1 through H.3 of Attachment B – Scope of Services. GDC has provided an updated draft of Attachment D with the correct reference.	
Round 1	137	In Attachment D, question #22 – IT Implementation and Migration, the second bullet refers the reader to meeting basic requirements in Section E.1 through E.19 in Attachment B. However, Section E ends with E.7, did the GDC intend to refer the reader to other sections within Attachment B?	Attachment D, Mandatory Scored Questions, Question 21	Attachment D, question #22 should refer to the minimum basic requirements provided in I.1 through I.6 of Attachment B – Scope of Services. GDC has provided an updated draft of Attachment D with the correct reference.	
Round 1	138	For Attachment D, question #7 – Infectious Disease, the second bullet refers the reader to meeting basic requirements in Section A.3 of Attachment B – Scope of Services. However, the Infectious Disease SOPs are listed in A.2, did the GDC intend to refer to Section A.2 instead of A.3?	Attachment D, Mandatory Scored Questions, Question 22	Attachment D, question #7 should refer to the minimum basic requirements provided in section A.2 of Attachment B – Scope of Services. GDC has provided an updated draft of Attachment D with the correct reference.	
Round 1	139	For Attachment D, question #11 – Security for In-prison Care, the second bullet refers the reader to meeting basic requirements in Section I.2 of Attachment B – Scope of Services. I. of Attachment B is IT Implementation and transition plan – did the GDC intend to refer to different section?	Attachment D, Mandatory Scored Questions, Question 7	Attachment D, question #11 should refer to the minimum basic requirements provided in section K.2 of Attachment B – Scope of Services. GDC has provided an updated draft of Attachment D with the correct reference.	
Round 1	140	In Attachment K, under Section 2. Overview of current on-site physical healthcare services, <i>Dialysis</i> subsection, is states “Please refer to Attachment S for details on existing dialysis subcontractors.” It appears RFP attachment S is the current TPA contract. Can the GDC please provide this attachment?	Attachment D, Mandatory Scored Questions, Question 11	GDC has now provided details on the current supplier's subcontractors as a new attachment. Please reference the data table for details and/or reference to an attachment.	
Round 1	141	In Attachment K, under Section 3. Overview of current off-site physical healthcare services, <i>Medicaid enrollment</i> subsection, is states “Please refer to Attachment T for GDC’s current Medicaid Offender Policy.” It doesn’t appear to be included with the RFP documents. Can the GDC please provide this attachment?	Attachment K, under Section 2. Overview of current on-site physical healthcare services	Attachment T does contain the Current Medicaid Enrollment Policy with DCH. Please refer to attachment T.	

Round 1	142	In Attachment K, under Section 4. Overview of current claims management, it references an Attachment S that provides information on “performance guarantees”. It doesn’t appear to be included with the RFP documents. Can the GDC please provide this attachment?	Attachment K, under Section 3. Overview of current off-site physical healthcare services.	Attachment S includes the current TPA contract and all available information therein.	
Round 1	143	Shall the EHR be utilized by multiple State DOCs?	Attachment K, under Section 4. Overview of current claims management	The vendor-supplied EHR provided to GDC would only be utilized by mutually agreed upon staff.	
Round 1	144	Who from the GDC’s IT team will be involved in this project? Please cite roles?		The vendor will work through the GDC Project Management team during implementation. GDC will provide IT support as needed from the CIO, System Architect, Department Directors of Operations, Enterprise Development, ISO, Technical Service Manager, IT Manager and necessary staff.	
Round 1	145	Can EHR vendors submit a separate bid based on the EHR and IT qualifications found in Attachment B Scope of Services?		See answer to Question #22.	
Round 1	146	Are subcontractors required to submit “Attachment I – Tax Compliance Form”?		No.	
Round 1	147	Shall the EHR proposed be a Commercial-Off-The-Shelf (COTS) EHR and not a proprietary EHR of a health vendor?		GDC would like to see the supplier's recommendation for an EHR that best fits GDC's context and the supplier's delivery model. GDC is open to COTS or proprietary EHR solutions and prefers the cost efficient, fit-for-purpose recommendation.	
Round 1	148	Can GDC provide the names of third parties that the EHR will be required to interface with? a) Hospital(s) b) Health Information Exchange (HIE) c) Community providers (please list all) d) Any other state third parties agencies or systems		GDC does not envision participation in an exchange or interfacing with other state agencies. The EHR will need to interface with other suppliers (i.e., Pharmacy, Mental, Dental) and the offender management system (SCRIBE).	
Round 1	149	Please name the other cited GDC suppliers need access to the EHR? If so please detail how many users for each supplier. a. Dental health b. Mental health		The EHR will need to interface with other suppliers (i.e., Pharmacy, Mental, Dental) and the offender management system (SCRIBE). GDC does not know the required number of users at this time.	
Round 1	150	How many GDC employees will need access to the EHR software?		GDC does not know the required number of users at this time but estimates between 25-50 users from GDC.	
Round 1	151	Can the GDC provide the “Additional Scored Response Worksheet”? It was not included in the original attachments?	Attachment B – Scope of Services- Section 18 Electronic Health Record (EHR), page 13	See answer to Question #7.	
Round 1	152	Within “Attachment D-Mandatory Scored Questions” GDC makes several references to “minimum basic requirements (E.1 through E.19 of Attachment B-Scope of Services)”, however Attachment B-Scope of Services, Section E. Electronic Health Record (EHR) only goes to E.7.4, can the GDC clarify the additional cited points?	SPD-SP016: State Entity eRFP Template, Section 4.4 Additional Scored Responses, page 14	GDC has provided an updated draft of Attachment D with the correct references. Section E contains only E.1 through E.7.4.	

Round 1	153	Section 18 Electronic Health Record (EHR) of Attachment D-Mandatory Scored Questions requires numerous detailed answers and plans, will the GDC provide 10 pages for a response instead of the cited 6 pages?	<i>Attachment B: Scope of Services, Section E Electronic Health Record (EHR), pages 13-16 & Attachment D-Mandatory Scored Questions, Section 22 IT Implementation and Migration, page 15</i>	GDC will permit a response of no more than 10 pages for this question.	
Round 1	154	Can the GDC provide a detailed overview of their current IT capabilities, and their current setup of computer workstations? Will any of this current IT setup remain?	Attachment D-Mandatory Scored Questions, Section 18 Electronic Health Record (EHR) page 12	Please refer to Attachment K - Current Model Info.	
Round 1	155	Can the GDC detail their current Medicaid enrollment and claims processing responsibilities? What is expected of new vendor for these services?	Attachment D-Mandatory Scored Questions, Section 18 Electronic Health Records (EHR), page 12	The role of the supplier in this process is as follows: The supplier approves the admission as a function of Utilization Management, completes the Medicaid enrollment application and submits it to DCH for verification and approval. Upon approval, DCH provides an authorization number to the supplier. The supplier provides the authorization number to the provider for billing purposes. .	
Round 1	156	What is the GDC's expected transition date of health services?	Attachment B – Scope of Services, Section C4 Medicaid Enrollment, page 13	See answer to Question #30.	
Round 1	157	Does the GDC require the EHR to have a patient portal (e.g. for sick call requests)?	SPED-SP016 State Entity eRFP Template, 1.6 Schedule of Events page 3	No.	
Round 1	158	Please provide the contract and amendments with the current Health Services supplier.	Attachment B- Scope of Services- Section 18 Electronic Health Records (EHR), E1, page 13	GDC will not release the contract with the current supplier, nor its amendments. GDC would like to see suppliers' innovative, quality-driven and value-based payment model and its associated costs based on the population data, facilities data, and scope of services GDC has provided.	
Round 1	159	Does the supplier have rights to decline a renewal?		Attachment A – Renewal options 1 and 2 shall be exercisable at the sole discretion of the State Entity and all remaining renewal options shall be exercisable through the mutual agreement of the State Entity and the Supplier. State Entity eRFP Section 1.8 has been revised to change the language concerning contract renewals.	

Round 1	160	Does GDC and the supplier have rights to terminate for convenience with a reasonable notice period?		Following thirty (30) days' written notice, GDC may terminate the Contract in whole or in part without the payment of any penalty or incurring any further obligation to the Supplier. The Supplier shall have no rights to terminate for convenience.	
Round 1	161	Does GDC require a performance bond of the current supplier?		No. The current provider is an entity of the State of Georgia and therefore not required to provide a performance bond.	
Round 1	162	What is the current treatment protocol for offenders with Hepatitis C? Is the current supplier required to perform diagnostic services for offenders with particular fibrosis scoring?		The current supplier provides screening for and treatment of Hepatitis C through a structured Hepatitis - C clinic.	
Round 1	163	For offenders identified with Hepatitis C, please provide the breakdown by fibrosis score.		GDC has captured details on this data in the Physical Health Data Table. Please reference the data table for details and/or <u>reference to an attachment</u> .	
Round 1	164	Please provide the number of patients being treated for HIV		See answer to Question #70.	
Round 1	165	Please provide the number of dialysis treatments per month for the last 2 years.		See answer to Question #70.	
Round 1	166	Please provide the current supplier's actual, annual cost of replacing medical equipment for each of the last 3 years.		GDC allocates \$300,000 each year for equipment replacement. However, GDC does not have the current supplier's specific spend data by year.	
Round 1	167	The "Average capacity (# of offenders)" per the "Facility matrix" tab of the Cost Proposal Worksheet totals 35,787. The "Estimated number of offenders" per the "1. In-prison care" tab is 42,000. Please confirm respondents are to use 42,000 as the average daily census for staffing plan development and cost estimates.		Please use 42,000 as the average daily census for staffing plan and cost proposal development.	
Round 1	168	Please provide the average daily offenders by facility for the month of December 2019 and for the month of December 2020.		GDC has captured details on this data in the Physical Health Data Table. Please reference the data table for details and/or reference to an attachment.	
Round 1	169	Please provide a schedule of current vacancies by facility, by position/title.	Attachment A - 5.2 Cost Structure and Additional Instructions	See answer to Question #36.	
Round 1	170	Please provide GDC's average daily offenders for the each of the last 3 years.	Attachment A - 5.2 Cost Structure and Additional Instructions	GDC has captured details on this data in the Physical Health Data Table. Please reference the data table for details and/or reference to an attachment.	
Round 1	171	Please provide the current supplier's staffing plan by facility (including the transitional centers, probation detention centers, integrated treatment facilities, and probation / residential substance abuse treatment centers) and position/title.	Attachment A - 5.2 Cost Structure and Additional Instructions	See answer to Question #13.	
Round 1	172	Please provide the out-of-prison care expenditures for each of the last three years in total and by Contract line item (as defined in tab "2. Out-of-prison care" of Attachment E).	Attachment D - 10. Staffing	GDC will not release spend data associated with the current model. GDC would like to see suppliers' innovative, quality-driven and value-based payment model and its associated costs based on the population data, facilities data, and scope of services GDC has provided.	

Round 1	173	Please provide the number of out-of-prison care events for each of the last three years in by Contract line item (as defined in tab "2. Out-of-prison care" of Attachment E).	Attachment E - Cost Proposal Worksheet	GDC has captured details on this data in the Physical Health Data Table. Please reference the data table for details and/or reference to an attachment.	
Round 1	174	Are there any collective bargaining agreements in place for any of the staff for which the vendor would be responsible? If so, please provide the name of the union and a copy of the most recent agreement. <u>Please provide the current staffing by title and site.</u>	Attachment E - Cost Proposal Worksheet	See answer to Question #38.	
Round 1	175	Is there currently a risk share agreement on off-site and on-site services? If so, please provide details around the agreement for each (base amount, risk share allocation above and below). Additionally, please provide how much has been spent in each off-site and on-site which the vendor/DOC has shared.		No.	
Round 1	176	The RFP states there are 11 dialysis stations at Augusta State. Who owns the chairs at Augusta State and Helms as there do not appear to be any listed in the equipment inventory?	Attachment E - Cost Proposal Worksheet	The chairs are owned by the current vendor's subcontractor for dialysis services.	
Round 1	177	Is dialysis provided through vendor/state employees or is a separate dialysis vendor brought in to perform dialysis services?		Dialysis equipment and services are subcontracted through Chardonay.	
Round 1	178	Please provide a listing of dialysis equipment at the Helms facility. How many dialysis stations are at the Helms facility?	Attachment B – A.3. Specialty Care	Helms Facility has two dialysis stations.	
Round 1	179	Please provide current rates of pay for medical staff (physician, specialty physician, RN, LPN, etc.) by facility.	Attachment K / Attachment Q	See answer to Question #112.	
Round 1	180	Does the GDC anticipate reimbursement of Out-of-prison care costs by Medicaid beginning July 1, 2021 related to the Georgia Pathways to Coverage 1115 waiver approved by CMS?	Attachment K / Attachment Q	No.	
Round 1	181	What national accreditations (ACA, NCCHC) do GDC facilities currently have?	Attachment T - Current Medicaid Enrollment Policy	GDC has captured details on this data in the Physical Health Data Table. Please reference the data table for details and/or reference to an attachment.	
Round 1	182	Please provide the current physical healthcare suppliers facility staffing matrix.		See answer to Question #13.	
Round 1	183	Are annual (financial and programmatic) audits completed by suppliers quality assurance team and shared with GDC? Or would GDC auditors complete the annual audits?		GDC will conduct annual programmatic audits with ACA or Medical Association of Georgia (MAG) programmatic audits. ACA accredited facilities will be ACA audited and remaining facilities will be MAG audited. No financial audit is required.	
Round 1	184	Can you supply referenced pre-employment standards (SOP 104.47-IV014-0001)	Attachment B - K.3.1	GDC has provided the SOP in updated attachments.	
Round 1	185	Will supplier employee security background investigations be run through GDC? Or are suppliers expected to run security background investigations through a third party vendor?	Attachment B - M.4.	GDC completes a criminal history check on all contractors and volunteers. The supplier is responsible conducting their own background checks to ensure the employees meet their security expectations and requirements.	
Round 1	186	What are GDC requirements regarding type of pre-employment drug test (swab, urinalysis, etc)	Attachment B - M.5.	Drug screening and random drug testing is the responsibility of the supplier. GDC does not have additional requirements beyond what is state in Attachment B – Scope of Services.	
Round 1	187	What are GDC requirements regarding type of random drug test (swab, urinalysis, etc)	Attachment B - M.6.	Drug screening and random drug testing is the responsibility of the supplier. GDC does not have additional requirements beyond what is state in Attachment B – Scope of Services.	

Round 1	188	What ADP should be assumed for proposal purposes? There are two different ADPs included in the section (42,000; 40,000) and 37,000 ADP was mentioned as current on the pre-bidders conference.	Attachment B - M.7.	Please use 42,000 as the average daily census for staffing plan and cost proposal development.	
Round 1	189	It is referenced in paragraph 4 that current supplier provides 40 mental health nurses. Since Mental Health isn't included in this scope of work are these types of positions expected in proposals?	Attachment K - 1. Background	Yes. The mental health nurses are to be provided by the supplier such that all nurses report to one Director of Nursing.	
Round 1	190	How is pill call currently distributed at GDC facilities (Pill Window, Housing Units, etc)? If this varies from facility to facility, could you provide the channel of distribution at each?	Attachment K - 1. Background	It is a combination of pill call windows, pill call by dorm, by restrictive housing, centralized pill call locations, all variable across facilities.	
Round 1	191	Please verify no dental supplies or equipment are the awarded contractor's responsibility.	Attachment K - 2. Overview of Current On-Site Services	Dental supplies and equipment are not part of this procurement.	
Round 1	192	Please clarify if the equipment purchasing for the OR's is the vendor's responsibility.		The supplier is responsible for providing any and all equipment the supplier requires to perform all agreed upon services as described in Attachment B - Scope of Services and outlined in the supplier's proposed approach.	
Round 1	193	Please provide the status of the following equipment at ASMP and if each is operational: [REFERENCE WORD DOC]	Attachment B - A.7. Medical Equipment and Supplies	GDC is unable to read the question with the current screenshot and asks that the supplier submit the question in a text format.	
Round 1	194	Autry has an x-ray unit. Please confirm the following: 1. Is the unit functional? 2. Does a third party mobile x-ray company use this equipment or is someone on the staffing matrix running this equipment?		GDC does not know whether the current unit is functional. The current supplier subcontracts for mobile radiology services. See answer to Question #44.	
Round 1	195	Bainbridge has an Ambulance Golf Cart. Please clarify if the healthcare vendor is responsible for maintenance for this golf cart.		Medical Transport Carts (Ambulances) are purchased and maintained by GDC.	
Round 1	196	Several locations have equipment for an Ophthalmologist. Please confirm if the healthcare vendor is responsible to maintain this equipment.		GDC provides the ophthalmology equipment at ASMP. The supplier will be responsible for ongoing maintenance of this equipment as outlined in the Scope of Services.	
Round 1	197	The RFP mentions additional dialysis stations are being built. Please provide the current status of the project and the expected completion date.		The project is on schedule to open 2022.	
Round 1	198	The RFP states the healthcare vendor is not responsible for glasses. Please clarify how the vendor will order glasses.		The supplier will be responsible for prescribing glasses when required and placing orders for glasses. Orders will be fulfilled by Georgia Correctional Industries and billed to GDC directly.	
Round 1	199	Medcarts are listed in the equipment lists. Are med carts the responsibility of the Pharmacy vendor or the healthcare vendor?		Medication Carts are the responsibility of the physical healthcare supplier.	
Round 1	200	No age or condition is listed on the equipment. Please provide age and condition of all equipment and/or the anticipated replacement schedule for the next three years.		GDC does not have this information.	
Round 1	201	Several facilities have Heat Sealers for Medication. Is this equipment the responsibility of the pharmacy vendor or the healthcare vendor?	Attachment Q - List of GDC Owned Equipment by Facility	This will be the responsibility of the pharmacy vendor.	

Round 1	202	The Macon State Prison has several Heat Sealers on site (6) and Valdosta has (6). Please confirm if the healthcare vendor is responsible for the purchasing of the medication packaging for the equipment.	Attachment Q - List of GDC Owned Equipment by Facility	The pharmacy vendor is responsible for medication packaging.	
Round 1	203	Please provide the listing of current offsite providers utilized by facility.	Attachment Q - List of GDC Owned Equipment by Facility	See answer to Question #47.	
Round 1	204	Please provide the listing of on-site services being performed by facility, including provider/vendor information.		GDC has captured details on this data in the Physical Health Data Table. Please reference the data table for details and/or reference to an attachment.	
Round 1	205	Please provide the current offsite utilization by facility.	Attachment B – A.2. and A.3.	GDC has captured details on this data in the Physical Health Data Table. Please reference the data table for details and/or reference to an attachment.	
Round 1	206	Please clarify if there are any travel distance restrictions for offsite providers.	Attachment A - 5.2 Cost Structure and Additional Instructions	There are no travel restrictions for providers.	
Round 1	207	Does GDC have a preferred vendor timeline for implementation of the E.H.R.?	Attachment A - 5.2 Cost Structure and Additional Instructions	Yes. GDC prefers the EHR to be operationalized at the time of the effective start date. If not, the supplier will have to provide an interim paper-based solution and an EHR timeline mutually-agreed upon with GDC.	
Round 1	208	Does the GDC have requirements for the back filing of the paper medical records into the E.H.R?	Attachment B - Section E. EHR	No.	
Round 1	209	Will the GDC's contracted pharmacy accept a direct HL7 interface for ordering? If so, please provide specifications and any related costs.	Attachment B - Section E. EHR	GDC has not finalized selection of its Pharmacy supplier and cannot provide a final answer at this time. HL7 was a requirement for the Pharmacy supplier and is included as a requirement in the Physical Health Services RFP as well.	
Round 1	210	Please expand on the network diagram. Is the intent that the EHR vendor access the GDOC network through the DOC AVPN Vrf and the DOC will manage connections to the remote sites? Would the medical network data be secured via VLAN or VPN to remote sites separating it from other uses?	Attachment B - Section E. EHR	Medical network data must be secured either via a VLAN on the GDC network or via a separate physical network installed by the provider. Any VLAN provided by GDC will span to the remote sites. The vendor should be prepared to utilize VPN technology from each site to connect to their data center in the of GDC network disruptions.	
Round 1	211	Will the bidder be responsible for facility cabling and switching or will that be provided by the GDC?	Attachment B - Section F. IT Systems, Network Diagram Attachment	No. GDC will provide the cabling.	
Round 1	212	Does the GDC prefer the bidder to provide and install end point equipment, such as desktop and laptop equipment?	Attachment B - Section F. IT Systems	Yes, the supplier will be responsible for end point equipment.	
Round 1	213	It's noted that the current vendor provides a separate computer for telemedicine. Will the GDC approve the using of the E.H.R. medical network for the provision of telehealth or does it desire this network to remain separate?	Attachment B - Section F. IT Systems	GDC's telemedicine equipment today is on a separate VLAN. GDC would approve the telemedicine and EHR solutions to reside on the same network.	
Round 1	214	What does the current 340B program cover?	Attachment B - Section F. IT Systems	The current 340B program covers HIV and Hep-C medications.	

Round 1	215	Please confirm that no Attachment F has been provided as part of this Solicitation	Attachment B – Scope of Services - Innovation	See answer to Question #1.	
Round 1	216	Please confirm Attachment B - Scope of Services reference should be A.2. and not A.3.	Attachment F - <i>Attachment Missing</i>	See answer to Question #138.	
Round 1	217	Please confirm appropriate supplier reference to Attachment B - Scope of Services	Attachment D - 7. Infectious Disease	GDC has provided an updated draft of Attachment D with the correct references.	
Round 1	218	Please confirm Attachment B - Scope of Services reference should be E. and not F.1. through F.3.	Attachment D - 11. Security for In-prison Care	See answer to Question #133.	
Round 1	219	Please confirm Attachment B - Scope of Services reference should be F.1 through F.6. and not E.1 through E.4	Attachment D - 18. Electronic Health Record (EHR)	See answer to Question #134.	
Round 1	220	Please confirm Attachment B - Scope of Services reference should be G.1 through G.12. and not E.5 through E.15.	Attachment D - 19. IT Systems	See answer to Question #135.	
Round 1	221	Please confirm page limit restriction for this section	Attachment D - 20. IT Security	See answer to Question #15.	
Round 1	222	Please confirm Attachment B - Scope of Services reference should be H.1 through H.3. and not E.16 through E.19.	Attachment D - 21. Data Backup and Storage	See answer to Question #136.	
Round 1	223	Please confirm Attachment B - Scope of Services reference should be I.1 through I.6. and not E.1 through E.19.	Attachment D - 21. Data Backup and Storage	See answer to Question #137.	
Round 1	224	Please confirm Attachment B - Scope of Services reference should be K.3. and not I.3.	Attachment D - 22. IT Implementation and Migration	Attachment D, question #23 should refer to the minimum basic requirements provided in K.3 of Attachment B – Scope of Services. GDC has provided an updated draft of Attachment D with the correct reference.	
Round 1	225	Please confirm Attachment B - Scope of Services reference should be K.1 and not I.1.	Attachment D - 23. Performance Management	Attachment D, question #24 should refer to the minimum basic requirements provided in K.1 of Attachment B – Scope of Services. GDC has provided an updated draft of Attachment D with the correct reference.	
Round 1	226	Please confirm Attachment B - Scope of Services reference should be K.2. and not I.2.	Attachment D - 24. Transparency and Reporting	Attachment D, question #25 should refer to the minimum basic requirements provided in K.2 of Attachment B – Scope of Services. GDC has provided an updated draft of Attachment D with the correct reference.	
Round 1	227	Please confirm appropriate supplier references to Attachment B - Scope of Services	Attachment D - 25. Collaboration in a Multi-Supplier Env.	GDC has provided an updated draft of Attachment D with the correct references.	
Round 1	228	Please confirm suppliers may include a proposal cover, executive summary, and TOC in front of Attachment D to differentiate responses and facilitate document organization and navigation	Attachment D - 26. Contract Implementation and Transition	Yes, suppliers may provide these.	

Round 1	229	Please confirm language preceding sentence beginning with: "incorporate the POPM rates across all three CLINs..." on the Instructions tab of the Cost Proposal Worksheet	Attachment D - Mandatory Scored Questions	The instructions should read, "GDC will evaluate the cost the of bid based on Total Costs (5 Years) using the overall POPM rates in row 7 of the Summary tab, which will incorporate POPM rates across all three contract line item numbers (CLINs) and anticipated continuous improvement savings across each, as well as the supplier's proposed rate changes each year. The proposed total POPM rate for each year will be binding once the contract is fully executed. The underlying assumptions in the cost template (e.g., labor rates, detail in line-item costs) will not be binding. GDC intends to award a one-year contract with nine one-year options for renewal. The supplier will provide pricing and cost projections for only Years 1-5. Assumption options are exercised to arrive at Year 4 of the contract, in Year 4, GDC would discuss price adjustments for Years 6-10 of the contract. Costs may be re-evaluated to be in-line with industry trends (e.g., inflation, labor rate index). Documented justification will be necessary for any significant changes to the POPM rate."	
Round 1	230	Please confirm Cost Proposal Narrative (max 5 pages) and Quality Based Measures (max 5 pages) should be uploaded as separate electronic attachments.	Attachment E Cost Proposal Worksheet	See answer to question #18.	
Round 1	231	Please confirm Cost Incentive Response is a required separate submittal or whether it should be included as part of the Cost Proposal Narrative	Attachment A - 5.2 Cost Structure and Additional Instructions	The titles "Cost Incentive Response" and "Cost Proposal Narrative" are used interchangeably and reference the same document. This file should include all of the information requested in Attachment A – State Entity eRFP Section 5.2.A through 5.2.D.	
Round 1	232	Please confirm "Supplier General Information" and "Additional Scored Response" worksheets are not included as attachments in the Sourcing Event.	Attachment C - Other Documents Required with Bid	See answer to Question #7.	
Round 1	233	Please confirm that the GEPS pricing preference does not apply to this solicitation	Attachment A - 3. eRFP Proposal (Bid) Factors	The pricing preference will not apply for this solicitation because GEPS is not eligible for award due to not attending the Mandatory Offeror's Conference.	
Round 1	234	To appropriately size the EHR we will need to know the total number of users. Please provide the behavioral health (Centurion's) staffing matrix for each facility.	Attachment A - 3.3 Georgia Enterprises for Products and Services (GEPS)	See answer to Questions #149 and #150.	
Round 1	235	Please provide a Count of Transfers from each facility for each of the last 3 years.	Attachment B - Section E. EHR	GDC has captured details on this data in the Physical Health Data Table. Please reference the data table for details and/or reference to an attachment.	
Round 1	236	Please confirm broadband availability in each facility	Attachment B - Section E. HER	See answer to Questions #128	
Round 1	237	What if any MAT services exist on-site or off-site for GDC inmates and who is GDC partnering with to provide them?	Attachment D - Section 3	GDC does not have a Medication Assisted Therapy program.	
Round 1	238	Is the GDC willing to provide facility tours to suppliers	Attachment B – A.2. Routine Care	GDC is unable to host facility tours at this time.	
Round 1	239	Please provide the number of grievances by grievance type for each of the last two years specific to these services	Attachment B - Scope of Services	Grievances are confidential and GDC is unable to provide this information.	

Round 1	240	Please provide the number of hospital off-site trips for each of the last two years that did not admit to the hospital	Attachment B - Scope of Services	GDC has captured details on this data in the Physical Health Data Table. Please reference the data table for details and/or reference to an attachment.	
Round 1	241	Please provide the medication error rate by month for each of the past two years	Attachment B - Scope of Services	GDC has captured details on this data in the Physical Health Data Table. Please reference the data table for details and/or reference to an attachment.	
Round 1	242	Please provide the number of admissions for each of the past 24 months	Attachment B - Scope of Services	GDC has captured details on this data in the Physical Health Data Table. Please reference the data table for details and/or reference to an attachment.	
Round 1	243	Please provide samples of current healthcare reports provided to GDC	Attachment B - Scope of Services	See Question #114.	
Round 1	244	Please confirm that the awarded supplier will have access to the current pharmacy provider's 340b Program	Attachment B - Section D. Population Health Management	GDC will ensure the agency continues to benefit from the 340B program throughout the transition.	
Round 1	245	Please clarify awarded suppliers responsibilities for the provision of medical services at Augusta State Medical Prison	Attachment B - Scope of Services	Please reference the scope of services as described in the eRFP.	
Round 1	246	Section 19 - IT Systems: Core systems, processes, and network environment - Operations in a paper-based medical record system, including support of CPOE and eMAR. Please clarify what is meant by "operations in a paper-based medical record system"?	Attachment K - 2. Overview of Current On-Site Services	Today, all medical records are paper-based. GDC would like to move to an EHR in the future.	
Round 1	247	Who is GDC's current telemedicine supplier?		Telemedicine is provided by GDC's current supplier, who leverages contracts with existing providers.	
Round 1	248	Please provide the number of users by facility (including telehealth/telepsychiatry) for: - Medical Doctors - Psychiatrists - Psychologists - Doctors of Osteopathic Medicine - Pharmacists - Advanced Practice Providers (Nurse Practitioners, Physician Assistants) - Nurses - Social Workers - Dentists - Dental Assistants - Laboratory Technicians - Radiology Technicians - Medical Records - Certified Nurses Assistants	Attachment K	See answer to Question #13.	
Round 1	249	How many facilities will be implementing the Electronic Medical Record?		See answer to Questions #149 and #150.	
Round 1	250	How many providers prescribe medications?		GDC has captured details on this data in the Physical Health Data Table. Please reference the data table for details and/or reference to an attachment.	

Round 1	251	How many behavioral health beds are in the facilities?		GDC has captured details on this data in the Physical Health Data Table. Please reference the data table for details and/or <u>reference to an attachment.</u>	
Round 1	252	How many concurrent users will be using the EMR? Concurrent user is the total count using the system at any one given period of time.		See answer to Questions #149 and #150.	
Round 1	253	How many lab procedures are performed yearly?		The constraints of GDC's current paper-based delivery model <u>inhibits ready access to this data.</u>	
Round 1	254	How many FTE's does the department have?		The number of FTEs fluctuates. What department?	
Round 1	255	What reference labs does the DOC work with?		The current supplier primarily works with Quest.	
Round 1	256	Will an HL7 interface be used for pharmacy, mental health and Dental?		GDC has not finalized selection of its Pharmacy supplier and cannot provide a final answer at this time. HL7 was a requirement for the Pharmacy supplier and is included as a requirement in the Physical Health Services RFP as well. HL7 is also a requirement for mental health and dental.	
Round 1	257	Would the DOC be interested in bids to replace pharmacy and behavioral health solutions as part of an integrated health record?		No	
Round 2	258	A high portion of Round 1 questions were left outstanding. This information is crucial for bidders to put together a comprehensive proposal that fits the Department's needs. Due to this information being provided at a later date than expected, would the Department consider a one- or two-week <u>extension of the proposal deadline?</u>	Round 1 Answers to Questions	Yes, the bid end date has been changed to March 15, 2021. This date is subject to change and all suppliers are responsible for monitoring this solicitation for any further changes.	
Round 2	259	Does the Smith TC have 24-hour, seven days a week nursing services? If so, why is Smith different than the other TCs in regards to nursing coverage?	Attachment U, Facility Matrix	Coverage at the Smith TC is as follows: Monday: 7:00a - 5:30p ET Tuesday: 8:00a - 7:00p ET Wednesday: 8:00a - 7:00p or 7:30p Thursday: 8:00a - 7:00p Friday: Clinic Closed - Nurse on call if needed Saturday: CLOSED Sunday: CLOSED	
Round 2	260	Please clarify how medications are presently administered to offenders on the evening shift in those facilities that do not have <u>24-hour nursing services on site seven days per week?</u>	Attachment U, Facility Matrix	Weekend and after-hours coverage at non-24 hour facilities is provided by an on-call nurse.	
Round 2	261	This section limits response to eight pages. However, this section is requiring detailed information on various topics, including the methodology behind our proposed staffing matrices. Will the Department considering increasing the page limit to 13 pages to allow bidders to adequately answer each portion, in particular to be able to meet the requirement to <u>describe productivity-based staffing plans?</u>	Attachment D, Mandatory Scored Questions, Questions #10, Staffing	Yes, the page limit for responses to Mandatory Scored Question #10 has been increased to 14 pages.	
Round 2	262	This section contains 19 subsections and limits bidder responses to 10 pages. This allows for an average of only a half-page for each response. Some bidders have over 20 years of experience in providing similar services. In order to showcase full experience and knowledge, while providing the Department with a comprehensive response that is both explanatory and compliant, will the Department considering extending this <u>response limit to 15-20 pages?</u>	Attachment D, Mandatory Scored Questions, Questions #1, General Qualifications and Experience	Yes, the page limit for responses to Mandatory Scored Question #1 has been increased to 15 pages.	

Round 2	263	Biohazardous waste is not addressed in any of the RFP documents. Will the Contractor be responsible for disposal of biohazardous waste?	general	The Supplier shall be responsible for disposal of biohazardous waste.	
Round 2	264	<p>There are some numbering discrepancies where bidders are permitted to provide attachments and give an attachment file name.</p> <p>For example: Question #18 – Electronic Health Record, bidders can provide additional supporting documents in a file with the following required title, “Mandatory Scored Question 24 (EHR) Attachment”, even though this is question number 18.</p> <p>The same mismatch between actual question number and required title for any attachments occurs for question number 20, and question number 22.</p> <p>Please confirm this is in error and bidders should name all corresponding attachments with the aligned mandatory scored</p>	Attachment D, Mandatory Scored Questions	GDC has provided an updated draft of Attachment D with these references corrected.	
Round 2	265	This section does not have any instruction at the top regarding whether attachments are allowed. Can the GDC please clarify if attachments are permitted in response to this section?	Attachment D, Mandatory Scored Questions, Questions #19, IT Systems	Yes, additional supporting documents are acceptable and Attachment D has been revised to reflect this.	
Round 2	266	Who completes Medicaid eligibility forms today for patients who need inpatient care? Please provide, if available, any reports or information that show volume of completion of Medicaid eligibility forms, such as a report showing how many Medicaid eligibility forms were created in the past two years.	Attachment B, Scope of Services, Section 3.4, Medicaid Enrollment	<p>Details on the current process for Medicaid eligibility are included in Attachment K - Current Model Info.</p> <p>In FY20, 380 Medicaid eligibility forms were completed. In FY19, 148 forms were completed.</p>	
Round 2	267	RFP Attachment E Cost Proposal Worksheet tab entitled “Facility Matrix”, column H, identifies which facilities today have 24/7 coverage. Many large facilities of 1,000 offenders or more appear NOT to have 24/7 medical staff coverage. Does the GDC have a preference to continue operating these facilities without 24/7 medical staff coverage, or can bidders propose to provide 24/7 staffing in these facilities if it is believed that doing so will improve access to care, decrease the need for offsite trips, and improve overall patient outcomes?	RFP Attachment E, Cost Proposal Worksheet	GDC does not have a preference here. GDC expects suppliers to propose the staffing coverage across sites that they recommend as the best solution for GDC that will result in the delivery of quality care across the end-to-end physical healthcare delivery model at predictable and sustainable costs.	
Round 2	268	<p>For Section 12. Population Health Management in Attachment D, it references D.1 through D.3 of Attachment B – Scope of Services to include in the response. D. Population health management includes D1. Recommendations to improve upon GDC’s existing approach to population health management.</p> <p>However, there is no information provided about GDC’s existing approach to population health management. Can the Department please provide information about the current approach being utilized for population health management and any details that would be helpful to understanding what is currently in place?</p>	Attachment D, Section 12, Population Health Management	Current population health management is currently limited to a tabulation of chronic care clinics, with unactionable data.	

Round 2	269	We noted in the answers to the first round of questions that 24 patients a month received treatment for Hepatitis C during fiscal year 2020. On average, how many GDC offenders are infected with Hepatitis C at any given time?	Round 1 Answers to Questions	Approximately 0.1% of the population.	
Round 2	270	Please briefly describe the current process for testing, prioritizing, and initiating treatment for patients with Hepatitis C.	Attachment B, Scope of Services – General	Hepatitis C testing is a hybrid. When the offenders come through diagnostics, they are screened for HCV risk factors. They are asked if they want to be tested if risk factors are noted. Established offenders can request to be tested, or a test can be ordered if they have laboratory and/or physical examination findings suggestive of Hepatitis C. In terms of treatment, offenders are followed in CIC for Hepatitis C, and a fibrosure test is checked twice a year. If the offender demonstrates severe fibrosis (F3 or F4) on the fibrosure test, then he or she is offered treatment. There are other factors that we take in consideration in terms of referring for HCV treatment, including rapid disease progression as noted by changes in the fibrosure fibrosis score, time left in his/her sentence, co-morbidities(HIV, Liver cancer, Chronic Hep B etc), the patient's history of medication compliance, and abstinence from risky behavior.	
Round 2	271	How does the Department offer Hepatitis C testing currently? Is it an opt-in (patient requests testing) or an opt-out (patient refuses testing that is otherwise provided) program?	Attachment B, Scope of Services – General	See answer to Question #270.	
Round 2	272	Does the incumbent healthcare provider or the third-party UM provider make the determination to treat patients for Hepatitis C?	Attachment B, Scope of Services – General	The approval for HCV treatment evaluation is signed off by the current supplier's medical director, and the offender is ultimately referred to a Hepatologist	
Round 2	273	Based on currently known Hepatitis C infection rates and established practices for testing, prioritizing, and treating incarcerated patients with Hepatitis C, does the Department anticipate continuing to treat an average of 24 patients a month? If this number is anticipated to increase, please provide the anticipated number of patients per month	Attachment B, Scope of Services – General	The average number of Hepatitis C patients trends at 0.1% of the population.	
Round 2	274	For budgetary purposes, does the Department anticipate a fiscal cap on Hepatitis C treatment? Recognizing that the cost of treating HCV is not confined to just the direct acting antivirals, it will be helpful for bidders to have a clear understanding of the anticipated volume of HCV patients in active treatment.	Attachment B, Scope of Services – General	The number of Hepatitis C patients trends steadily at 0.1% at any given time.	
Round 2	275	Attachment U Facility Matrix from the original RFP documents lists GDCP (line 20) separately from the GDCP Special Management Unit (Line 36). The Updated Staffing Matrix in RFP Amendment One has only one line (Line 23) labeled "GDCP (SMU)". Does Line 23 on the Updated Staffing Matrix in RFP Amendment One combine both GDCP and the GDCP SMU?	Attachment U, Facility Matrix	As of 2/15/2021, GDCP has 2050 offenders with a capacity of 2516. GDCP SMU has 182 offenders with a capacity of 192. GDC's population numbers change daily. As referenced elsewhere in the Q&A, GDC recommends suppliers use an ADP assumption of 42,000 for cost calculations.	

Round 2	276	Attachment U Facility Matrix from the original RFP documents lists the GDCP Average Capacity as 700. The Updated Staffing Matrix in RFP Amendment One lists GDCP (SMU) as 2708. Please confirm the correct capacity at GDCP.	Attachment U, Facility Matrix	As of 2/15/2021, GDCP has 2050 offenders with a capacity of 2516. GDC's population numbers change daily. As referenced elsewhere in the Q&A, GDC recommends suppliers use an ADP assumption of 42,000 for cost calculations.	
Round 2	277	Attachment U Facility Matrix from the original RFP documents lists the Helms Unit (Line 24) capacity as 15. The Updated Staffing Matrix in RFP Amendment One lists the Helms Unit (Line 27) as being a co-ed unit with a capacity of 73. Please confirm the correct capacity.	Attachment U, Facility Matrix	As of 2/15/2021, Helms has 15 offenders with a capacity of 81. GDC's population numbers change daily. As referenced elsewhere in the Q&A, GDC recommends suppliers use an ADP assumption of 42,000 for cost calculations.	
Round 2	278	Attachment U Facility Matrix from the original RFP document lists each facility's Average Daily Population in 2020. The Updated Staffing Matrix in RFP Amendment One lists each facility's Rated Capacity, which is significantly higher than the 2020 ADP. Please confirm whether the GDC wishes bidders to create a staffing plan based upon Rated Capacity or actual Average Daily Population.	Attachment U, Facility Matrix	As of 2/15/2021, the population is at 44,048. GDC's population numbers change daily. As referenced elsewhere in the Q&A, GDC recommends suppliers use an ADP assumption of 42,000 for cost calculations.	
Round 2	279	Attachment U Facility Matrix from the original RFP documents included data on these Transition Centers: Arrendale, Bacon, Clayton, and Phillips, yet the Updated Staffing Matrix in RFP Amendment One has omitted these four facilities. Please clarify if bidders are to include these four facilities in their staffing plans and cost assumptions. Or, shall bidders omit them from consideration?	Attachment U, Facility Matrix	Arrendale, Bacon, Clayton and Phillips TCs are to be included in staffing plans and cost assumptions.	

Round 2	280	In Round 1 of questions, multiple companies requested information regarding the current staffing plans to which the Department repeatedly declined to provide, instead suggesting bidders come up with their own plans. While all knowledgeable, experienced bidders will, in deed, develop custom staffing plans, having information about historical staffing levels serves as a check-and-balance against which bidders can measure the impact of their proposed staffing plans on current staffing and service levels. Having this information also helps bidders assess the current level of service and existing staffing resources likely available to the Contractor upon contract transition. Without this information, bidders are developing their staffing plans in a blind fashion, which could result in miscalculations of actual staffing needs.	Round 1 Answers to Questions	<p>GDC has provided a high-level staffing matrix by facility ("FY20 Facility Staffing Patterns") intended to provide suppliers with a directional sense of the current labor model. As GDC has clarified in the solicitation documents, GDC would like to see the staffing plan that best fits the supplier's recommended delivery model; GDC believes there could be a number of ways to improve upon the current state staffing model and recommends suppliers develop a plan outside-in -- i.e., what the supplier would recommend to deliver quality care at a predictable and sustainable appropriate for the supplier's model -- vs. anchor on the current state, which has remained relatively unchanged even as the broader healthcare landscape has evolved over the past two decades.</p> <p>For example, GDC believes the current state staffing plan could be more effective in the following ways:</p> <ul style="list-style-type: none"> -- Maximizing top-of-license practice: Ensuring employees are delivering care to maximize their skillsets, capabilities, and licenses would reduce the burden on specialists and more skilled employees, potentially unlocking labor capacity -- Use of technology: Deploying an EHR could reduced the volume of transactional paperwork staff completes today, and leveraging telemedicine and remote patient monitoring could more efficiently provide care at scale -- Balancing mix of labor types/skillsets to best fit the population needs: Coverage across facilities could better take advantage of different labor types (e.g., MD, PA, NP, LPN) to provide care with the right mix of senior/more skilled practitioners 	
Round 2	281	Review of SOP 50.03.13 "Medication Administration Training" causes the reader to infer that non-licensed staff (Certified Medical Assistants, Certified Nursing Assistants, Health Services Technicians, and Corrections Officers) are trained to administer medications to offenders. Please clarify: do non-licensed staff such as CMAs, CNAs, HSTs, and COs administer medications to offenders today?	SOP 50.03.13 "Medication Administration Training"	Non licensed staff do not administer medications today.	
Round 2	282	Per answers to vendor questions in Round One, we understand in FY18, total intake/bookings was 19,166. In FY19, total intake/bookings was 18,442. In FY20, total intake/bookings was 10,272. Can the GDC separate these numbers in to female and male bookings?	Round 1 Answers to Questions	<p>GDC's data for female / male bookings is aligned to CY (vs. the originally-provided FY numbers) but is as follows:</p> <p>CY 2020 Male - 9,113 Female - 1,177</p> <p>CY 2019 Male - 16,734 Female - 2,233</p> <p>CY 2018 Male - 15,946 Female - 2,222</p>	
Round 2	283	Do state prisons release offenders or are all offenders transferred to Transition Centers prior to release?	Attachment B, Scope of Services – General	Offenders can be released from state prisons, county prisons, private prisons, and transitional centers.	

Round 2	284	What percent of offenders are transferred to Transition Centers prior to release?	Attachment B, Scope of Services – General	GDC currently has 2,344 transitional center beds and an offender population of 43,791 (as of 2/19/21). Roughly 5% of GDC's population is in TC beds. Typically offenders are in a TC bed for 12-15 months.	
Round 2	285	We are aware that surgeries at GSP are provided via a third-party mobile surgical service. How are surgeries at ASMP provided? Are the Surgical Coordinator, Surgical Techs, Surgical and Recovery Room Nurses, and Orderlies all employees of the current medical provider today? If not, who employs these staff?	general	ASMP's surgical team is employed by the current supplier.	
Round 2	286	Does ASMP have a hospital license? Are there any other special licensure or certification requirements, specific to ASMP, that bidders should be aware of?	general	The pharmacies at ASMP and GSP have hospital licenses. The Pharmacy Supplier is responsible for maintaining these licenses.	
Round 2	287	Will the GDC allow certified medication aides to administer medications to offenders?	SOP 507.03.13 Medication Administration Training	Non licensed staff do not administer medications today. GDC medications are to be administered by a licensed professional.	
Round 2	288	GDC answer to vendor question 257 clarifies that the Department is not interested in considering bids that propose replacing the "pharmacy and behavioral health solutions as part of an integrated health record." To clarify, please confirm that the GDC does require the EHR to be integrated – e.g., to be utilized by medical, behavioral health, and dental services – but that the GDC does not wish to consider bids for the physical health RFP that propose replacing the dental, pharmacy, or behavioral health contracts and contractors.	Round 1 Answers to Questions	Correct. GDC is not considering bids to replace dental, pharmacy or behavioral health contracts and contractors.	
Round 2	289	Should the health service vendor's proposed EHR solution pricing include the utilization of the EHR by almost 500 dental and mental health service staff?	Attachment B, Scope of Services, E. Electronic Health Record	No.	
Round 2	290	Should the health service vendor's proposed EHR solution pricing include computers and peripheral hardware -- e.g. printers, signature pads, scanners - required by dental and mental health service staff to access the EHR?	Attachment B, Scope of Services, E. Electronic Health Record	No.	
Round 2	291	Follow-up questions to the answers provided in #147 and #207. Understanding that the GDC prefers a cost-efficient, fit-for-purpose EHR solution, this will require time to develop the specific forms, workflows, and the subsequent training of all staff to best meet those needs. Does the GDC prefer the vendor to convert the current GDC medical forms into the new EHR or is the vendor to provide new electronic forms for the documentation of services? Will the current paper forms be available for use by the new vendor for continuity of care until the EHR solution is successfully deployed?	Round 1 Answers to Questions & Attachment B, Scope of Services, E. Electronic Health Record	GDC does not have a preference for converting current GDC medical forms into the new EHR but, instead, would prefer the supplier to recommend the set of forms and workflow best designed to support the supplier's end-to-end delivery model. The supplier will have access to the current paper forms and will be able to use them for continuity of care until the EHR solution is successfully deployed.	

Round 2	292	COVID has caused departments of corrections to forego the traditional site tours during the bid process for health care services. This puts interested vendors at a distinct disadvantage regarding the layout of facilities when considering staffing structure. We understand the GDC's inability to provide tours, as well as the GDC's desire to not share current staffing; however, GSP and ASMP are very specialized institutions where healthcare services exceed those found in most prisons across the country. In order for vendors to thoroughly understand the scope of services required at ASMP and at GSP, will the GDC please provide a detailed narrative about the layout of the health care units, the proximity of the special needs units to the health care unit, and the scope of surgical services, specialty services, and diagnostic services provided at each institution? This will allow us to assure we provide ample health care staff to meet the needs of the patient's residing at those facilities.	General	GDC cannot provide a description or visual to explain the layout of ASMP or GSP facilities because of the security risks of providing this information externally. GDC has endeavored to provided a detailed description of the scope of care delivered at these facilities today in Attachment K - Current Model Info. GDC welcomes additional specific questions regarding the current scope of services at ASMP and GSP.	
Round 2	293	If Supplier is responsible for providing end-point hardware and OS / Software maintenance (security requirements), but the end-points are on GDC network and domain, what access is provided to the Supplier infrastructure to accomplish this requirement?	Attachment B, Section F, IT Systems	GDC is responsible for identity management for connectivity for the network PC. The endpoint solutions and EUC's SUS is the responsibility of the supplier, and GDC will share standards as they come up. The maintenance shall be the responsibility of the supplier.	
Round 2	294	We understand the GDC's desire to receive a staffing plan that "best fits the supplier's recommended delivery model vs. the current state." While it is our intent to provide such a staffing plan, we also recognize that the current GDC provider for the state's Mental Health Integrated Treatment Services and Dental Health Services contract will most likely be bidding on this contract. Given that bidder's exposure to the current medical staffing through meetings, reports, and on-site staff presence, would the GDC reconsider providing the current staffing plan so as not to provide the current mental health/dental provider with a competitive advantage?	Answers to Questions Round 1 – Questions 13, 25, 34, 36, 62, 92, 171, 182, and 248	See answer to Question #280.	
Round 2	295	Will the GDC extend the proposal due date for 2 weeks to allow bidders sufficient time to review and incorporate the information provided via the two rounds of questions into their proposals?	1.5 Schedule of Events	See answer to Question #258	
Round 2	296	Because targeted start date is immediately upon contract award, is there a possibility to have a transition services agreement in place for key items?	Attachment B – Scope of Services, Minimum basic requirements, F. IT Systems	The awarded supplier will not be expected to perform all services required by this contract immediately upon contract award. There will be a reasonable transition period following contract award to allow the supplier to ramp up services. GDC does desire a rapid transition from the current provider to the awarded provider and suppliers are to include their proposed timeline from contract award to full service implementation (i.e., what the supplier believes is reasonable and achievable) in their response to Mandatory Scored Question #26.	

Round 2	297	Please provide AT&T endpoint documentation.	Attachment B – Scope of Services, Minimum basic requirements, F. IT Svstems	The network will be provided and there is no endpoint documentation. Information is already included in the RFP.	
Round 2	298	Please provide the pricing schedule for network drops and power from AT&T.	Attachment B – Scope of Services, Minimum basic requirements, F. IT Svstems	GDC is providing the network. Network drop pricing is provided by GDC at no charge.	
Round 2	299	Would vendor be permitted to interface with the Georgia Health Information Network for purposes of a Health Information Exchange?	Attachment B – Scope of Services, Minimum basic requirements, F. IT Svstems	GDC does not envision participation in a health information exchange at this time but is open to discussions with the supplier if this supports delivering quality care at a predictable and sustainable cost while promoting safety and security.	
Round 2	300	Please provide project plan and timeline for WiFi expansion.	Attachment B – Scope of Services, Minimum basic requirements, F. IT Svstems	Wireless expansion is ongoing process based on funding. GDC is working to expand the wireless network at each location but cannot guarantee when this will be completed.	
Round 2	301	Will a site-to-site VPN be allowed in order to access vendor resources?	Attachment B – Scope of Services, Minimum basic requirements, F. IT Svstems	No.	
Round 2	302	Please confirm that the page limit for responses to Section 18. Electronic Health Record (EHR) of Attachment D-Mandatory Scored Questions is now 10 pages. The revised uploaded Attachment D does not reflect this change.	Round 1 Q&A Response to Question #153	Yes, the page limit for Section 18. Electronic Health Record (EHR) of Attachment D - Mandatory Scored Questions has been expanded to 10 pages. GDC has provided an updated draft of Attachment D with the correct page limit reflected.	
Round 2	303	Please confirm suppliers may include headers and footers to identify bidding entity and page numbering on each page of Attachment D to better differentiate responses and facilitate document organization and navigation.	Round 1 Q&A Response to Question #228	Yes, suppliers may include these.	
Round 2	304	Please confirm that supporting documents attached in response to Attachment D. Question 18 Electronic Health Record (EHR) should be titled "Mandatory Scored Question 18 (EHR) Attachment."	Attachment D. Mandatory Scored Questions, Item 18 Instructions	Additional supporting documents should be provided as a document titled "Mandatory Scored Question 18 (EHR) Attachment." GDC has provided an updated draft of Attachment D with this reference corrected.	
Round 2	305	Please confirm that supporting documents attached in response to Attachment D. Question 20. IT Security should be titled "Mandatory Scored Question 20 (IT Security) Attachment."	Attachment D. Mandatory Scored Questions, Item 20 Instructions	Additional supporting documents should be provided as a document titled "Mandatory Scored Question 20 (IT Security) Attachment." GDC has provided an updated draft of Attachment D with this reference corrected.	
Round 2	306	Please confirm that supporting documents attached in response to Attachment D. Question 22. IT Implementation and Migration should be titled "Mandatory Scored Question 22 (IT implementation and Migration) Attachment."	Attachment D. Mandatory Scored Questions, Item 22 Instructions	Additional supporting documents should be provided as a document titled "Mandatory Scored Question 22 (IT Implementation and Migration) Attachment." GDC has provided an updated draft of Attachment D with this reference corrected.	
Round 2	307	Please confirm suppliers should base their review of Contract Terms and Conditions on SPD-SP061eContractTerms located at http://doas.ga.gov/state-purchasing/seven-stages-of-procurement/stage-3-solicitation-preparation .	eRFP Section 7. Contract Terms and Conditions	See answer to Question #1.	

Round 2	308	Please confirm the transition timeline GDC will allow suppliers from contract award to start of services.	Round 1 Q&A Response to Question #30	GDC desires a rapid transition from the current provider to the awarded provider and suppliers are to include their proposed timeline from contract award to full service implementation in their response to Mandatory Scored Question #26.	
Round 2	309	Given the size and complexity of statewide DOC healthcare systems, solicitations for these services typically provide supplier's a minimum of 8 weeks to appropriately staff, price, and respond with a considered and meaningful statewide healthcare proposal. Will the GDC consider extending the due date of responses until 3/19 to ensure supplier's have sufficient time to accurately and competitively staff, price, and propose services in response to this RFP?	eRFP Section 1.5. Schedule of Events	See answer to Question #258	
Round 2	310	It is in the interest of all parties that supplier responses be accurate and competitive. Please confirm supplier's will be provided at least 21 days from the receipt of all requested information promised by the State to submit their proposals.	eRFP Section 1.5. Schedule of Events	See answer to Question #258	
Round 2	311	Please confirm there will be an opportunity for supplier's to ask clarifying questions once all requested information promised by the State has been received.	eRFP Section 1.5. Schedule of Events	GDC will conduct a third round of Supplier Questions and Answers to provide suppliers an opportunity to ask clarifying questions. Attachment A – State Entity eRFP Section 1.5 has been revised to reflect this change.	
Round 2	312	Dental equipment is included in the Attachment R - List of Equipment, please reaffirm that suppliers awarded services under this contract will not be responsible for the maintenance, repair, or replacement of any dental equipment.	Round 1 Q&A Response to Question #191	The supplier that is awarded the agency contract for Physical Healthcare Services will not be responsible for the maintenance, repair, nor replacement of any dental equipment.	
Round 2	313	As an awarded contract for these services has yet to occur, will the Department accept signed Subcontractor Affidavits in lieu of signed and notarized affidavits included with supplier's RFP response? Following award, the contractor would then furnish all signed and notarized affidavits.	Attachment H - Subcontractor Affidavit	Yes, signed Subcontractor Affidavits can be accepted in lieu of signed and notarized Subcontractor Affidavits with the supplier's RFP response with the understanding that the signed and notarized Subcontractor Affidavit must be provided upon contract award.	
Round 2	314	Please provide the current vendor's total FTE count by position/title. The purpose of this request is to understand the particular positions that may be difficult to hire. With such information, the bid staffing patterns may better reflect the innovation desired by GDC to limit future vacancies.	Round 1 Q&A Response to Question #36	See answer to Question #280.	
Round 2	315	Does the GDC have a minimum expectation with respect to med pass frequency by location/facility?	Round 1 Q&A Response to Question #51	GDC has a minimum expectation of two med passes per facility per day.	
Round 2	316	Please provide GDC's expected ADP for 2021 through 2026.	Round 1 Q&A Response to Question #61	GDC has captured details on this data in the Physical Health Data Table. Please reference the data table for details and/or reference to an attachment.	
Round 2	317	Does each entry on the Hep C Review attachment represent a unique/separate Hep C positive patient with a Fibrosis score of F2 or above?	Physical Health Q&A R1 Hep C Review	The data provided is the result for each patient as evaluated for Hepatitis C treatment.	
Round 2	318	Are we to provide responses to Attachment B?	Attachment B - Scope of Services	No, suppliers are not required nor expected to respond to Attachment B - Scope of Services.	

Round 2	319	Attachment E does not provide the ability to separate costs for the EHR and associated line items. Is there a copy of the spreadsheet that allows entry into years 2 – 5?	Attachment E - Cost Proposal Worksheet	Suppliers are able to provide EHR costs for Years 2-5 on the tab titled "3.Administrative Costs" of the Attachment E - Cost Proposal Worksheet that has been provided. The EHR costs for years 2-5 are calculated based on the Year 1 cost that the supplier enters and the year-over-year percentage changes that the supplier enters.	
Round 3	320	At the conclusion of the second bidder's conference, will the verbal answers given by Augusta University be provided in writing after being properly vetted by the Department after the conference?	n/a - general	No answers from AU/GCHC were provided in the second bidder's conference. Nothing from the second bidder's conference will be documented in writing.	
Round 3	321	We understand that Medical Association of Georgia (MAG) accreditation surveys are conducted every three years. Are the physical healthcare services currently up to date with their MAG accreditation? Please provide information for any pending and/or upcoming accreditation dates.	Attachment A, Physical Healthcare Services, Section 1.2, Goals of Procurement	All physical healthcare services are currently up-to-date as of 2/26/21. GDC has included an attachment with upcoming accreditation survey dates.	
Round 3	322	Does the Augusta University computers and network currently deployed for GDOC meet the RFP stated NST800-53 IT Security requirements?	Attachment B Section G IT Security, subsection G.4	All computers and networks currently being used are compliant.	
Round 3	323	Can Augusta University confirm if they are providing computers that are also used by both behavioral and dental health staff?	Attachment B, Scope of Services, Section F. IT Systems	GDC provides the computers that behavioral and dental health staff use.	
Round 3	324	What types of telehealth/telemedicine services does Augusta University provide for the Department? Example, dermatology, endocrinology, chronic care, etc.	Attachment B, Scope of Services, Section A.2, Routine Care	GDC is unable to provide any more granular data beyond what is included in Attachment K - Current State and the attachment, "Annual telemedicine report FY2020."	
Round 3	325	Is there a document that Augusta University can provide that addresses the types and volume of telehealth/telemedicine that was delivered to each facility for reference?	Attachment B, Scope of Services, Section A.2, Routine Care	GDC is unable to provide any more granular data beyond what is included in Attachment K - Current State and the attachment, "Annual telemedicine report FY2020."	
Round 3	326	What type of support was needed at the originating site (patient side) to facilitate telehealth appointments? As an example, were registered nurses used during the telehealth appointment to collect patient vitals?	Attachment B, Scope of Services, Section A.2, Routine Care	Type of support depends on the visit and service being provided within the scope (RN, LPN, medical assistant).	
Round 3	327	How were patient records transferred between the originating (patient) and distant site (provider side) for telehealth appointments?	Attachment B, Scope of Services, Section A.2, Routine Care	Patient records were transferred by fax, scanning or hand-carried chart.	
Round 3	328	Were all specialists who delivered telehealth services Augusta University employees, or were some telehealth services outsourced?	Attachment B, Scope of Services, Section A.2, Routine Care	It is a combination of both AU employees and other contracted providers.	

Round 3	329	What percentage of community hospital admissions are currently eligible for Medicaid coverage?	Attachment B, Scope of Services, Section C.1 Provider Network Development	Today, GDC looks at Medicaid eligibility after 48 hours of a hospital stay and a form is completed to pursue Medicaid eligibility as described in Attachment K. GDC provided details in the response to Question #266 about the volume of forms requesting Medicaid coverage completed in FY19 and FY20, but the constraints of GDC's paper-based system do not allow GDC to calculate what percentage of admissions are eligible or what percentage were covered.	
Round 3	330	Is Augusta University responsible for the cost of hospital admissions covered by Medicaid? If so, what are the current Medicaid reimbursement rates paid to the Community hospitals that accept Medicaid eligible admissions?	Attachment B, Scope of Services, Section C.1 Provider Network Development	AU is not responsible for hospital admission cost covered by Medicaid but they do process the Medicaid eligibility application and administration of that claim.	
Round 3	331	The Average length of hospital stay (ALOS) provided in the claims analysis document appear low compared to the percentage breakdown of days that are shown on the same graph. Please confirm these statistics are accurate and provide the number of days and number of admissions used to calculate the data on the chart.	Attachment B, Scope of Services, Section C.1 Provider Network Development	The discrepancy detected is because GDC counts all 24 hour stays as admissions, while claims data differentiates between ER observation and in-patient stays.	
Round 3	332	For non-Medicaid eligible hospital admissions, are the reimbursement rates based on Per Diem, Medicare DRG, or percentage of billed charges?	Attachment B, Scope of Services, Section C.1 Provider Network Development	Reimbursement rates depend on the negotiated contract rates with the providers.	
Round 3	333	Please provide 2019 and 2020 annual spend for Community Inpatient hospital Claims, Outpatient hospital facility costs, outpatient professional fees, and specialty services fees paid to community based specialty providers.	Attachment B, Scope of Services, Section C.1 Provider Network Development	GDC will not release spend data associated with the current model. GDC would like to see suppliers' innovative, quality-driven and value-based payment model and its associated costs based on the population data, facilities data, and scope of services GDC has provided.	
Round 3	334	Please provide 2019 and 2020 annual spend for the onsite specialty clinics held at Georgia State Prison and Augusta State Medical Prison.	Attachment B, Scope of Services, Section C.1 Provider Network Development	GDC will not release spend data associated with the current model. GDC would like to see suppliers' innovative, quality-driven and value-based payment model and its associated costs based on the population data, facilities data, and scope of services GDC has provided.	
Round 3	335	What percentage of nursing hours are currently provided by agency or temporary staff?	Attachment B, Scope of Services, Section C.1 Provider Network Development	GDC has captured details on this data in the Physical Health Data Table. Please reference the data table for details and/or reference to an attachment.	
Round 3	336	What percentage of physician hours are currently provided by locums?	Attachment B, Scope of Services, Section C.1 Provider Network Development	GDC has captured details on this data in the Physical Health Data Table. Please reference the data table for details and/or reference to an attachment.	
Round 3	337	Are there any existing backlogs for chronic care clinics, offsite referrals, or dental services?	Attachment B, Scope of Services	See answer to Question #49. Dental services are outside of the scope of this solicitation.	

Round 3	338	Please confirm: •Total dollar value of claims issued to the DOC for 2018, 2019, and 2020 •Number of inpatient hospital admissions each month for the past 12 months •Number of inpatient hospital days each month for the past 12 months •Number of outpatient surgeries each month for the past 12 months •Number of outpatient referrals received each month for the past 12 months •Number of trips to the emergency department (ED) each month for the past 12 months •Number of ED referrals resulting in hospitalization each month for the past 12 months •Number of air ambulance transports received each month for		GDC has captured details on this data in the Physical Health Data Table. Please reference the data table for details and/or reference to an attachment.	
Round 3	339	What specialty clinics AU is providing on-site to the DOC?		GDC has captured details on this data in the Physical Health Data Table. Please reference the data table for details and/or reference to an attachment.	
Round 3	340	What is the name and contact information for managed care contracting officer?		It is not appropriate for GDC to provide this information.	
Round 3	341	How often are Clinical Updates provided for patients in Observation or Inpatient level of care?		See Utilization Management SOP 507.04.16 and Community Hospitalization SOP 507.04.17.	
Round 3	342	Please confirm that ASMP is using a paper-based medical record system.		Yes, ASMP uses a paper-based medical record system today.	
Round 3	343	Please confirm Medicaid eligibility for GDC inmates.		See answer to Question #266.	
Round 3	344	Please provide your current process for enrolling inmates into Medicaid.		See answer to Question #266.	
Round 3	345	Who performs Medicaid enrollments for eligible inmates?		See answer to Question #266.	
Round 3	346	Per the answer to question #260, we understand a nurse is on call at non-24 hour facilities in the off hours. With this, please clarify how medications are administered to offenders on the evening shift in those facilities that do not have 24-hour nursing services on site seven days per week? Do corrections officers administer medications? Does the on-call nurse come into the facility and administer medications? Please clarify.	Addendum 3, Answers to Questions	The on-call nurse comes into the facility to administer the medications after hours.	
Round 3	347	Data regarding the Arrendale Transition Center, Bacon Transition Center, Clayton Transition Center, and Phillips Transition Center are not on the latest Updated Facility Matrix provided in Addendum 3, yet Round Two answer to vendor question #279 states vendors are to include these four facilities in their costs. Please provide information for these four facilities in the Facility Matrix.	Addendum 3, Answers to Questions/Facility Matrix	Across multiple rounds of Q&A and the initial procurement document release, GDC has provided facility snapshots reflecting point-in-time facilities data. GDC has created a new attachment, "Current Transitional Center Snapshot" to reflect the latest operating information regarding TCs. Please refer to Current Transitional Center snapshot as the source document for information regarding Transitional Centers.	
Round 3	348	The updated Facility Matrix attachment found in Addendum Three shows Mental Health RNs and Mental Health LPNs in column AP under the "Mental Health" section of the spreadsheet. Please confirm these staff are not provided by the current Mental Health vendor today, and are the responsibility of the medical services vendor.	Addendum Three, Updated Facility Matrix	See Appendix K. The physical health vendor is responsible for staffing approximately 40 mental health nurses such that all nurses are aligned under one Director of Nursing, whom the Physical Health vendor oversees.	

Round 3	349	Can we expect the pharmacy staffing as outlined in the updated Facility Matrix attachment found in Addendum Three will remain the same when the new pharmacy vendor commences services?	Addendum Three, Updated Facility Matrix	GDC cannot commit that the Pharmacy staffing will remain the same. In the recent procurement process, suppliers were encouraged to propose models of pharmacy delivery that differ from the current pharmacy delivery model and encourage collaboration in a multi-supplier environment.	
Round 3	350	Will the new pharmacy vendor provide pharmacy technicians on site where needed?	Addendum Three, Updated Facility Matrix	GDC cannot make commitments regarding the Pharmacy vendor's placement of pharmacy technicians onsite.	
Round 3	351	The FY2020 Facility Staffing Pattern document received in Addendum Three included these facilities: LaGrange Transitional Center, Coastal Transitional Center, Albany Transitional Center, Whitworth Parole Center, Claxton PDC Womens Unit, and the CRMC Satellite Clinic. However, these facilities are not listed or described on the updated Facility Matrix. Does the GDC expect the vendor to price these facilities as well? If so, please include their data on the Facility Matrix.	Addendum 3, FY2020 Facility Staffing Pattern	Yes, GDC expects the vendor to price the facilities in the Current Transitional Center Snapshot, described below. Transitional Centers have nursing coverage per SOP 507.04.02. Across multiple rounds of Q&A and the initial procurement document release, GDC has provided facility snapshots reflecting point-in-time facilities data. GDC has created a new attachment, "Current Transitional Center Snapshot" to reflect the latest operating information regarding TCs. Please refer to Current Transitional Center snapshot as the source document for information regarding Transitional Centers.	
Round 3	352	Please confirm the new proposal due date of March 22, 2021.	Addendum 3	The bid closing date was changed to March 22, 2021. This date is subject to change and suppliers are responsible for <u>monitoring the solicitation for changes</u> .	
Round 3	353	Please clarify which template/worksheet tab bidders should utilize for the cost of the Regional Office positions. Should bidders include these costs on the template for Administrative Costs under the "Other" row, or should bidders add a line to the Facility Matrix and show these costs in the "Management and Administrative" column?	Attachment E-Cost Proposal Worksheet	GDC would recommend bidders include a centralized support function like this on the Administrative Costs worksheet.	
Round 3	354	In reference to the attachment called, "GDC Facility to Hospital," please clarify if the Count in column E represents the total number of hospital days incurred or does it represent the number of admissions to the hospital.	GDC Facility to Hospital Attachment	Column E represents the total number of encounters (e.g. outpatient, inpatient, emergency room) by hospital from the associated facility. There may be duplication of a GDC facility or medical facility based upon the characters used in the database. For example BACON CO. HOSPITAL and BACON COUNTY HOSP are captured on two different lines, yet are the same facility.	

Round 3	355	Considering no other state has ever had similar NIST requirements and the estimated annual cost to meet this requirement being \$2m-\$4m annually, is the Department mandating that all physical and technological environments associated with delivering health care services must 100% meet and comply with NIST800-53 standards (e.g., Separate file, print, email servers and security platforms)? If so, would the Department like to see a separate line item price to meet and comply with the NIST800-53 requirement so that the Department can consider the cost versus value of meeting this requirement?	Attachment B Section G – IT Security G1	The State of Georgia utilizes a framework based on NIST 800-53 when assessing Information Security controls and associated risks. As stated in G9, GDC requests that suppliers assess their security controls against the FIPS moderate control set from NIST 800-53. This assessment should also apply when meeting the physical and technological security standards required of high-trust environments, as requested in G1. This assessment should also apply when meeting the support for continuous security and protection of data and IT systems requested in G4. While suppliers are not required to obtain NIST certification, they should be prepared to demonstrate the adequacy of their controls, compensating controls, and risk assessments based on these standards. A resource for mapping specific NIST 800-53 controls to other standards, including HIPAA, can be found at: https://www.hhs.gov/sites/default/files/nist-csf-to-hipaa-security-rule-crosswalk-02-22-2016-final.pdf	
Round 3	356	To our knowledge, no other state correctional agency has ever had similar NIST requirements. With the estimated annual cost to meet this requirement being \$2M-\$4M annually, is the Department mandating all vendors to utilize controls as defined in NIST800-53 to monitor and identify unusual system activity? If so, would the Department like to see a separate line item price to meet and comply with the NIST800-53 requirement?	Attachment B Section G – IT Security G4	See answer to Question #355.	
Round 3	357	The State provided the sample contract on Thursday, 2/24, the day before final questions are due. The GDCument is over 100 pages. Since bidders do not have time to fully review the terms included, will the State provide an additional date to submit questions?	Q&A schedule	The deadline for Round 3 questions was extended to allow additional time for suppliers to review the contract document and submit questions.	
Round 3	358	Please provide a complete address for the certificate holder in the insurance you require.	Section 3.1 Standard Insurance Requirements	The certificate holder on the certificate of insurance provided shall show as: Georgia Department of Corrections 300 Patrol Road Forsyth, Georgia 31029	
Round 3	359	According to the vacancies by facility report, there are approximately 488 vacancies as of December 2020. Please confirm these are full-time positions and are only medical positions.	Vacancies by Facility	Confirmed. The vacancy report reflects full-time vacancies in physical health.	
Round 3	360	The FY20 Facility Staffing Patterns report lists 1,127.19. In most cases, the number of FTEs are higher than what is listed on the Updated Facility Matrix. Please confirm that the FY20 Facility Staffing Patterns report includes the other areas such as mental health, dental and pharmacy.	FY20 Facility Staffing Patterns/Updated Facility Matrix	The updated facility matrix numbers were gathered via interview 6.30.20 and reflect actual staffing on that day. The Facility Staffing Patterns report is a target staffing matrix developed for budgetary purposes. The updated facility matrix provides a more accurate representation of actual staffing than the Facility Staffing Patterns report. Neither the matrix nor report reflects the modern, efficient operating model GDC seeks in this procurement.	

Round 3	361	The Cost Proposal Worksheet lists the following facilities: Arrendale TC, Bacon TC, Hudson TC, Phillips TC. These facilities are not listed on the Updated Facility Matrix. Are there currently staff at these locations?	Attachment E Cost Proposal Worksheet 2.5.21/ Updated Facility Matrix	Staff typically are assigned to the Transitional Centers for sick call and urgent/emergent visits in accordance with SOP 507.04.02 Across multiple rounds of Q&A and the initial procurement document release, GDC has provided facility snapshots reflecting point-in-time facilities data. GDC has created a new attachment, "Current Transitional Center Snapshot" to reflect the latest operating information regarding TCs. Please refer to Current Transitional Center snapshot as the source document for information regarding Transitional Centers.	
Round 3	362	Please provide more information on the 8% related to the Georgia Enterprises for Products and Services related to the cost evaluation.	Attachment A Section 6.3.3	Georgia Enterprises for Products and Services is not eligible for award of this contract, so this will not apply to this solicitation.	
Round 3	363	Will the vendor be responsible for gender dysphoria costs? If so, what is the current number of cases?	GDC Summary of Benefits	The gender dysphoria associated costs are the responsibility of GDC and thus, the physical health supplier as outlined in the gender dysphoria SOP (507.04.68). As of 3.2.2021, 77 offenders in GDC custody are under pharmaceutical management for a gender dysphoria.	
Round 3	364	On the Facility Matrix tab, the formula in column K row 6 nursing and allied health does not include the C N A total (AE81). Please provide an updated form.	Attachment E Cost Proposal Worksheet	GDC has provided an updated Attachment E to reflect this change.	
Round 3	365	Per the GA GDC website http://www.dcor.state.ga.us/content/faq2 , Beginning May 18, 2020, all points of offender entry into our system will be Georgia Diagnostic and Classification Prison (GDCP) for male offenders and Lee Arrendale State Prison (LASP) for female offenders. This page (http://www.dcor.state.ga.us/Facilities/lee-state-prison) on the site for Lee SP says the Is LASP still a male facility. Could you please clarify where the Intake facilities are located?	Intake facilities	Intake facilities are Georgia Diagnostic Classification Prison (Jackson, Ga.) for males and Lee Arrendale State Prison (Alto, Ga.) for females. Lee Arrendale State Prison is a female facility. Lee State Prison (Leesburg, Ga.) is a male prison and is not a diagnostic facility.	
Round 3	366	Please provide the total number of intakes for the GDC by month for 2020 and 2019.	Intake data	GDC has captured details on this data in the Physical Health Data Table. Please reference the data table for details and/or reference to an attachment.	
Round 3	367	If a vendor is required to train staff from other contracts (mental health, dental, etc.) please provide the number of users that need to be trained.	Staff training	The supplier is not responsible for training staff from other contracts.	
Round 3	368	Will a vendor be required to provide training facilities to train new staff or will the GDC provide the facilities?	Staff training	GDC will work with the supplier to provide training facilities as needed.	
Round 3	369	If GDC will provide training facilities? Please confirm that these facilities will have Internet access and sufficient room to accommodate local COVID requirements.	Staff training	GDC will work with the supplier to provide appropriate training facilities as needed, to include Internet access and appropriate square footage for social distancing, handwashing and wearing masks per CDC and other agency guidelines.	

Round 3	370	If GDC is providing training facilities, what are the locations, and capacities?	Staff training	GDC has many locations for training, some at facilities, some at Central Campus in Forsyth, Ga. and some free standing facilities by Region. Most facilities can provide space for groups up to 50. In addition, the GCALS online platform can be accessed remotely via the Internet for orientation and annual training.	
Round 3	371	<p>Please respond to the example below of the GDC's intended risk share calculation beginning in year 2.</p> <p>Example: Assume the following:</p> <ul style="list-style-type: none"> - Estimated offender months = 12,000 - Total contract POPM = \$4 (\$48,000 year 2 contract value) - In-prison care CLIN POPM = \$2 (\$24,000 year 2 projected cost) - In-prison GDC gain share = 60% - In-prison GDC risk share = 60% - Year 2 actual offender months = 9,600 [resulting in annual invoicing by the vendor of \$38,400 (9,600 * \$2 In-prison care CLIN POPM = \$19,200 for expected In-prison care cost)] - Year 2 actual In-prison care incurred cost = \$23,000, reflecting cost savings from variable non-staffing In-prison care and In-prison staffing continues at 100% of the contracted staffing matrix <p>Please confirm the awarded vendor would be due a risk share on In-prison care of \$2,280, as the actual In-prison care incurred cost exceeded expected cost (Calculated as \$23,000 - \$19,200 x 60% GDC risk share = \$2,280).</p> <p>If this is not correct, please provide an example of the GDC's intended gain/risk-share formula with key assumptions.</p>	5.2 Cost Structure and Additional Instructions	<p>Reviewing the example provided, the math looks correct: Actual cost to care for 9,600 offenders = \$23,000 Expected cost at \$2 contracted POPM = 9,600 * 2 = \$19,200 GDC risk share = 60% * \$3,800 = \$2,280 GDC would cover</p> <p>In this example, it appears the supplier would propose GDC to share the majority of the risk from population fluctuation and actual delivery cost -- i.e., in a situation where the supplier was challenged to achieve scale in its labor model, GDC bears the brunt of the cost overrun.</p> <p>GDC values suppliers' willingness to share both in gains and in risk in delivering services efficiently in the normal constraints of the operating environment, including population changes. As discussed in the answer to Question #61, GDC does not intend to provide a population floor or ceiling and asks suppliers to use an ADP of 42,000 for cost estimation purposes. However, in the supplier's cost proposal narrative (described in detail in Attachment A), suppliers are asked to provide any exceptions or limitations the supplier would propose where the POPM rate would not apply. Although GDC specifically included this instruction to apply to the out-of-prison care POPM, if suppliers elect to bound the in-prison care POPM rate with a population threshold or other limitation/exception, GDC would like to see this, too.</p> <p>Note: GDC will evaluate the cost of the bid using the overall POPM rate but is interested in understanding any exceptions to this rate proposed by the supplier.</p>	
Round 3	372	Please provide an example of the GDC's intended gain/risk-share formula with key assumptions.	5.2 Cost Structure and Additional Instructions	See answer to Question #371.	
Round 3	373	In "Step 3: Risk-sharing" of the "1. In-prison care" and "2. Out-of-prison care" tabs, GDC allows proposers to select Option 2 (Other: Please specify in the cost narrative); however, the cells are locked, and the option cannot be selected. Please provide an updated Attachment E Cost Proposal Worksheet	Attachment E. Cost Proposal Worksheet	GDC has provided an updated Attachment E to reflect this change.	
Round 3	374	In "Risk-share details" table of the "2. Out-of-prison care" tab, the Risk-share allocation is preceded by "1.", indicating that this table applies only to Option 1. Please confirm that this wording and table only applies to Option 1 for both "In-prison care" and "Out-of-prison care".	Attachment E. Cost Proposal Worksheet	GDC has provided an updated Attachment E removing the 1. GDC envisions the table to be sufficient to convey a simple proposed risk or gain share (Option 1) but the supplier can propose an alternative risk- or gain-sharing model in the cost narrative as desired.	

Round 3	375	The Sample Scope of Services appears to conflict with prior Q&A responses. Please confirm that Dental Services are not <u>part of this contract's scope of work.</u>	Sample Scope of Work	Dental services are not within the scope of this procurement.	
Round 3	376	Please confirm that admission to the Respiratory Care Unit will be coordinated by the awarded contractor's UM and medical leadership.	Sample Scope of Work	The awarded supplier will be responsible for managing bed space and making clinical decisions in coordination with GDC case managers and the state medical director, taking into consideration appropriate security levels.	
Round 3	377	Please confirm if the awarded contractor will be required to provide surgical scrub techs, surgical assistants, and general OR staffing?	Sample Scope of Work	The awarded supplier will be responsible for OR staffing either directly or via subcontracts.	
Round 3	378	Please confirm the requirement that the awarded contractor is responsible for specific mental health positions at designated facilities is limited to the 40 mental health nurses noted in the RFP and Q&A responses.	Sample Scope of Work	Currently, there are 40 mental health nursing positions statewide. As GDC expands access to mental health services, the need for additional mental health nurses will be assessed and added as approved.	
Round 3	379	The Sample Scope of Services appears to conflict with prior Q&A responses. Please confirm that the awarded contractor will be responsible for IT support, desktop infrastructure (computers, peripherals, etc.), and other software in support of their proposed EHR solution.	Sample Scope of Work	The supplier will be responsible for IT support, desktop infrastructure and other software to support their proposed EHR solution. The sample scope of services that was provided with the contract is not a list of requirements for this solicitation. It was provided as an example of what the final scope of services will look like.	
Round 3	380	The Sample Scope of Services appears to conflict with prior Q&A responses and the RFP. Please confirm the Department prefers in an accelerated EHR implementation from the awarded contractor.	Sample Scope of Work	The sample scope of services that was provided with the contract is not a list of requirements for this solicitation. It was provided as an example of what the final scope of services will look like. Suppliers should follow the requirements and requests provided in the Scope of Services in Attachment B and the Mandatory Scored Questions in Attachment D.	
Round 3	381	Please provide the GDC inmate population for the following dates: - June 30, 2018 - June 30, 2019 - June 30, 2020 - December 31, 2020	Attachment K - 1. Background	GDC has captured details on this data in the Physical Health Data Table. Please reference the data table for details and/or reference to an attachment.	
Round 3	382	We previously asked for an updated cost form because of a formula error. Please provide this form also with adjusted column widths in all tabs, so all figures can be seen.		GDC has provided an updated Attachment E to reflect this change.	
Round 3	383	Please provide the average daily population as of February 28, 2021 in total and by facility.		GDC has captured details on this data in the Physical Health Data Table. Please reference the data table for details and/or reference to an attachment.	
Round 3	384	What percentage of hospital admissions were covered by Medicaid in 2019 and 2020?		See response to Question #329.	

		Given the potential additional cost associated with the NIST800-53 requirement, is the Department requiring NIST800-53 framework be met for all IT services related to healthcare delivery or just the EHR hosting environment? If so, would the Department like to see a separate line item price to meet and comply with the NIST800-53 requirement?		<p>The State of Georgia utilizes a framework based on NIST 800-53 when assessing Information Security controls and associated risks. As stated in G9, GDC requests that suppliers assess their security controls against the FIPS moderate control set from NIST 800-53. This assessment should also apply when meeting the physical and technological security standards required of high-trust environments, as requested in G1. This assessment should also apply when meeting the support for continuous security and protection of data and IT systems requested in G4. While suppliers are not required to obtain NIST certification, they should be prepared to demonstrate the adequacy of their controls, compensating controls, and risk assessments based on these standards. A resource for mapping specific NIST 800-53 controls to other standards, including HIPAA, can be found at: https://www.hhs.gov/sites/default/files/nist-csf-to-hipaa-security-rule-crosswalk-02-22-2016-final.pdf</p> <p>Because the Department is not requiring specific certification to NIST 800-53, GDC does not require a specific line item price. All costs associated with meeting all IT security requirements are to be included in the price submitted for Other IT services.</p>	
Round 3	385		Attachment B Section G – IT Security G9		

Questions referencing data element	Data element	Response	
32	Five-year population projections	GDC is unable to provide a population projection.	
48	Most frequently used hospital by facility	Please reference file "GDC Facility to Hospital" in Round 1 Questions Data folder.	
49	Number, type, and timeframes of any backlogs (chronic care clinics, offsite referrals, dental encounters, etc.) that currently exist at the GDC facilities.	The constraints of GDC's current paper-based delivery model inhibits ready access to this data.	
52	ED referrals resulting in hospitalization	GDC has provided year-over-year data in the Claims analysis. GDC is exploring whether more granular data is available and could be provided in a timely fashion.	
52	Outpatient referrals	Please reference files "Consult Totals Limited Study" and "2018 Top 10 Consults by Speciality" in Round 1 Questions Data folder.	
52	Outpatient surgeries	GDC will be unable to provide more granular data beyond what has previously been provided in the Claims analysis.	
70	# of ambulance runs	While GDC does not have precise data here, please reference file "Facility to Facility Medical Transfers," a subset of which are via ambulance.	
70	# of eyeglasses prescribed	Annual eyeglasses subscribed were as follows: FY18 - 8,563 FY19 - 10,126 FY20 - 8,030 FY21 (to date) - 1,173	
70	# of patient specific medication orders	In FY20, GDC's average number of patient-specific medication orders each month was 100,617.	
70	# of prescriptions reviewed	In FY20, GDC's average prescription volume each month was 100,617.	
70	# of stock medication orders	See Attachment N - Medication Formulary.	
70	Average # of patients on medications	In FY20, the average number of offenders on medications was 24,254.	
70	CT scans	GDC is unable to provide this data. These are subcontracted services that may not be accounted for in claims data.	
70	Dialysis patients	GDC currently has 66 offenders on dialysis. Historically, GDC's dialysis population has been stable at or just above 60 patients.	
70	Dialysis treatments	GDC patients on dialysis typically received 3 treatments per week, 52 weeks per year.	

70	EKGs	The constraints of GDC's current paper-based delivery model inhibits ready access to this data.	
70	Health & Physicals (H&Ps)	The constraints of GDC's current paper-based delivery model inhibits ready access to this data.	
70	Hospital observation stays	GDC will be unable to provide more granular data beyond what has previously been provided in the Claims analysis.	
70	Inpatient Admissions not covered by Medicaid	The constraints of GDC's current paper-based delivery model inhibits ready access to this data.	
70	Inpatient Days not covered by Medicaid	The constraints of GDC's current paper-based delivery model inhibits ready access to this data.	
70, 366	Intakes / Bookings	In FY18, total intake/bookings was 19,166. In FY19, total intake/bookings was 18,442. In FY20, total intake/bookings was 10,272. Requested detail on Admissions/intakes by month for 2019 and 2020 are included in the file "Admissions (intake) by month for 2019-2020."	
70	Liquidated damages/penalties assessed against vendor for service delivery	GDC has assessed no penalties against the current vendor for service delivery.	
70	Mammograms	The constraints of GDC's current paper-based delivery model inhibits ready access to this data.	
70	Medical Infirmary bed counts (total capacity and average beds filled)	Across its facilities, GDC has 195 infirmary beds which are typically 85% utilized. GDC is unable to provide monthly data or facility-level data regarding bed utilization	
70	Medical Provider Sick call	The constraints of GDC's current paper-based delivery model inhibits ready access to this data.	
70	MH groups (including type)	As of January 2020: Total Mental Health Population- 12,009 MH Level II- 10,241 or 17.9% of Total Population MH Level III- 1403 or 2.4% of Total Population MH Level IV- 349 or <1% (.06%) of Total Population	
70, 251	MH housing unit bed counts (total capacity and average beds filled)	Please reference file "MH and Segregation Beds" in Round 1 Questions Data folder.	
70	MH Staff individual evaluations	GDC does not have this information	
70	MRIs	GDC is unable to provide this data. These are subcontracted services that may not be accounted for in claims data.	

70	Nursing Sick call	The constraints of GDC's current paper-based delivery model inhibits ready access to this data.	
70	OB/GYN visits	The constraints of GDC's current paper-based delivery model inhibits ready access to this data.	
70	Offsite surgeries	GDC will be unable to provide more granular data beyond what has previously been provided in the Claims analysis.	
70	Optometry visits	GDC does not have this information.	
70	Oral surgeries	The constraints of GDC's current paper-based delivery model inhibits ready access to this data.	
70	Patients receiving medications for cancer	In FY20, there were 61 patients receiving treatment for cancer on average each month.	
70	Patients receiving medications for HCV	In FY20, there were 24 patients receiving medications for HCV on average each month.	
70	Patients receiving medications for hemophilia	In FY20, GDC had 0 offenders receiving medication for hemophilia.	
70	Patients receiving medications for psychotropic	In FY20, approximately 6,600 patients received psychotropic medications.	
70	Pregnant females	The historical trend for pregnant females is 45 per annum.	
70	Psychiatry provider evaluation	GDC does not have this information.	
70	Routine x-rays offsite	GDC is unable to provide this data.	
70	Segregation bed counts (total capacity and average beds filled)	Please reference file "MH and Segregation Beds" in Round 1 Questions Data folder.	
70	Staffing paybacks or damages assessed against vendor for failure to staff	GDC has assessed no penalties against the current vendor for service delivery.	
70	Ultrasounds	The constraints of GDC's current paper-based delivery model inhibits ready access to this data.	
74	Telemedicine utilization by facility and by specialty	Please reference file "Annual telemedicine report FY2020"	
75	IV therapy utilization by facility	The constraints of GDC's current paper-based delivery model inhibits ready access to this data.	
76	Prosthesis services utilization by facility	The constraints of GDC's current paper-based delivery model inhibits ready access to this data.	
78	Substance use disorder treatment utilization by facility, incl. specific details on methadone treatment	GDC does not have a Medication Assisted Therapy program.	
94	Emergency air transports	In FY20, there were 62 emergency air transports.	
102	Updated list of infirmaries and services provided.	Please reference file "Updated Facilities Matrix" in Round 1 Questions Data folder.	

163	Offenders with hepatitis C	Please reference file "Hep C Review" in Round 1 Questions Data folder.	
173	Please provide the number of out-of-prison care events for each of the last three years in by Contract line item (as defined in tab "2. Out-of-prison care" of Attachment E).	Please reference data elements above.	
48, 204	List of services being performed on site by facility	Please reference files "Updated Facilities Matrix," "Details on Specialty Clinics at ASMP" and "Details on Specialty Clinics at GSP" in Round 1 Questions Data folder.	
235	Count of Transfers from each facility for each of the last 3 years	Please reference file "Facility to Facility Medical Transfers" in Round 1 Questions Data folder.	
241	Medication error rate	Medication error rate is stable at 0.016%.	
250	# providers prescribing medication	Approximately 110 providers, excluding mental and dental providers.	
253	Lab procedure performed yearly	The constraints of GDC's current paper-based delivery model inhibits ready access to this data.	
32, 61, 168, 17	Historical ADP by facility ADP details provided for: -- ADP by facility for February 28, 2021 -- ADP by facility for June 30, 2018; June 30, 2019; June 30, 2020; December 31, 2020	GDC has provided separate PDF attachments corresponding to each date requested -- the file names include "Daily Facility Detail Report." Within these files, the "Offenders in Bed" totals at the facility level will provide the daily population requested for each facility. GDC would like to call out that these files include data that is out of scope for this procurement (e.g., private prisons, county CIs) but is automatically included in this report.	
36, 169	Current health service vacancies, by position, at each GDC facility	Please reference file "Facility to Facility Medical Transfers" in Round 1 Questions Data folder.	
47, 205	Offsite utilization by facility / most frequently used hospital by facility	Please reference file "GDC Facility to Hospital" in Round 1 Questions Data folder.	
52, 70	Inpatient Days	GDC has provided year-over-year data on Average Length of Stay.	
52, 70, 242	Inpatient Admissions	Please reference file "Total Admissions by Month" in Round 1 Questions Data folder.	
70, 164	Patients receiving medications for HIV	Please reference file "HIV PER MONTH" in Round 1 Questions Data folder.	
70, 240	ED visits (not admitted)	GDC has provided year-over-year data in the Claims analysis.	
70, 79	Offsite specialty medical appointments (provide by specialty type)	Please reference files "Consult Totals Limited Study" and "2018 Top 10 Consults by Speciality" in Round 1 Questions Data folder.	
77	Table/spreadsheet of the current hospital, specialty facility, physician group, or physician name, their address, contact information, and current contracted rates where available	Please reference files "Subcontractors Provided by Current Vendor" in Round 1 Questions Data folder.	
26	Agencies used for Offender Physical Healthcare Services	Please reference files "Subcontractors Provided by Current Vendor" in Round 1 Questions Data folder.	

65, 181	National accreditations (ACA, NCCHC) by facility, current status, and renewal timeline	Please reference file "Accreditations by Facility" in Round 1 Questions Data folder.	
335, 336	Nursing and physician hours provided by agency or temp staffing.	Please reference file "2.26.21 Agency and Temp Staffing Numbers"	

	Upload file name	Description of file contents
	Consult Totals Limited Study	Cosult volume by facility and by source (MD, PA/NP) from 1/19-10/19
	2018 Top Consults by Specialty	Count of consults by specialty for top 10 consults areas in 2018
	GDC Facility to Hospital	Facility to hospital medical transfer volume (by facility) for 2018-2021
	Hep C Review	Fibrosis scores for Hep C population from 8/14 - 1/19; 166 patients included
	HIV Patient Volume	Average number of HIV patients (in / out of treatment) annually from FY07-FY20
	Facility to Facility Medical Transfers	Facility to Facility medical transfer volume (by facility) for 2018-2020
	Updated Facility Matrix	February 2021 Facility Matrix
	Vacancies by Facility	Vacancy data by role by facility monthly from 7/20-12/20
	Subcontractors Provided by Current Vendor	List of subcontractors and contact details
	Total Admissions by Month	Admission volume by month from FY16 to FY20
	Details on Specialty Clinics at GSP	Description of clincs, average volume, frequency in FY20
	Details on Specialty Clinics at ASMP	Description of clincs, average volume, frequency in FY20
	Accreditations by Facility	National accreditations (ACA, NCCHC) by facility, current status, and renewal timeline
	MH and Segregation Beds	Mental health beds and utilization, segregation beds and utilization for FY18-FY20
	Annual telemedicine report FY2020	Snapshot of telemedicine services by facility
	Medical Transfer Ambulance Van Air 2020	Count of medical transfers by facility by ambulance, van, and air in 2020
	Current Transitional Center Snapshot	Transitional Centers as of 3.8.21 and details on nursing/physician schedules
	2.26.21 Agency and Temp Staffing Numbers	Nurse and physician temp staffing numbers (volume and percentage)
	Admissions (intake) by month for 2019-2020	Count of intakes by month for 2019 and 2020
	2021 Correctional Medicine MAG Survey Schedule	MAG Accreditation Info by Facility
	Current Supplier Organizational Chart	Information on current organizational structure
	Final Gumm Settlement	A copy of the consent order for the SMU in Gumm
	Daily Report-Facility Detail December 31 2020	Historical ADP by facility as of the given date
	Daily Report-Facility Detail February 28, 2021	Historical ADP by facility as of the given date
	Daily Report-Facility Detail June 30 2018	Historical ADP by facility as of the given date
	Daily Report-Facility Detail June 30 2019	Historical ADP by facility as of the given date
	Daily Report-Facility Detail June 30 2020	Historical ADP by facility as of the given date

Event Details

PeopleSoft Strategic Sourcing

Event ID	Format	Type	Page
46700-GDC0000946	Sell	RFX	1
Event Round	Version		
1	12		
Event Name			
Physical Healthcare Services			
Start Time		Finish Time	
01/19/2021 15:57:32 EST		03/23/2021 14:00:00 EDT	

Event Currency: US Dollar

Bids allowed in other currency: No

Bid Number: 1

Bid Date: 03/23/2021 13:56:28 EDT

Total Bid Amount: 179,969,187.00

Bidder: Wellpath LLC
1283 Murfreesboro, Suite 500
Nashville TN 37217
United States

Submit To: Corrections, Dept of
GDC / PURCHASING
PONDER HALL
300 PATROL ROAD
FORSYTH GA 31029
United States

Contact: Ross Barrineau 478/992-2883

Phone: 478/992-2883

Email: ross.barrineau@gdc.ga.gov

Event Description

The purpose of this Request for Proposal (RFP) is to identify qualified suppliers to provide and coordinate comprehensive healthcare care services and associated systems of care for offenders at correctional facilities managed by the Georgia Department of Corrections.

Additional NIGP codes used: 94807, 94843, 94846, 94847, 94857, 94874, 95856

General Comments

- Restrictions on Communicating with Staff

From the issue date of this eRFP until the final award is announced (or the eRFP is officially cancelled), suppliers are not allowed to communicate for any reason with any State staff except through the Issuing Officer named herein or as defined in this eRFP or as provided by existing work agreement(s). Prohibited communication includes all contact or interaction, including but not limited to telephonic communications, emails, faxes, letters, or personal meetings, such as lunch, entertainment, or otherwise. The State Entity reserves the right to reject the response of any supplier violating this provision.

- QUESTIONS AND ANSWER INSTRUCTIONS

All questions concerning this eRFP must be submitted in writing via email to the Issuing Officer: Ross Barrineau at ross.barrineau@gdc.ga.gov. No questions other than written will be accepted. No response other than written will be binding upon the State. All suppliers must submit questions by the deadline identified in the Schedule of Events for submitting questions. Suppliers are cautioned that the State Entity may or may not elect to entertain late questions or questions submitted by any other method than as directed by this section. All questions about this eRFP must be submitted in the following format:

Company Name

Question #1 Question, Citation of relevant section of the eRFP

Question #2 Question, Citation of relevant section of the eRFP

Do not use the comments section of the Sourcing Event to submit questions to the issuing officer.

Offerors are cautioned that the State may or may not elect to entertain late questions.

Answers will be provided to all questions as an attachment posted to the solicitation following the schedule outlined in Attachment A - State Entity eRFP.

- Version 12 - This version was created on 3/19/2021 to replace the Attachment E - Cost Proposal Worksheet v5 with Attachment E - Cost Proposal Worksheet v6 to make the formatting change discussed in Addendum #10 and to extend the bid end date.

Version 11 - This version was created on 3/19/2021 to replace the Attachment E - Cost Proposal Worksheet v4 with Attachment E - Cost Proposal Worksheet v5 to further expand the columns on the worksheet.

Version 10 - This version was created on 3/18/2021 to replace the Attachment E - Cost Proposal Worksheet v3 with Attachment E - Cost Proposal Worksheet v4 to correct some minor errors in the worksheet as further described in Addendum #8.

Version 9 - This version was created on 3/11/2021 to replace the Supplier Q&A Rounds 1-3 attachment with the Supplier Q&A Rounds 1-3 v.2 attachment.

Version 8 - This version was created on 3/10/2021 to make the following changes:

- The Supplier Q&A Rounds 1-3 document was added as a new attachment and replaced the Supplier Q&A Round 1&2 attachment.

- The Supplier Q&A Rounds 1-3 Data Table and Attachments List was added as a new attachment and replaced the Supplier Q&A Round 1&2

Data Table and Attachments List attachment.

- The Supplier Q&A Rounds 1-3 Data Attachments folder was added as a new attachment and replaced the Supplier Q&A Round 1&2 Data Attachments

folder.

- Addendum #6 was added as a new attachment.

Version 7 - This version was created on 3/2/2021 to make the following changes:

- Attachment A - State Entity eRFP was revised with changes to Section 1.5.

Event Details (cont.)

PeopleSoft Strategic Sourcing

Event ID	Format	Type	Page
46700-GDC0000946	Sell	RFx	2
Event Round	Version		
1	12		
Event Name			
Physical Healthcare Services			
Start Time	Finish Time		
01/19/2021 15:57:32 EST	03/23/2021 14:00:00 EDT		

Event Currency: US Dollar

Bids allowed in other currency: No

Bid Number: 1

Bid Date: 03/23/2021 13:56:28 EDT

Total Bid Amount: 179,969,187.00

Bidder: Wellpath LLC
1283 Murfreesboro, Suite 500
Nashville TN 37217
United States

Submit To: Corrections, Dept of
GDC / PURCHASING
PONDER HALL
300 PATROL ROAD
FORSYTH GA 31029
United States

Contact: Ross Barrineau 478/992-2883

Phone: 478/992-2883

Email: ross.barrineau@gdc.ga.gov

- Addendum #5 was added as a new attachment

Version 6 - This version was created on 2/24/2021 to make the following changes:

- Attachment F - State Contract Form was added as a new attachment
- Attachment A - State Entity eRFP was revised to edit the language in section 1.8 to align with the contract renewal language used in Attachment F - State Entity Contract
- The attendee list for Bidders Conference #1 and Bidders Conference #2 were added as a new attachment

Version 5 - This version was created on 2/19/2021 to change the event end date.

Version 4 - This version was created on 2/19/2021 to make the following changes:

- The Supplier Q&A Round 1&2 was added as a new attachment and replaced the Supplier Q&A Round 1 attachment.
- The Supplier Q&A Round 1&2 Data Table and Attachments List was added as a new attachment and replaced the Supplier Q&A Round 1 Data Table and Attachments List attachment.
- The Supplier Q&A Round 1&2 Data Attachments folder was added as a new attachment and replaced the Supplier Q&A Round 1 Data Attachments folder.
- Attachment A - State Entity eRFP v2 was added as a new attachment and replaced the Attachment A - State Entity eRFP attachment.
- Attachment D - Mandatory Scored Questions Worksheet v3 was added as a new attachment and replaced the Attachment D - Mandatory Scored Questions Worksheet v2 attachment.

Version 3 - This version was created on 2/16/2021 to add the Bidders/Offerors Conference #2 Announcement as a new attachment.

Version 2 - This version was created on 2/5/2021 to make the following changes:

- The Supplier Q&A Round 1 document was added as a new attachment
- The Supplier Q&A Round 1 Data Table and Attachments List file was added as a new attachment
- The Supplier Q&A Round 1 Data Attachments folder was added as a new attachment
- Attachment D - Mandatory Scored Questions Worksheet was edited and the revised version was attached as Attachment D - Mandatory Scored Questions Worksheet v2
- Attachment E - Cost Proposal Worksheet was edited and the revised version was attached as Attachment E - Cost Proposal Worksheet v2

General Questions

Question	UOM	Best	Worst	Response
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You must select the "View/Add Comments and Attachments" link of this Event to access the eRFx Instructions document. Have you completed this task?

Yes

Required: Yes Mandatory Response: No

Y

Response Comments

Please provide the following information for your company:

Company Full Legal Name

Address

Authorized Contact Person's Name

Contact Person's Telephone Number

Contact Person's Email address

Required: Yes Mandatory Response: No

Wellpath LLC
1283

Event ID 46700-GDC0000946	Format Sell	Type RFx	Page 3
Event Round 1	Version 12		
Event Name Physical Healthcare Services			
Start Time 01/19/2021 15:57:32 EST		Finish Time 03/23/2021 14:00:00 EDT	

Contact: Ross Barrineau 478/992-2883
Phone: 478/992-2883
Email: ross.barrineau@gdc.ga.gov

Select One

Event Details (cont.)

PeopleSoft Strategic Sourcing

Event ID	Format	Type	Page
46700-GDC0000946	Sell	RFx	4
Event Round	Version		
1	12		
Event Name			
Physical Healthcare Services			
Start Time	Finish Time		
01/19/2021 15:57:32 EST	03/23/2021 14:00:00 EDT		

Event Currency: US Dollar
Bids allowed in other currency: No

Bid Number: 1
Bid Date: 03/23/2021 13:56:28 EDT
Total Bid Amount: 179,969,187.00

Bidder: Wellpath LLC
1283 Murfreesboro, Suite 500
Nashville TN 37217
United States

Submit To: Corrections, Dept of
GDC / PURCHASING
PONDER HALL
300 PATROL ROAD
FORSYTH GA 31029
United States

Contact: Ross Barrineau 478/992-2883
Phone: 478/992-2883
Email: ross.barrineau@gdc.ga.gov

Question	UOM	Best	Worst	Response
Oregon				_____
Pennsylvania				_____
Rhode Island				_____
South Carolina				_____
South Dakota				_____
Tennessee				<u>X</u>
Texas				_____
Utah				_____
Vermont				_____
Virginia				_____
Washington				_____
West Virginia				_____
Wisconsin				_____
Wyoming				_____
Other				_____

Required: Yes Mandatory Response: No

Response Comments

Please select the option that most accurately defines your company, based on the definitions below.

***Georgia Resident Business means any business that regularly maintains a place from which business is physically conducted in Georgia for at least one year prior to any bid or proposal to the state or a new business that is domiciled in Georgia and which regularly maintains a place from which business is physically conducted in Georgia; provided, however, that a place from which business is conducted shall not include a post office box, a leased private mailbox, site trailer, or temporary structure.

**A Small business is defined as a business that is independently owned and operated. In addition, such a business must either have fewer than 300 employees or less than \$30 million in gross receipts per year.

*A Georgia Resident Small Business would be a business that meets the requirements for both a Georgia Resident and Small Business.

Also, the State encourages all companies to sub-contract portions of any state contract to small and minority business enterprises. Suppliers interested in taking advantage of the Georgia income tax incentives provided for by the Official Code of Georgia Annotated Section 48-7-38, relative to the use of minority subcontractors in the performance of contracts awarded by the State of Georgia, should contact the Vendor Relations Administrator:

Vendor Relations Administrator
Department of Administrative Services
200 Piedmont Avenue, S.E.
Suite 1308, West Tower

Event Details (cont.)

PeopleSoft Strategic Sourcing

Event ID	Format	Type	Page
46700-GDC0000946	Sell	RFx	5
Event Round	Version		
1	12		
Event Name			
Physical Healthcare Services			
Start Time	Finish Time		
01/19/2021 15:57:32 EST	03/23/2021 14:00:00 EDT		

Event Currency: US Dollar

Bids allowed in other currency: No

Bid Number: 1

Bid Date: 03/23/2021 13:56:28 EDT

Total Bid Amount: 179,969,187.00

Bidder: Wellpath LLC
1283 Murfreesboro, Suite 500
Nashville TN 37217
United States

Submit To: Corrections, Dept of
GDC / PURCHASING
PONDER HALL
300 PATROL ROAD
FORSYTH GA 31029
United States

Contact: Ross Barrineau 478/992-2883

Phone: 478/992-2883

Email: ross.barrineau@gdc.ga.gov

Atlanta, Georgia 30334 9010

Telephone: (404) 657-6000

Fax: (404) 657-8444

Options:

Georgia Resident Business

Georgia Resident Small Business

Small Business

Not Applicable

Required: Yes Mandatory Response: No

Select One

_____ **X** _____

Response Comments

Are you a Women-Owned business?

A business that is at least 51% owned and controlled by one or more women, and primarily managed by one or more women.

No

Required: Yes Mandatory Response: No

N

Response Comments

Are you a Veteran-Owned Small business?

Veteran-Owned Small Business as used in this provision means a small business that: (i) is at least 51% unconditionally owned by one or more veterans (as defined at 38 U.S.C 101(2)); or in the case of any publicly owned business, at least 51% of the stock of which is unconditionally owned by one or more veterans; and (ii) whose management and daily business operations are controlled by one or more veterans.

No

Required: Yes Mandatory Response: No

N

Response Comments

Can your company be classified as a Minority Owned Business?

Select the option(s) below that correctly identifies your company based on the below definition of a minority business.

A Minority Business enterprise means a small business concern which is at least 51% owned and controlled by one or more minorities and is authorized to do and is doing business under the laws of the State of Georgia, paying all taxes duly assessed and domiciled within this state (Official Code of Georgia Annotated

Event Details (cont.)

PeopleSoft Strategic Sourcing

Event ID	Format	Type	Page
46700-GDC0000946	Sell	RFx	6
Event Round	Version		
1	12		
Event Name			
Physical Healthcare Services			
Start Time	Finish Time		
01/19/2021 15:57:32 EST	03/23/2021 14:00:00 EDT		

Event Currency: US Dollar
Bids allowed in other currency: No

Bid Number: 1
Bid Date: 03/23/2021 13:56:28 EDT
Total Bid Amount: 179,969,187.00

Bidder: Wellpath LLC
 1283 Murfreesboro, Suite 500
 Nashville TN 37217
 United States

Submit To: Corrections, Dept of
 GDC / PURCHASING
 PONDER HALL
 300 PATROL ROAD
 FORSYTH GA 31029
 United States

Contact: Ross Barrineau 478/992-2883
Phone: 478/992-2883
Email: ross.barrineau@gdc.ga.gov

\$50-5-131).

Options: African American
 Asian American
 Hispanic/Latino
 Native American
 Pacific Islander
 Not Applicable

Required: Yes Mandatory Response: No

Select All That Apply

☐
☐
☐
☐
☒

Response Comments

Is your company a scrutinized company?

Any Supplier that currently and/or previously, within the last three years, has had business activities or other operations outside of the United States, must certify that it is not a "scrutinized company". A scrutinized company is a company conducting business operations in Sudan that is involved in power production activities, mineral extraction activities, oil-related activities, or the production of military equipment, but excludes a company which can demonstrate any of the following exceptions noted in O.C.G.A. Section 50-5-84. False certification hereunder may result in civil penalties, contract termination, ineligibility to bid on state contractors for three or more years, and/or any other available remedy. If the Supplier is a scrutinized company, the Supplier shall not be eligible to bid on or submit a proposal for a contract with the State Entity unless DOAS makes a determination in accordance with O.C.G.A. Section 50-5-84 that it is in the best interests of the State to permit the scrutinized company to submit a bid or proposal. Any scrutinized company desiring DOAS to make such a determination should contact both DOAS and the Issuing Officer immediately.

Please make a selection from the three options:

- A. I certify my company is NOT a "scrutinized company"
- B. I certify my company is a "scrutinized company"
- C. I certify I have requested and received written permission from DOAS to submit a response to this Event in accordance with O.C.G.A. Section 50-5-84.

Options: A
 B
 C

Required: Yes Mandatory Response: No

Select One

☒
☐
☐

Event Details (cont.)

PeopleSoft Strategic Sourcing

Event ID	Format	Type	Page
46700-GDC0000946	Sell	RFx	7
Event Round	Version		
1	12		
Event Name			
Physical Healthcare Services			
Start Time	Finish Time		
01/19/2021 15:57:32 EST	03/23/2021 14:00:00 EDT		

Event Currency: US Dollar
Bids allowed in other currency: No

Bid Number: 1
Bid Date: 03/23/2021 13:56:28 EDT
Total Bid Amount: 179,969,187.00

Bidder: Wellpath LLC
 1283 Murfreesboro, Suite 500
 Nashville TN 37217
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Submit To: Corrections, Dept of
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 300 PATROL ROAD
 FORSYTH GA 31029
 United States

Contact: Ross Barrineau 478/992-2883
Phone: 478/992-2883
Email: ross.barrineau@gdc.ga.gov

Response Comments

Question	UOM	Best	Worst	Response
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Have you submitted a completed Tax Compliance form?

To be eligible for contract award, the supplier must not owe taxes to the State of Georgia. Also, in accordance with Official Code of Georgia Annotated §50-5-82, the State Entity is prohibited from awarding any contract valued at more than \$100,000.00 to a nongovernmental vendor if that vendor or an affiliate of the vendor is a "dealer" failing or refusing to collect sales or use taxes on its sales delivered to Georgia. Each Supplier must submit a completed Tax Compliance Form (SPD-SP045), which has been provided as a downloadable document by accessing the link below. In the event the Supplier is being considered for contract award (and the contract is valued at more than \$100,000.00), the information provided in the Tax Compliance Form will be submitted by the State Entity to the Georgia Department of Revenue ("DOR") for a determination as to whether the Supplier is a "prohibited source" or has other tax deficiencies. The State Entity reserves the right to submit the Supplier's completed form to DOR for review even if the contract is valued at less than \$100,000.00. Download the Tax Compliance form using the link below and upload the completed form as part of your response:

<http://doas.ga.gov/assets/State%20Purchasing/Stage%203%20Documents/SPD-SP045TaxComplianceForm.doc>

Any Offeror identified as a prohibited source will be ineligible for award. Accordingly, the Offeror is strongly encouraged to check its tax status now and resolve any outstanding tax liabilities prior to submitting this response. Department of Revenue has identified the following source to allow Offerors to check current tax status:

<http://www.etax.dor.ga.gov/>

Yes

Required: Yes Mandatory Response: No

Y

Response Comments

Event Details (cont.)

Contract# 46700-GDC0000946

PeopleSoft Strategic Sourcing

Event ID	Format	Type	Page
46700-GDC0000946	Sell	RFx	8
Event Round	Version		
1	12		
Event Name			
Physical Healthcare Services			
Start Time	Finish Time		
01/19/2021 15:57:32 EST	03/23/2021 14:00:00 EDT		

Bidder: Wellpath LLC
1283 Murfreesboro, Suite 500
Nashville TN 37217
United States

Submit To: Corrections, Dept of
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PONDER HALL
300 PATROL ROAD
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United States

Contact: Ross Barrineau 478/992-2883
Phone: 478/992-2883
Email: ross.barrineau@gdc.ga.gov

Event Currency: US Dollar

Bids allowed in other currency: No

Bid Number: 1
Bid Date: 03/23/2021 13:56:28 EDT
Total Bid Amount: 179,969,187.00

Question	UOM	Best	Worst	Response
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Do you have any exceptions to the State Contract as attached?

If yes, any exceptions to the contract must be identified in Attachment J - Contract Exceptions Form as explained in the instructions of that document. The completed Contract Exceptions Form shall be uploaded as an attachment to the Supplier's response.

No

Required: Yes Mandatory Response: No

Y

Response Comments

Georgia Based

Are you a Georgia Based company as defined by the eRFQ Instructions attachment?

Yes

Required: Yes Mandatory Response: No

N

Response Comments

Small Business

Are you a Small Business?

Yes

Required: Yes Mandatory Response: No

N

Response Comments

Communication with Issuing Officer

By answering "yes", the Offeror acknowledges the rule regarding restrictions on the supplier's communication with state staff members. If a communication is questionable, the Offeror agrees to contact the identified Issuing Officer to request assistance.

Yes

Options: Yes
No

Required: Yes Mandatory Response: Yes

Select One

X

Event Details (cont.)

Contract#46700-GDC0000946

PeopleSoft Strategic Sourcing

Event ID 46700-GDC0000946	Format Sell	Type RFx	Page 9
Event Round 1	Version 12		
Event Name Physical Healthcare Services			
Start Time 01/19/2021 15:57:32 EST		Finish Time 03/23/2021 14:00:00 EDT	

Event Currency: US Dollar

Bids allowed in other currency: No

Bid Number: 1

Bid Date: 03/23/2021 13:56:28 EDT

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Phone: 478/992-2883

Email: ross.barrineau@gdc.ga.gov

Response Comments

Question	UOM	Best	Worst	Response
----------	-----	------	-------	----------

Pursuant to O.C.G.A. § 13-10-91, all contractors or subcontractors who enter into a contract with the State Entity in connection with the physical performance of services within this state, shall register and participate in the federal work authorization program to verify information of all employees. To be eligible for contract award, the supplier must complete, notarize and return Attachment G - Contractor Affidavit. If subcontractors will be used, Attachment H - Subcontractor Affidavit must be completed, notarized and return for each subcontractor that will be used. Please attach the completed Contractor Affidavit and all Subcontractor Affidavits (if applicable) here.

Required: Yes Mandatory Response: No

Response Comments

Line Details

Line: 1	Item ID:	Line Qty: 1	UOM: Yearly	Bid Qty: 1
Required: No	Reserve Price: No			

Description: Annual cost of Physical Health Services

Question	UOM	Best	Worst	Response
What is your bid price?		0		

Required: Yes Mandatory Response: No

179969187

Response Comments

Event Details (cont.)

PeopleSoft Strategic Sourcing

Event ID 46700-GDC0000946	Format Sell	Type RFx	Page 10
Event Round 1	Version 12		
Event Name Physical Healthcare Services			
Start Time 01/19/2021 15:57:32 EST		Finish Time 03/23/2021 14:00:00 EDT	

Event Currency: US Dollar
Bids allowed in other currency: No

Bid Number: 1
Bid Date: 03/23/2021 13:56:28 EDT
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 300 PATROL ROAD
 FORSYTH GA 31029
 United States

Contact: Ross Barrineau 478/992-2883
Phone: 478/992-2883
Email: ross.barrineau@gdc.ga.gov

Appendix A - Line Specifications

Line: 1 **Item ID:** **Line Qty:** 1 **UOM:** Yearly
Description: Annual cost of Physical Health Services

Item Specifications

Manufacturer:		Mfg Item ID:	
Item Length:	0	Item Height:	0
Item Width:	0	Dimension UOM:	
Item Volume:	0	Volume UOM:	
Item Weight:	0	Weight UOM:	
Item Size:		Item Color:	

Shipping Information

Schedule:	1	Ship To:	A Purchasing
Quantity:	1		GDC / PURCHASING
Due Date:	02/12/2021		PONDER HALL
Freight Terms:			300 PATROL ROAD
Ship Via:			FORSYTH GA 31029
			United States

Event Details (cont.)

PeopleSoft Strategic Sourcing

Event ID	Format	Type	Page
46700-GDC0000946	Sell	RFX	11
Event Round	Version		
1	12		
Event Name			
Physical Healthcare Services			
Start Time		Finish Time	
01/19/2021 15:57:32 EST		03/23/2021 14:00:00 EDT	

Event Currency: US Dollar

Bids allowed in other currency: No

Bid Number: 1
Bid Date: 03/23/2021 13:56:28 EDT
Total Bid Amount: 179,969,187.00

Bidder: Wellpath LLC
 1283 Murfreesboro, Suite 500
 Nashville TN 37217
 United States

Submit To: Corrections, Dept of
 GDC / PURCHASING
 PONDER HALL
 300 PATROL ROAD
 FORSYTH GA 31029
 United States

Contact: Ross Barrineau 478/992-2883
Phone: 478/992-2883
Email: ross.barrineau@gdc.ga.gov

Appendix B - Terms & Conditions

1. Introduction. The Team Georgia Marketplace is provided by the Georgia Department of Administrative Services ("DOAS") and its partners and serves as an electronic tool to support various state purchasing functions, such as registration of bidders and suppliers, advertisement of contract opportunities, electronic bidding, and contracts management. Access to and/or use of the Team Georgia Marketplace is governed by these Terms & Conditions. DOAS reserves the right to change the Terms & Conditions at any time with or without notice by posting revisions. You are responsible for reviewing these Terms & Conditions as well as any subsequent changes to the Terms & Conditions. Unless otherwise specified, any changes will be effective when posted. YOUR ACCESS TO OR USE OF THE TEAM GEORGIA MARKETPLACE CONSTITUTES YOUR AGREEMENT TO BE BOUND BY THESE TERMS & CONDITIONS, INCLUDING ANY CHANGES THAT EXIST WHEN YOU RE-ACCESS THE TEAM GEORGIA MARKETPLACE. IF YOU DO NOT AGREE WITH THESE TERMS & CONDITIONS, DO NOT USE THE TEAM GEORGIA MARKETPLACE.
2. Definitions. "You" and "your" refer to the individual accessing this System as well as the legal entity the individual is representing. "System" shall mean DOAS' eSource system and the Team Georgia Marketplace, including but not limited to the PeopleSoft® Supplier Relationship Management, Purchasing and other Financial modules. "DOAS", "we", "us" and "our" refer to the Georgia Department of Administrative Services.
3. Acceptance of These Terms. By accessing or using the System, you agree that (1) you have read and understood these Terms & Conditions and (2) you are bound by the Terms & Conditions during your access to and/or use of the System.
4. Registration. By registering and establishing certain account and password information, you will gain access to certain information, services and/or materials maintained on this System. YOU ARE SOLELY RESPONSIBLE FOR MAINTAINING THE MOST CURRENT AND ACCURATE INFORMATION FOR YOUR BUSINESS. FAILURE TO PROPERLY MAINTAIN YOUR ACCOUNT MAY LEAD TO YOUR INABILITY TO FULLY UTILIZE THE SYSTEM, INCLUDING BUT NOT LIMITED TO YOUR ABILITY TO RECEIVE CERTAIN EMAIL NOTICES OF BUSINESS OPPORTUNITIES. As part of properly maintaining your account, you must immediately deactivate registered representatives of your company who are no longer authorized to represent your company (e.g. terminated employees, etc.). DOAS reserves the right to assign expiration dates to registrations, classify registrations as inactive, or remove registrations when to do so is in our best interests. Please note the System's acceptance of your registration is not an indication that you are eligible for contract award. In addition, DOAS reserves the right to charge a fee for the provision of certain services, including, but not limited to, the provision of certain notification emails.
5. Use of the System. You are responsible for all content that you post, e-mail, transmit, upload or otherwise make available through the System. You agree not to use the System to make available any content that: (1) is unlawful, harmful to adults or minors, threatening, abusive, harassing, tortious, defamatory, vulgar, obscene, libelous, invasive of another's privacy, hateful, or otherwise objectionable; (2) infringes any patent, trademark, trade secret, copyright or other proprietary rights of any person; (3) contains unauthorized advertising or solicitations; (4) is intended by you to interrupt, destroy or limit the functionality or integrity of any computer software, hardware or materials on the System; or (5) is misleading, false, fraudulent or criminal. You are responsible for maintaining the confidentiality of your password and any membership account information. You agree to immediately notify us of any unauthorized use of your password or other membership account information and further agree to indemnify and hold us harmless for any improper or illegal use of your password.
6. No Guarantee of Privacy. Your access to and/or use of the System may be subject to monitoring or tracking. Any and all materials entered into the System shall be considered "public records" and shall be subject to public disclosure in accordance with the Georgia Open Records Act.
7. Right to Restrict or Prohibit Access. You acknowledge and agree that DOAS may change, modify, amend, suspend or discontinue any aspect of the services or the System, at any time, without notice and without liability to you or to any third party. DOAS may impose limitations on the use of the System, including, but not limited to, limiting the time in which the System may be accessed and/or limiting the type or volume of materials which may be uploaded to the System. You are strongly cautioned to maintain your own records as any and all information contained on the System may be removed at DOAS' discretion at any time. DOAS may, at its sole and absolute discretion, refuse to accept your registration and may, at any time after accepting registration, refuse to permit your continued use of the System for any reason. In addition, in the event you violate the Terms & Conditions, we reserve the right to seek other appropriate remedies against you, including, but not limited to voiding contract award(s), suspension, debarment, criminal proceedings and any other remedies permitted by law.

Event Details (cont.)

PeopleSoft Strategic Sourcing

Event ID	Format	Type	Page
46700-GDC0000946	Sell	RFX	12
Event Round	Version		
1	12		
Event Name			
Physical Healthcare Services			
Start Time	Finish Time		
01/19/2021 15:57:32 EST	03/23/2021 14:00:00 EDT		

Event Currency: US Dollar

Bids allowed in other currency: No

Bid Number: 1

Bid Date: 03/23/2021 13:56:28 EDT

Total Bid Amount: 179,969,187.00

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300 PATROL ROAD
FORSYTH GA 31029
United States

Contact: Ross Barrineau 478/992-2883

Phone: 478/992-2883

Email: ross.barrineau@gdc.ga.gov

8. **DISCLAIMER OF WARRANTIES.** DOAS does not represent or warrant that the System will operate uninterrupted or error-free. The System and any information or material contained on the System is provided to you on an "as is" and "as available" basis. Any material downloaded or otherwise obtained through the use of the System is done at your own discretion and risk and you shall be solely responsible for any damage to your computer system or loss of data that results from the download of any such material. All conditions, representations and warranties, whether express, implied, statutory, or otherwise, including any implied warranty of merchantability, fitness for a particular purpose, or non-infringement of third party rights, are hereby disclaimed. No advice or information, whether oral or written, obtained by you from the service shall create any warranty. DOAS is not liable and shall have no responsibility of any kind to you for any loss or damage that you incur in the event of (i) any failure or interruption of the System; (ii) any act or omission of any third party involved in making this System or the data contained herein available to you; (iii) any other cause relating to your access or use, or inability to access or use, any portion of this System or materials on this System, whether or not the circumstances giving rise to such cause may have been within the control of DOAS or of any vendor providing software, services or support. In no event will DOAS be liable to you for any direct, special, indirect, consequential, or incidental damages or any other loss or damages of any kind even if DOAS has been advised of the possibility thereof.
9. **Software & Third Party Content.** Information presented on the System is collected, maintained, and provided by DOAS, its partners, and other government entities. While every effort is made to keep such information accurate and up-to-date, DOAS does not certify the authenticity of any information that is provided on this System. Under no circumstances will DOAS be liable for any actions taken or omissions made from reliance on any information contained herein from whatever sources nor will DOAS be liable for any other consequences from any such reliance. Further, certain information and content available on the System may be provided by one or more third parties under license to DOAS ("Third Party Content"). The Third Party Content is, in each case, the copyrighted work of the creator/licensor. Without the consent of the applicable third party licensor, you shall only have the right to display the Third Party Content on your personal computer and to view such content for your personal use. Any use of the software other than as required to navigate the System and utilize the functionality offered through the System is expressly prohibited. No right to copy, distribute (in any manner through any means including without limitation rent, sales, lease, loan, or transfer), publicly display, publicly perform or modify the software accessible on the System is granted, or may be implied by these Terms & Conditions. You may not decompile, disassemble, reverse engineer, or otherwise attempt to discover the source code to the software without the express written permission of the creator/licensor.
10. **Links to Third Party Web Sites.** The System may contain links to other websites that are not under the control of or maintained by DOAS. You acknowledge that DOAS is providing these links to you only as a convenience and such provision of these links does not imply endorsement by DOAS of the websites or any part of its contents. You further agree that DOAS is not responsible for the content or links displayed on such websites.
11. **Indemnification.** You hereby waive, release, discharge and agree to indemnify, protect and save harmless the State of Georgia, its agencies, departments, authorities and instrumentalities, and the officers, directors and employees of each (hereinafter collectively referred to as "Indemnitees"), of and from any and all claims, demands, liabilities, losses, penalties, fines, fees, interest, awards, judgments, settlement payments, costs or expenses caused by, growing out of, or otherwise happening in connection with: (a) any breach of these Terms & Conditions hereof; (b) the violation of any applicable law, rule or regulation; or (c) damage to or destruction of tangible or intangible property (including data and software); (d) your misuse or modification of the System; in whole or in part caused by or resulting from any act or omission by you. This indemnification applies notwithstanding the fact that third parties or any of the Indemnitees may be partially responsible for the events giving rise to the claim; or the claim results in a monetary obligation that exceeds any contractual commitment. However, if any of the Indemnitees or third parties are partially responsible for the events giving rise to the claim, your indemnification obligation hereunder shall apply only to the extent that you contributed to the events. The foregoing indemnity is conditioned upon prompt written notice of any claim, action or demand for which indemnity is claimed.
12. **Relationship of Parties.** Each party shall be and act as an independent contractor of the other and shall not bind nor attempt to bind the other to any contract. No agency, partnership, joint venture, employee-employer or franchisor-franchisee relationship is intended nor created by these Terms & Conditions.
13. **Miscellaneous.** Each party agrees to comply with all applicable laws, statutes, ordinances and regulations regarding use of the System including any transactions entered into as a result of use of the System. If any provision of these Terms & Conditions is held by a court of competent jurisdiction to be invalid or unenforceable, such determination shall not affect the validity or enforceability of any other part or

Event Details (cont.)

PeopleSoft Strategic Sourcing

Event ID	Format	Type	Page
46700-GDC0000946	Sell	RFx	13
Event Round	Version		
1	12		
Event Name			
Physical Healthcare Services			
Start Time	Finish Time		
01/19/2021 15:57:32 EST	03/23/2021 14:00:00 EDT		

Event Currency: US Dollar

Bids allowed in other currency: No

Bid Number: 1

Bid Date: 03/23/2021 13:56:28 EDT

Total Bid Amount: 179,969,187.00

Bidder: Wellpath LLC
1283 Murfreesboro, Suite 500
Nashville TN 37217
United States

Submit To: Corrections, Dept of
GDC / PURCHASING
PONDER HALL
300 PATROL ROAD
FORSYTH GA 31029
United States

Contact: Ross Barrineau 478/992-2883

Phone: 478/992-2883

Email: ross.barrineau@gdc.ga.gov

provision of these Terms & Conditions. Further, if any provision of these Terms & Conditions is determined to be unenforceable by virtue of its scope, but may be made enforceable by a limitation of the provision, the provision shall be deemed to be amended to the minimum extent necessary to render it enforceable under the applicable law. The failure of DOAS to enforce any right or provision in these Terms & Conditions shall not constitute a waiver of such right or provision. The Terms & Conditions comprise the entire agreement between you and DOAS and supersede all prior or contemporaneous negotiations, discussions or agreements, if any, between the parties regarding the subject matter contained herein. The laws of the State of Georgia shall govern and determine all matters arising out of or in connection with these Terms & Conditions and/or the use of this System without regard to the choice of law provisions of state law. In the event any proceeding of a quasi-judicial or judicial nature is commenced in connection with these Terms & Conditions and/or the use of this System, such proceeding shall solely be brought in a court or other forum of competent jurisdiction within Fulton County, Georgia. This provision shall not be construed as waiving any immunity to suit or liability, including without limitation sovereign immunity, which may be available to DOAS.

14. These terms are effective as of 10/21/2009 and supersede any previous versions.

Last Updated: 09/14/2010

Event Details (cont.)

PeopleSoft Strategic Sourcing

Event ID	Format	Type	Page
46700-GDC0000946	Sell	RFX	14
Event Round	Version		
1	12		
Event Name			
Physical Healthcare Services			
Start Time	Finish Time		
01/19/2021 15:57:32 EST	03/23/2021 14:00:00 EDT		

Event Currency: US Dollar

Bids allowed in other currency: No

Bid Number: 1

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Appendix C - Bid Responses

General Questions

Question	Response
----------	----------

You must select the "View/Add Comments and Attachments" link of this Event to access the eRFX Instructions document. Have you completed this task?

Y

Reciprocal Preference Law O.C.G.A. §50-5-60(b) In which state is your company domiciled?

For the purposes of evaluation only, Suppliers resident in the State of Georgia will be granted the same preference over Suppliers resident in another state in the same manner, on the same basis, and to the same extent that preference is granted in awarding bids for the same goods or services by such other state to Suppliers resident therein over Suppliers resident in the State of Georgia.

NOTE: For the purposes of this law, the definition of a resident Supplier is a Supplier who is domiciled in the State of Georgia.

Tennessee

Please select the option that most accurately defines your company, based on the definitions below.

***Georgia Resident Business means any business that regularly maintains a place from which business is physically conducted in Georgia for at least one year prior to any bid or proposal to the state or a new business that is domiciled in Georgia and which regularly maintains a place from which business is physically conducted in Georgia; provided, however, that a place from which business is conducted shall not include a post office box, a leased private mailbox, site trailer, or temporary structure.

**A Small business is defined as a business that is independently owned and operated. In addition, such a business must either have fewer than 300 employees or less than \$30 million in gross receipts per year.

*A Georgia Resident Small Business would be a business that meets the requirements for both a Georgia Resident and Small Business.

Also, the State encourages all companies to sub-contract portions of any state contract to small and minority business enterprises. Suppliers interested in taking advantage of the Georgia income tax incentives provided for by the Official Code of Georgia Annotated Section 48-7-38, relative to the use of minority subcontractors in the performance of contracts awarded by the State of Georgia, should contact

Event Details (cont.)

PeopleSoft Strategic Sourcing

Event ID	Format	Type	Page
46700-GDC0000946	Sell	RFx	15
Event Round	Version		
1	12		
Event Name			
Physical Healthcare Services			
Start Time		Finish Time	
01/19/2021 15:57:32 EST		03/23/2021 14:00:00 EDT	

Event Currency: US Dollar

Bids allowed in other currency: No

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FORSYTH GA 31029
United States

Contact: Ross Barrineau 478/992-2883

Phone: 478/992-2883

Email: ross.barrineau@gdc.ga.gov

the Vendor Relations Administrator:

Vendor Relations Administrator
Department of Administrative Services
200 Piedmont Avenue, S.E.
Suite 1308, West Tower
Atlanta, Georgia 30334 9010
Telephone: (404) 657-6000
Fax: (404) 657-8444

Are you a Women-Owned business?

A business that is at least 51% owned and controlled by one or more women, and primarily managed by one or more women.

N

Are you a Veteran-Owned Small business?

Veteran-Owned Small Business as used in this provision means a small business that: (i) is at least 51% unconditionally owned by one or more veterans (as defined at 38 U.S.C 101(2)); or in the case of any publicly owned business, at least 51% of the stock of which is unconditionally owned by one or more veterans; and (ii) whose management and daily business operations are controlled by one or more veterans.

N

Can your company be classified as a Minority Owned Business?

Select the option(s) below that correctly identifies your company based on the below definition of a minority business.

A Minority Business enterprise means a small business concern which is at least 51% owned and controlled by one or more minorities and is authorized to do and is doing business under the laws of the State of Georgia, paying all taxes duly assessed and domiciled within this state (Official Code of Georgia Annotated §50-5-131).

Not Applicable

Is your company a scrutinized company?

Any Supplier that currently and/or previously, within the last three years, has had business activities or other operations outside of the United States, must certify that it is not a "scrutinized company". A scrutinized company is a company conducting business operations in Sudan that is involved in power production activities, mineral extraction activities, oil-related activities, or the production of military equipment, but excludes a company which can demonstrate any of the following exceptions noted in O.C.G.A. Section 50-5-84. False certification hereunder may result in civil penalties, contract termination, ineligibility to bid on state contractors for three or more years, and/or any other available remedy. If the Supplier is a

Event Details (cont.)

PeopleSoft Strategic Sourcing

Event ID	Format	Type	Page
46700-GDC0000946	Sell	RFX	16
Event Round	Version		
1	12		
Event Name			
Physical Healthcare Services			
Start Time	Finish Time		
01/19/2021 15:57:32 EST	03/23/2021 14:00:00 EDT		

Event Currency: US Dollar

Bids allowed in other currency: No

Bid Number: 1

Bid Date: 03/23/2021 13:56:28 EDT

Total Bid Amount: 179,969,187.00

Bidder: Wellpath LLC
1283 Murfreesboro, Suite 500
Nashville TN 37217
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Phone: 478/992-2883

Email: ross.barrineau@gdc.ga.gov

scrutinized company, the Supplier shall not be eligible to bid on or submit a proposal for a contract with the State Entity unless DOAS makes a determination in accordance with O.C.G.A. Section 50-5-84 that it is in the best interests of the State to permit the scrutinized company to submit a bid or proposal. Any scrutinized company desiring DOAS to make such a determination should contact both DOAS and the Issuing Officer immediately.

Please make a selection from the three options:

A. I certify my company is NOT a "scrutinized company"

B. I certify my company is a "scrutinized company"

C. I certify I have requested and received written permission from DOAS to submit a response to this Event in accordance with O.C.G.A. Section 50-5-84.

Have you submitted a completed Tax Compliance form?

To be eligible for contract award, the supplier must not owe taxes to the State of Georgia. Also, in accordance with Official Code of Georgia Annotated §50-5-82, the State Entity is prohibited from awarding any contract valued at more than \$100,000.00 to a nongovernmental vendor if that vendor or an affiliate of the vendor is a "dealer" failing or refusing to collect sales or use taxes on its sales delivered to Georgia. Each Supplier must submit a completed Tax Compliance Form (SPD-SP045), which has been provided as a downloadable document by accessing the link below. In the event the Supplier is being considered for contract award (and the contract is valued at more than \$100,000.00), the information provided in the Tax Compliance Form will be submitted by the State Entity to the Georgia Department of Revenue ("DOR") for a determination as to whether the Supplier is a "prohibited source" or has other tax deficiencies. The State Entity reserves the right to submit the Supplier's completed form to DOR for review even if the contract is valued at less than \$100,000.00. Download the Tax Compliance form using the link below and upload the completed form as part of your response:

<http://doas.ga.gov/assets/State%20Purchasing/Stage%203%20Documents/SPD-SP045TaxComplianceForm.doc>

Any Offeror identified as a prohibited source will be ineligible for award. Accordingly, the Offeror is strongly encouraged to check its tax status now and resolve any outstanding tax liabilities prior to submitting this response. Department of Revenue has identified the following source to allow Offerors to check current tax status:

<http://www.etax.dor.ga.gov/>

Event Details (cont.)

PeopleSoft Strategic Sourcing

Event ID 46700-GDC0000946	Format Sell	Type RFx	Page 17
Event Round 1	Version 12		
Event Name Physical Healthcare Services			
Start Time 01/19/2021 15:57:32 EST		Finish Time 03/23/2021 14:00:00 EDT	

Event Currency: US Dollar
Bids allowed in other currency: No

Bid Number: 1
Bid Date: 03/23/2021 13:56:28 EDT
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Contact: Ross Barrineau 478/992-2883
Phone: 478/992-2883
Email: ross.barrineau@gdc.ga.gov

Question	Response
Please provide the following information for your company: Company Full Legal Name Address Authorized Contact Person's Name Contact Person's Telephone Number Contact Person's Email address	Wellpath LLC 1283 Murfreesboro Road, Suite 500 Nashville, TN 37217 RFP Contact: Kerry Mangold 954-354-8784 kmangold@wellpath.us
Do you have any exceptions to the State Contract as attached?	
If yes, any exceptions to the contract must be identified in Attachment J - Contract Exceptions Form as explained in the instructions of that document. The completed Contract Exceptions Form shall be uploaded as an attachment to the Supplier's response.	Y
Georgia Based	
Are you a Georgia Based company as defined by the eRFQ Instructions attachment?	N
Small Business	
Are you a Small Business?	N
Communication with Issuing Officer	
By answering "yes", the Offeror acknowledges the rule regarding restrictions on the supplier's communication with state staff members. If a communication is questionable, the Offeror agrees to contact the identified Issuing Officer to request assistance.	Yes
Pursuant to O.C.G.A. § 13-10-91, all contractors or subcontractors who enter into a contract with the State Entity in connection with the physical performance of services within this state, shall register and participate in the federal work authorization program to verify information of all employees. To be eligible for contract award, the supplier must complete, notarize and return Attachment G - Contractor Affidavit. If subcontractors will be used, Attachment H - Subcontractor Affidavit must be completed, notarized and return for each subcontractor that will be used. Please attach the completed Contractor Affidavit and all Subcontractor Affidavits (if applicable) here.	Yes

Event Details (cont.)

Contract# 46700-GDC0000946

PeopleSoft Strategic Sourcing

Event ID	Format	Type	Page
46700-GDC0000946	Sell	RFx	18
Event Round	Version		
1	12		
Event Name			
Physical Healthcare Services			
Start Time		Finish Time	
01/19/2021 15:57:32 EST		03/23/2021 14:00:00 EDT	

Event Currency: US Dollar
Bids allowed in other currency: No

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 FORSYTH GA 31029
 United States

Contact: Ross Barrineau 478/992-2883
Phone: 478/992-2883
Email: ross.barrineau@gdc.ga.gov

Line Items

Line: 1	Item ID:	Line Qty: 1	UOM: Yearly	Bid Qty: 1
Total Line Bid Amount: 179969187				
Description: Annual cost of Physical Health Services				

Question	Response
What is your bid price?	179969187

Event Details (cont.)

PeopleSoft Strategic Sourcing

Event ID	Format	Type	Page
46700-GDC0000946	Sell	RFx	19
Event Round	Version		
1	12		
Event Name			
Physical Healthcare Services			
Start Time	Finish Time		
01/19/2021 15:57:32 EST	03/23/2021 14:00:00 EDT		

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United States

Contact: Ross Barrineau 478/992-2883

Phone: 478/992-2883

Email: ross.barrineau@gdc.ga.gov

Total number of attachments are : 12

File attachments included in this bid submssion are as follows :

Attached File

Attachment Description

08._Wellpath_Contract_Exceptions_Document_-_Attachment_J.pdf

Wellpath's Contract Exceptions Document

05._Wellpath_Contractor_Affidavit_-_Attachment_G.pdf

Wellpath's Contractor Affidavit

06._Wellpath_Subcontractor_Affidavits_-_Attachment_H.pdf

Wellpath's Subcontractor Affidavits

01._Wellpath_Response_to_Mandatory_Questions_-_Attachment_C.pdf

Wellpath Response to Mandatory Questions

09._Audited_Financial_Statements_-_CONFIDENTIAL.pdf

Wellpath's Audited Financials

10._Mandatory_Scored_Question_1_Attachment.pdf

Mandatory Scored Question 1 (General Qualifications and Experience) Attachment

12._REDACTED_COPY_-_Mandatory_Scored_Question_1_Attachment.pdf

REDACTED COPY - Mandatory Scored Question 1 General Qualifications and Experience

07._Wellpath_Tax_Compliance_Document_-_Attachment_I.pdf

Wellpath's Tax Compliance Form - Attachment I

02._Response_to_Mandatory_Scored_Questions_-_Attachment_D.pdf

Wellpath Response to Mandatory Scored Questions - Attachment D

11._REDACTED_COPY_Response_to_Mandatory_Scored_Questions.pdf

REDACTED COPY - Wellpath Response to Mandatory Scored Questions - Attachment E

03._Wellpath_Cost_Proposal_Worksheet_-_Attachment_E.xlsx

Wellpath Cost Proposal Worksheet - Attachment E

04._Wellpath_Cost_Proposal_Narrative.pdf

Wellpath Cost Proposal Narrative

Event Details (cont.)

Contract# 46700-2021-GDC0000946

PeopleSoft Strategic Sourcing

Event ID	Format	Type	Page
46700-GDC0000946	Sell	RFx	20
Event Round	Version		
1	12		
Event Name			
Physical Healthcare Services			
Start Time	Finish Time		
01/19/2021 15:57:32 EST	03/23/2021 14:00:00 EDT		

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These questions are Pass/Fail requirements. To be considered responsive, responsible and eligible for award, a Supplier must answer all questions in this section with a "YES" to denote agreement.

By answering "Yes," supplier indicates that they meet the individual requirements in the response block provided. ONLY upload documents if there is a Yes in the "Upload Attachments with Additional Information?" column, to provide additional information about specific questions. Documents not requested in this column will not be evaluated

Any questions answered with a response of "NO" will fail the technical requirements and results in disqualification of the proposal.

DO NOT INCLUDE ANY COST INFORMATION IN THE RESPONSE TO THIS WORKSHEET.

Question #	Question	Response	Upload Attachments with Additional Information?
1	Supplier agrees to comply with Georgia Department of Corrections (GDC) policies and laws for staff and subcontractors background checks that perform work on State ground/facilities. Supplier(s) acknowledges that correctional facilities or other institutional grounds that pertain to law enforcement require prior clearances for all staff as well as drivers before entering. In addition, Supplier acknowledges that all Supplier and/or sub-contractor vehicles will be searched before entering correctional facilities or institutional grounds. Supplier(s) is responsible for obtaining prior clearance for staff.	☒ Yes ☐ No	No
2	Supplier understands and agrees to provide services that meet the minimum requirements identified in Attachment B – Scope of Services.	☒ Yes ☐ No	No
3	Supplier must have the capability to demonstrate to GDC, an assurance that it will be financially stable. The Supplier will submit an audited financial statement for its most recently closed fiscal year and/or the Supplier may submit financial statements reviewed by a Certified Public Accountant (CPA), annual balance sheets and income statements prepared by a CPA. GDC reserves the right to disqualify a Supplier for failure to properly submit financial statements.	☒ Yes ☐ No	Yes

4	Supplier understands that GDC must comply with the Freedom of Information Act.	☒ Yes ☐ No	No
5	Supplier is aware of all required licenses, certifications or other formal and informal approvals required for the proposed service and that the supplier holds all such approvals	☒ Yes ☐ No	No

OTHER DOCUMENTS REQUIRED TO BE RETURNED WITH BID RESPONSE IN ADDITION TO THIS DOCUMENT:

- ☒ Mandatory Scored Questions – Attachment D
- ☒ Cost Proposal Worksheet – Attachment E
- ☒ Cost Incentive Response – as described in Attachment A Section 5.2
- ☒ Contractor Affidavit - Attachment G
- ☒ Subcontractor Affidavit (if applicable) – Attachment H
- ☒ Tax Compliance Form- Attachment I
- ☒ Contract Exceptions Document (if applicable) – Attachment J
- ☒ Audited financial statement for its most recently closed fiscal year and/or the Supplier may submit financial statements reviewed by a Certified Public Accountant (CPA), annual balance sheets and income statements prepared by a CPA - as described in Question# 3 of this document

Company Name: Wellpath LLC

Printed Name: Jeff Traczewski

Authorized Signature: 

Title: President, State & Federal Division

Date: March 18, 2021

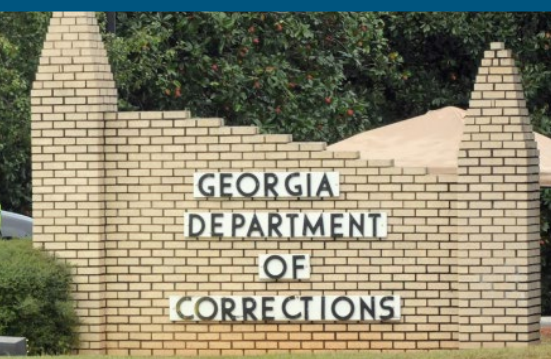


State of Georgia
Department of Corrections



RFP# 46700-GDC0000946
Response to Request for Proposal
for Physical Healthcare Services
June 4, 2021

Attachment D
**Mandatory Scored
Questions Revised**



Jeff Traczewski
President, State and Federal Division
1283 Murfreesboro Road, Suite 500
Nashville, TN 37217
e: jtraczewski@wellpath.us // p: 615-312-7219

**TRADE SECRET STATUS AFFIDAVIT
STATE OF GEORGIA
ELECTRONIC REQUEST FOR PROPOSALS
eRFP # 46700-GDC0000946 – Physical Healthcare Services**

Georgia Open Records Act: All documents, data, letters and generated information received by the State constitutes a “public record” and is subject to disclosure under the Georgia Open Records Act (“GORA”). O.C.G.A. § 50-18-70 *et seq.* However, pursuant to O.C.G.A. § 50-18-72(a)(34), “[an] entity submitting records containing trade secrets that wishes to keep such records confidential under this paragraph shall submit and attach to the records an affidavit affirmatively declaring that specific information in the records constitute trade secrets pursuant to Article 27 of Chapter 1 of Title 10 [O.C.G.A. § 10-1-760 *et seq.*].”

O.C.G.A. § 10-1-761(4) defines “Trade secret” as “...information, without regard to form, including, but not limited to, technical or nontechnical data, a formula, a pattern, a compilation, a program, a device, a method, a technique, a drawing, a process, financial data, financial plans, product plans, or a list of actual or potential customers or suppliers which is not commonly known by or available to the public and which information:

- A. Derives economic value, actual or potential, from not being generally known to, and not being readily ascertainable by proper means by, other persons who can obtain economic value from its disclosure or use; and
- B. Is the subject of efforts that are reasonable under the circumstances to maintain its secrecy.”

Therefore, the records listed below that were submitted with Wellpath LLC’s response to the State of Georgia eRFP # 46700-GDC0000946 – Physical Healthcare Services are marked confidential pursuant to O.C.G.A. § 10-1-761(4):

- Section 1 – General Qualifications and Experience – Section Q – Wellpath considers this information exempt from public disclosure as the compilation of this customer list is information not commonly known by or available to the public, derives economic value from not being generally known to other persons who could obtain economic value from its disclosure or use, and is the subject of reasonable efforts to maintain secrecy.
- Section 1 – General Qualifications and Experience – Section S – Wellpath considers this information exempt from public disclosure in accordance with O.C.G.A. §§ 10-1-760, *et seq.* and 50-18-72(a)(34) as this information is not commonly known by or available to the public, derives economic value from not being generally known to other persons who could obtain economic value from its disclosure or use, and is the subject of reasonable efforts to maintain secrecy.
- Mandatory Scored Question 1 (General Qualifications and Experience) Attachment – Key Personnel Resumes (Supporting Documentation) - Wellpath considers this information exempt from public disclosure as the compilation of this employee-related

information is information not commonly known by or available to the public, derives economic value from not being generally known to other persons who could obtain economic value from its disclosure or use, and is the subject of reasonable efforts to maintain secrecy.

- Audited Financial Statements – For the avoidance of doubt, Wellpath considers this information exempt from public disclosure as this information is information not commonly known by or available to the public, derives economic value from not being generally known to other persons who could obtain economic value from its disclosure or use, and is the subject of reasonable efforts to maintain secrecy.

Under penalty of perjury, I attest that the specific information in the records listed above constitute trade secrets pursuant to O.C.G.A. § 10-1-761(4), and request that the State of Georgia not disclose this protected information under the Georgia Open Records Act ("GORA").

Signature:



Jeff Traczewski

[Signatory Name in Print]

President, State & Federal Division

[Signatory's Title]

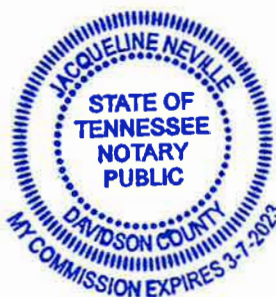
Wellpath LLC

[Company Name]

Date: 3/19/21

SUBSCRIBED AND SWORN BEFORE
ME ON THIS 19th DAY OF
MARCH, 2021.

Jacqueline Neville
NOTARY PUBLIC
My Commission Expires: 3-7-2023





1283 Murfreesboro Road, Suite 500
Nashville, Tennessee 37217
www.wellpathcare.com

Transmittal Letter/Executive Summary

Dear Members of the Evaluation Committee:

Wellpath LLC (Wellpath) is pleased to submit our proposal for Physical Healthcare Services to the Georgia Department of Corrections (GDC). In preparing our response, we have thoroughly reviewed the GDC's Request for Proposal (RFP) and all associated attachments, attended the mandatory Bidders' Conference, and carefully considered all addenda and question and answer responses. We have worked diligently to deliver a meaningful proposal that demonstrates our commitment, willingness to innovate, and a best value approach for the GDC.

Our program is designed to support GDC's goal to ensure services meet national correctional standards, community standards of care, and are cost efficient by improving outcomes to address the health care needs of patients and supporting the recovery of each individual committed to GDC's care. Our proposal outlines a healthcare delivery program that ensures patients receive timely care in the most appropriate setting, increasing quality outcomes and the overall program effectiveness. With this in mind, we have designed our physical healthcare services program to precisely meet the Department's needs.

Across service delivery areas, a single word summarizes our proposal – **Commitment**.

- ***Commitment from the Most Experienced Provider***

We are one of the nation's largest providers of correctional healthcare, serving nearly 300,000 patients daily, **with more experience providing evidence-based health care to high-risk, vulnerable, and special needs populations than any other provider**. Led by a team of clinical experts and informed by decades of experience, we provide comprehensive team-based care and treatment consistent with best and evidence-based practices. Our team of nearly 15,000 professionals is passionate about serving this unique and vulnerable patient population.

- ***Commitment to Patient First Medical Services***

We are committed to **providing Patient First care using a team-based, multi-disciplinary approach, incorporating effective, proven advancements, and research-informed approaches to patient care**. Our physician-led staffing approach is modeled after the community standard of care, which has shifted healthcare operations to better manage staffing shortages and increase patient access, while optimizing high quality care to support the demand for new team-based care models.

- ***Commitment to Optimize On-site Care with Clinical and Technological Innovation***

Wellpath developed our innovative Wellpath Healthcare Cloud to help optimize on-site care and reduce unnecessary off-site care, without compromising quality of care. The Healthcare Cloud incorporates ERMA, our corrections focused EHR, used in more than 100 current client locations, including Departments of Correction in Maine and Massachusetts. The Healthcare Cloud also includes Wellpath Now (urgent, on-demand telehealth services), Wellpath Telehealth (scheduled non-emergent telehealth services), Wellpath Connect, (care management and provider consults for on-site staff), and Wellpath Centers of Excellence (best practice chronic care management). The Wellpath Healthcare Cloud suite has led to significant reductions in off-site care for patients, with no sacrifice in clinical outcomes. **Wellpath proposes to implement our Healthcare Cloud, including ERMA EHR at the start of the contract, with full functionality rollout in the first 90 days.**

- **Commitment to Quality and Accountable Care**

Wellpath **provides services with transparency and rigorous accountability.** Well-defined performance standards and regular audits by our client agencies are integral to our contracts. We also coordinate care across all elements of the broader healthcare system and have **partnered with AWC Networks, LLC of Georgia to provide access to over 240 medical practices, including 50 providers dedicated to caring for GDC patients, like the Atlanta Medical Center secure healthcare unit.** We will maintain and establish relationships with community providers to maximize access to quality care and support continuity of care throughout the life of the contract.

- **Commitment from a Collaborative Partner**

Together with our client partners, we have faced a variety of challenges and collaborated to find solutions, most recently during the COVID-19 pandemic, to ensure we provide quality and compassionate patient care. We look forward to working in partnership with GDC to identify opportunities and **improve the delivery of healthcare services for patients by increasing on-site services, expanding the availability of specialty services, and maximizing the use of current facilities to optimize care and reduce the potential for risk/adverse outcomes.**

- **Commitment to Seamless Transition of Services**

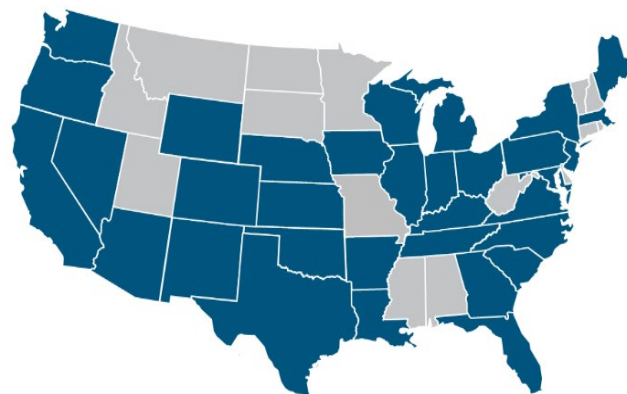
We help state agencies to deliver high quality services by looking at new ways to efficiently provide more services without compromising care. During each transition, we provide personal retraining to ensure all team members are proficient in our systems of care. Our transition in Georgia will be no different with project team support of hundreds of trained professionals providing expertise and training for up to 90 days after Go-Live. These professionals are in addition to our proposed GDC staffing. Our experience with multiple program activations, coupled with our depth and range of professional staff, enhances our ability to **transition physical healthcare services on-time.**



Commitment from the Most Experienced Provider

Wellpath has provided comprehensive healthcare services in DOC settings since 2003, including experience with substance use disorders, sex offender, adult, juvenile, and geriatric populations. Providing health care to justice-involved populations in restrictive environments is our company's core competency, and we continue to grow by building on this strength.

We provide health care to over 120,000 adult and juvenile incarcerated individuals in state departments of correction and federal prison systems across the country and Australia, including offenders housed in Arkansas, Florida, Illinois, Kentucky, Louisiana, Maine, Massachusetts, Oklahoma, Pennsylvania, and Texas. We also provide on-site healthcare services to the Federal Bureau of Prisons and privately managed correctional facilities. An overview of our current statewide DOC and prison client partners is provided in the following table:



National correctional healthcare provider.
 Wellpath serves ~300,000 patients in 33 states.

Overview of Current Prison Contracts						
	Arkansas	Kentucky	Maine	Massachusetts	Pennsylvania	Other
Census	~15,000	~11,000*	~2,000	~7,000	~39,000	~40,000
Locations	25	14	6	16	24	30
Accreditation	ACA	ACA	ACA	ACA	ACA	ACA, NCCHC, TJC
Since	2014	2014	2012	2018	2014	Varies
<i>*Excludes DOC inmates held in county jails</i>						

Our team of skilled professionals includes industry leaders in correctional healthcare, and we continue to meet our client partners' needs by providing innovative healthcare solutions for organizations of all sizes. Our extensive experience in providing accredited medical and behavioral healthcare services in multiple environments includes:

- Comprehensive healthcare, including medical, mental health, and dental services
- Substance use treatment and co-occurring disorders, including medication assisted treatment
- Sex offender treatment
- Youthful offenders
- State hospitals and other secure psychiatric treatment facilities

Additionally, we have provided comprehensive healthcare services throughout Georgia for county correctional agencies for nearly 20 years. We currently provide healthcare services for more than 8,000 patients throughout the state of Georgia with more than 400 locally based healthcare professionals providing services in 10 county correctional facilities.



GDC will benefit by partnering with the most experienced provider to operate the physical healthcare services program.

Commitment to *Patient First* Medical Services

We provide a team-based, patient-centered approach that ensures safety and quality services focused on recognizing the unique needs of each patient population. Our programs engage, motivate, and effectively address the treatment needs of each individual. Patient care always comes first at Wellpath, where we work continuously to develop and implement clinical and technological innovations to improve the delivery of patient care and minimize patient movement. Wellpath has developed a physical healthcare services program that meets all RFP requirements and emphasizes patient-centered care by focusing on communication and collaboration.

We provide holistic, relationship-based healthcare and actively support patients in learning to manage and organize their own care at the level the patient chooses. We also demonstrate a commitment to quality and quality improvement by ongoing engagement in activities, such as using evidence-based medicine, and clinical decision support tools to guide shared decision making with patients. This enhances our ability to deliver accessible services with rapid attention to urgent needs and around-the-clock telephone or electronic access to a member of the care team.

Physician-Led Staffing Model

Our proposed GDC physician-led staffing plan will effectively administer, manage, supervise, and deliver the services required, while providing quality care, promoting active treatment planning and programming, and increasing patient trust by supporting an environment of respect, dignity, and transparency.

We hire appropriately credentialed physicians who will provide on-site coverage, make infirmary rounds, supervise restricted housing units, and provide appropriate consultation to mid-level staff and nursing personnel. Every facility will have a supervising physician serving as the site Medical Director, overseeing the clinical care and providing supervision for Advanced Practice Registered Nurses (NP or APRN) and Physician's Assistants (PA), collectively referred to as Advanced Practice Providers (APP).. Evidence shows that properly using APPs in clinical practice has led to a significant increase in both access and quality of care for our patients.



Staffing Plan to Support Full Services

Our staffing plan supports full operation of all levels of care for GDC's patients, including specialty housing units and the infirmaries at Mason, Pulaski, and Coastal, which are currently not accepting new admissions.

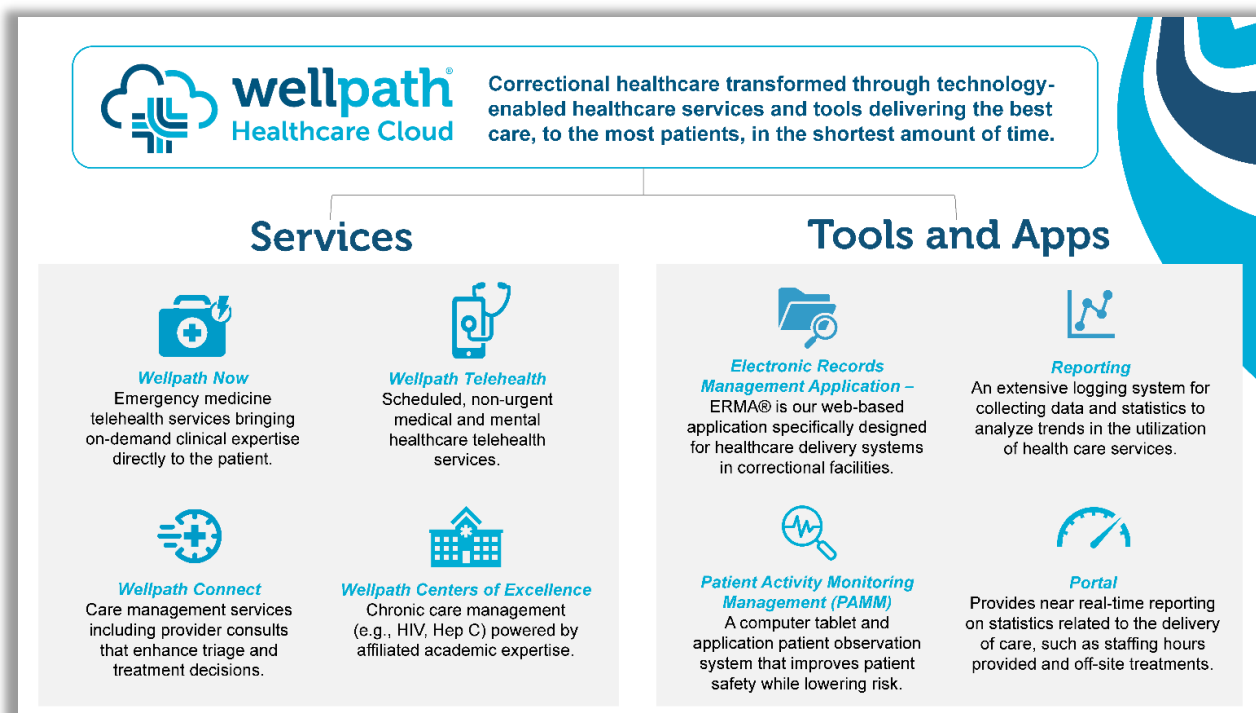
Successfully Increased and Expanded On-Site Provider Staffing for Multiple DOC Systems

- ✓ Eliminated clinical backlog of >4,200 patients within 120 days of assuming operations for Kentucky DOC – Increased provider staffing and improved provider efficiency
- ✓ Increased on-site specialty clinic providers for all Pennsylvania DOC facilities and retained >99% of existing staff employed by the previous provider

GDC will benefit by partnering with a provider who uses evidence-based treatment, is focused on team-based care, and is committed to incorporating research-informed approaches to patient care.

Commitment to Optimize On-site Care with Clinical and Technological Innovation

The Wellpath Healthcare Cloud. We developed the Wellpath Healthcare Cloud to deliver health-related services and information that enhance the quality and efficiency of patient care, administrative activities, and health education. The Wellpath Healthcare Cloud is a comprehensive solution that empowers a more effective on-site healthcare program. This suite of cloud-based services strengthens the traditional delivery model where gaps (e.g., provider recruitment challenges) and vulnerabilities (e.g., after-hours coverage) in care delivery open up risk to delayed care, preventable off-site transfers, and avoidable off-site expenditures. The Wellpath Healthcare Cloud reduces total cost of care (considering medical services, transportations costs, and public safety costs), while delivering high-quality clinical care that meets or exceeds community standards.



Wellpath Now – Urgent, On-Demand Telehealth Services for Patients and Providers.

Brings on-demand clinical expertise directly to the on-site caregiver and patient at the touch of a button. Wellpath Now providers include primary care physicians and APPs, as well as specialty consultations by emergency medicine-trained providers for non-life-threatening consults regarding need for emergency evaluation. **Our client partners have experienced a significant reduction in emergency department transfers utilizing Wellpath Now.**



Wellpath Telehealth – Scheduled, Non-Emergent Telehealth for Patients and Providers.

Wellpath's proprietary correctional telehealth platform is easy to use and supercharged with Wellpath clinical expertise. This tool automatically identifies and schedules a licensed Wellpath network specialist, including automated access to the ERMA patient medical record. It incorporates scheduled patient visits with a broad variety of primary care and specialty providers, including APPs to remote rural sites or for after-hour on-call services. Wellpath Telehealth is a force multiplier as it provides a drastic increase in healthcare options, experience, and efficiencies to patients, partners and providers. **In 2020, Wellpath conducted over 165,000 telehealth encounters, providing high-quality remote care to over 250 facilities across 32 states.**


Wellpath Connect – Care Management & Offsite Consults for On-site Providers and Staff.

Offers centralized care management and offsite management services that enhance health care triage and treatment decisions. Wellpath Connect gives on-site providers timely access to specialty care through enhanced remote care coordination, while additionally supporting on-site providers with expert clinical consultations via eConsults. **In sites using Wellpath Connect the percentage of off-site specialty referrals managed on-site more than doubled, resulting in the near elimination of unnecessary off-site specialty consults and reduced use of agency transport staff.**

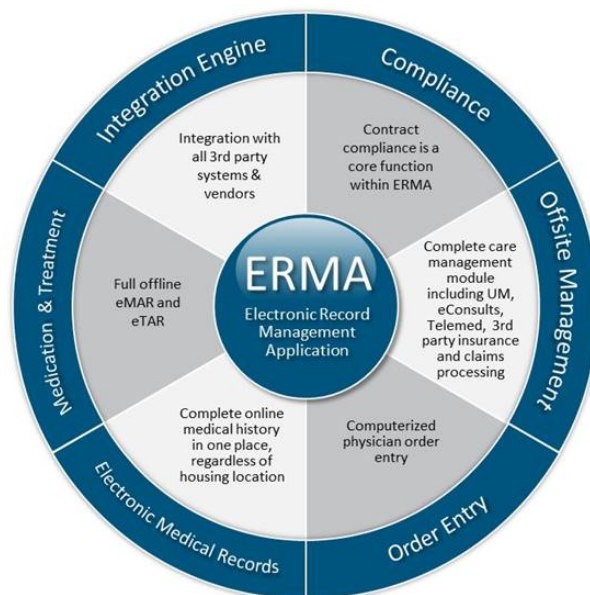

Wellpath Centers of Excellence – Long-Term, Chronic Care Patient Care & Management.

Provides best practice chronic care management (e.g., HIV, Hep C) powered by academic medicine-affiliated expertise. Wellpath Centers of Excellence (COE) leverage telehealth to optimize best practice clinical outcomes, implement evidence-based protocols, increase subspecialty availability, and achieve the highest community standards of care for chronic conditions. Wellpath chronic care COEs deliver best practice clinical management for chronic conditions through telehealth visits, addressing quality, access, the patient experience, and total cost of care. **Wellpath's HIV COE program has achieved viral suppression rates 30% higher than the national average.**

Wellpath proposes to implement our ERMA EHR at the start of the contract with key functions for care management, provider steerage, and medication order entry, followed by full functionality rollout in the first 90 days. Our advanced technology creates operational efficiencies by giving clients the information they need to better manage care. This multifunctional health record can be tailored to each client partner's goals and requirements. It not only enhances the patient provider experience but also enables full utilization of tools like, remote desktop auditing, the client portal, and data retrieval to drive improved clinical delivery.

ERMA Medical Record

Developed by Wellpath, ERMA has a track record of successful implementations, bringing operational efficiencies to medical and mental health programs nationwide. Unlike some non-corrections based EHR systems that can take years to implement, ERMA has been successfully implemented in hundreds of locations at or soon after startup. Wellpath understands that implementation of ERMA will depend upon successful collaboration between Wellpath and the Department. ERMA is preconfigured with our standard treatment pathways, forms, key operational reports, and pharmacy and lab interfaces with all major vendors, which reduces the number of customizations needed for a successful launch. ERMA is web and cloud based, eliminating the need for local data center(s) and on-site server support. Simple internet access to our website allows ERMA to effectively function. Our unique two factor authentication eliminates the need for complicated and often unreliable VPN or terminal services infrastructure. **Our proposal includes all of the end-user equipment, technical support, and deployment services to achieve our targets.**



ERMA Modules. ERMA uses six distinct modules to efficiently manage healthcare services and patient

Provider Steerage. When patients require off-site care, our ERMA provider steerage algorithm drives appointments to the closest high value provider. Our system informs the appointment scheduler of the best providers in our network including the driving distance from their facility. This tool optimizes both transportation and utilization of Tier 1 providers in our network, based on the services needed.

Medication Order Entry. Medication orders are automatically assigned to the appropriate med-pass schedule and follow the patient when they move between or within facilities. Wellpath has worked successfully via electronic interfaces with CorrectRx for over 10 years. We are actively working with CorrectRx to support the integration of medication order entry upon assuming operations.

Value Add - HI-BRIDGE HIE. The Health Information Exchange (HIE) features are integrated with ERMA so that each record is queried automatically through HIE at intake and records are available in the HIE when a patient receives services outside of the GDC or when released from GDC. **Since Wellpath has already integrated its systems with HI-BRIDGE HIE, this data will be available in ERMA as soon as the EHR is put in use with no additional development time needed.**



Successful Implementation with MA DOC Ensures Ability to Deliver Services

"Wellpath also proposed to implement their electronic health record, ERMA, to replace our paper record system. Wellpath worked collaboratively with us to implement ERMA at 16 institutions and their regional office on schedule and within 90 days of contract activation. Since ERMA was implemented, we have improved the overall quality of our health record documentation, increased contract compliance, and expanded our accountability and reporting capabilities throughout the DOC."

-Commissioner Carol Mici, Massachusetts DOC

Wellpath Portal. One of our latest innovations, the Wellpath Portal is a secure digital gateway for shared communication and information that can be accessed via web browser or mobile app, giving the GDC access to near real-time reporting on care-related statistics, such as intake screenings completed, staffing hours provided, and more.



Client Portal. The portal provides our client partners with confidential, secure online access and a support hotline via instant messaging for faster escalation of issues.

GDC will benefit by partnering with a provider capable of implementing cutting-edge technological and reporting solutions.

Commitment to Quality and Accountable Care

As a provider of healthcare services to governmental partners, Wellpath provides services with transparency and rigorous accountability. We value high standards of care and the importance of obtaining accreditation as a marker of these high standards. Well-defined performance standards and regular audits by our client agencies are integral to our contracts. By meeting or exceeding the expectations of our clients and delivering services in accordance with contractual, legal, and regulatory frameworks, we have developed long-term relationships.

Our state programs are accredited by the relevant independent entities, including the National Commission on Correctional Health Care (NCCHC), American Correctional Association (ACA), The Joint Commission, Accreditation Association for Ambulatory Health Care (AAAHC), and/or the Commission on Accreditation of Rehabilitation Facilities (CARF). We will remain in compliance with state and federal licensing requirements applicable to GDC. We conduct mock ACA, NCCHC, and Prison Rape Elimination Act (PREA) surveys at our facilities prior to the actual on-site audits, and we discuss our findings and recommendations with the on-site staff. **We have a 100% success rate in obtaining and maintaining accreditation status for medical services at each of our client facilities.** We are also familiar with Medical Association of Georgia (MAG) standards from our **local Georgia operations in 10 county correctional facilities.**



Our internal quality improvement programs guarantee that all Wellpath client partners meet and maintain accreditation standards. We also use remote desktop auditing to ensure timely reviews and improved clinical outcomes. We know that success depends upon partnerships between our patients, employees, client partners, advocacy groups, and the communities we serve. We continuously review and improve performance management structures, systems, and processes, so that they facilitate operational direction, draw on best practice, work flexibly, and adapt quickly to changing needs.

Additionally, staff education, development, and training positively impact staff performance, retention, and morale – all of which enhance operations and reduce the potential for error. Wellpath's rigorous program of developing job descriptions, recruiting, credentialing, screening, hiring, onboarding, training, supervising, and evaluating performance is structured to ensure each employee is motivated and fully competent to successfully perform his/her responsibilities in a manner that meets or exceeds Department and regulatory standards.

Excellent Care with Accurate and Thorough Reporting

"Since July 1, 2012, Wellpath has maintained a record of providing excellent care while achieving improved efficiencies within the state correctional facilities. The MDOC notes improved patient satisfaction and decreased costs. Wellpath provides accurate and thorough monthly reports, assisting the MDOC in validating both operation and financial performance."

- Commissioner Randall A. Liberty, Maine DOC

Wellpath will also arrange for the provision of off-site care with the local community for services we are unable to provide on-site. Our UM program uses InterQual evidence-based clinical guidelines to determine medical necessity as part of our approval process, while ensuring that care is provided at the most appropriate level. InterQual Criteria are objective and specific to better ensure the most appropriate care and more consistent, defensible decision-making. While acknowledging our responsibility to avoid unnecessary costs, we also ensure patients receive the most appropriate care. **We will coordinate all off-site appointments with GDC security and transportation staff and provide daily, weekly, and/or monthly reports.**

Provider Network with Established State of Georgia Partner



Wellpath has partnered with AWC Networks, LLC (AWC), the GDC's current provider of major

medical specialty services to ensure uninterrupted access to the qualified medical care specialists and specialty services required to meet the needs of the GDC patients in our care. AWC is a certified minority business enterprise (MBE) that has provided services to the GDC for the last 10 years. AWC offers an extensive specialized network designed as a resource for all of GDC's medical needs, including instant access to hundreds of reputable medical providers throughout the state of Georgia.

"AWC is excited to be partnering with Wellpath to provide best-in-class correctional health care with full transparency and accountability for the GDC and its patients."

Christopher. R. Edwards, MD
 Medical Director AWC

AWC's Georgia network includes over 240 medical practices across the state, including 50 providers designated to accept GDC patients. AWC is currently expanding its network to support services for GDC patients statewide and will also use Wellpath's established statewide provider relationships from its county correctional facility partnerships. Access to key medical facilities will support effective and convenient patient care, including:

- General and specialized treatment facilities
- Full menu of diagnostic facilities
- Wide array of rehab facilities
- Facilities with unique capabilities, including the Atlanta Medical Center (AMC) High Security Prison Unit
- Primary hospitals include Wellstar's AMC, a Level I Trauma Center and Advanced Primary Stroke Center, and Wellstar's AMC South

AWC Costs Avoided for GDC with Management Oversight

- ✓ **Identified over \$1.0 million in duplicate claims and over payments**
- ✓ **30% decrease in hospital length of stay in the first 6 months**

Value-Based Arrangements

AWC created a unique solution within correctional healthcare, known as **the Gatekeeper of Medical Services**, which has been implemented for both the Georgia Department of Corrections and Federal Bureau Prison of Atlanta. Both of these systems have achieved more efficient medical management, the best in care provided, and a savings associated with decreased length of stay and a decrease in unnecessary testing. **AWC was the first to implement this type of program within the GDC.** Together, AWC's Gatekeeper of Medical Services and Wellpath's Healthcare Cloud offer synergistic solutions to maximize on-site care and limit low value off-site care while maintaining quality. This unique relationship allows for regional expertise with AWC care delivery and best practice learnings from Wellpath to provide logic addressing total cost of care at benchmark quality.

GDC will benefit by choosing a provider who is focused on continuous quality improvement and has established local community partners that emphasize access to quality of care and seamless care coordination.

Commitment from a Collaborative Partner

We recognize that an effective and efficient physical healthcare services program requires the coordination and provision of a wide range of services. We collaborate with each of our client partners to develop strategies that improve patient health outcomes and minimize operational and healthcare related cost increases to deliver services consistent with all contract requirements. We look forward to discussing GDC's unmet healthcare needs and working together to maximize the use of current facilities, including:

- ✓ Optimizing the use of the operating rooms and infirmary beds at Augusta State Medical Prison
- ✓ Expanding the current capacity for infirmary beds and accommodating housing
- ✓ Identifying facilities/space to provide long-term acute care beds
- ✓ Providing physical therapy services on-site for GDC patients
- ✓ Potential opportunity to build out at Metro Transitional Center to provide specialized services (i.e. accommodating housing, physical therapy, orthopedic rehabilitation, etc.)

Care Improvements through Expanded On-Site Services. A key objective with each of our DOC client partners is to expand on-site services to improve care while lowering risk and costs associated with off-site visits. Examples of our ability to expand on-site care services in our current DOC operations include:

- **Pennsylvania DOC:** 30% increase in on-site clinics, including audiology, CT/MRI, oncology, neurology, and physical therapy – Decreased off-site consults by ~1,000 since these programs were implemented in the last two years
- **Kentucky DOC:** Expansion of on-site clinics to include chemotherapy, cardiology, audiology, obstetrics, orthotics, and addition of physical therapy management program providing access to all KY DOC patients for on-site physical therapy services – Decreased off-site trips by more than 3,000 annually
- **Maine DOC:** Worked with Maine DOC to identify and transition assisted living services to a larger housing unit, expanding capacity for the system

Collaboration with Other GDC Providers. Wellpath recognizes that effective collaboration and coordination with correctional staff is crucial to our ability to safely and efficiently deliver healthcare services to our patients. We rely on the success of this partnership to access the inmate population and ensure delivery of health care. We also have a history of successfully working with other medical and mental healthcare providers, including GDC's current provider for mental health and dental services. The collaborative oversight our organizations provide together will ensure patients receive high-quality comprehensive care led by multidisciplinary treatment teams engaged in established channels of open and frequent communication.



Additionally, Wellpath understands that CorrectRx will be GDC's contracted provider of pharmaceutical services. Wellpath was the first company in 2010 to electronically interface our ERMA patient records with CorrectRx. **Our two organizations work collaboratively to provide healthcare services for more than 52,000 patients in over 135 facilities.** CorrectRx is one of our national pharmacy partners, and we have worked successfully with them to provide quality pharmaceutical care for our patients since our inception.

GDC will benefit by choosing a partner who fosters open communication, timely consultation, and collaboration with all partners to maximize services, deliver quality care, and achieve potential cost savings.

Commitment to a Seamless Transition of Services

Our overall healthcare management approach enables us to ensure all operational elements perform efficiently and effectively to meet or exceed client expectations. We successfully and consistently deliver projects by methodically developing a project management framework for each project transition. Our implementation efforts will be led by **Kenneth Lassiter, our proposed Regional Vice President, and Bill Kissel, our proposed Director of Operations**, with assistance and support of our Home Office in Nashville, Tennessee. Mr. Lassiter and Mr. Kissel each **have more than 30 years of correctional healthcare experience and understand the scope and expectations for delivering a physical healthcare services program, with Mr. Kissel spending his career at the Georgia Department of Corrections before joining Wellpath in 2013.**

Our GDC project team has been established and is organized to set standards, provide governance, enforce accountability, and successfully manage project to transition services by December 1, 2021

Our Implementation Plan, including primary responsible parties and projected timeframes, is a comprehensive and reliable forecast of our work effort, our approach to managing implementation, and our understanding of the project to transition GDC's physical healthcare services. **Wellpath has transitioned five DOC systems, 90 local detention facilities, three hospitals, and five residential treatment centers in the past nine years.**

Attracting and Retaining Qualified Professionals. We understand the challenges to successfully staffing a statewide contract and have an established process to consistently meet contractual staffing requirements on-time to ensure a low-risk transition. Our talent acquisition team uses data-driven tools to empower recruitment efforts, particularly in rural areas, where qualified and credentialed staff are often scarce. In-depth market analysis based on real salaries, current market supply, and industry validated compensation data, allows us to competitively recruit and retain qualified staff in remote and challenging locations. **Wellpath dramatically improved the clinical fill rate upon assuming operations for the Pennsylvania DOC, reducing locum tenens physician coverage by 75% in the first year.**

The industry average time to fill nursing jobs is 82 days. Over the last year, our average time to fill for nursing roles in the state of Georgia was 28 days. We have also had zero turnover in providers from August 2020 to present. Wellpath has budgeted for compensation rates in line with our current Georgia pay rates, and significantly higher than those currently paid to clinical staff working in GDC facilities. We strive to maintain full staffing at all facilities at all times.

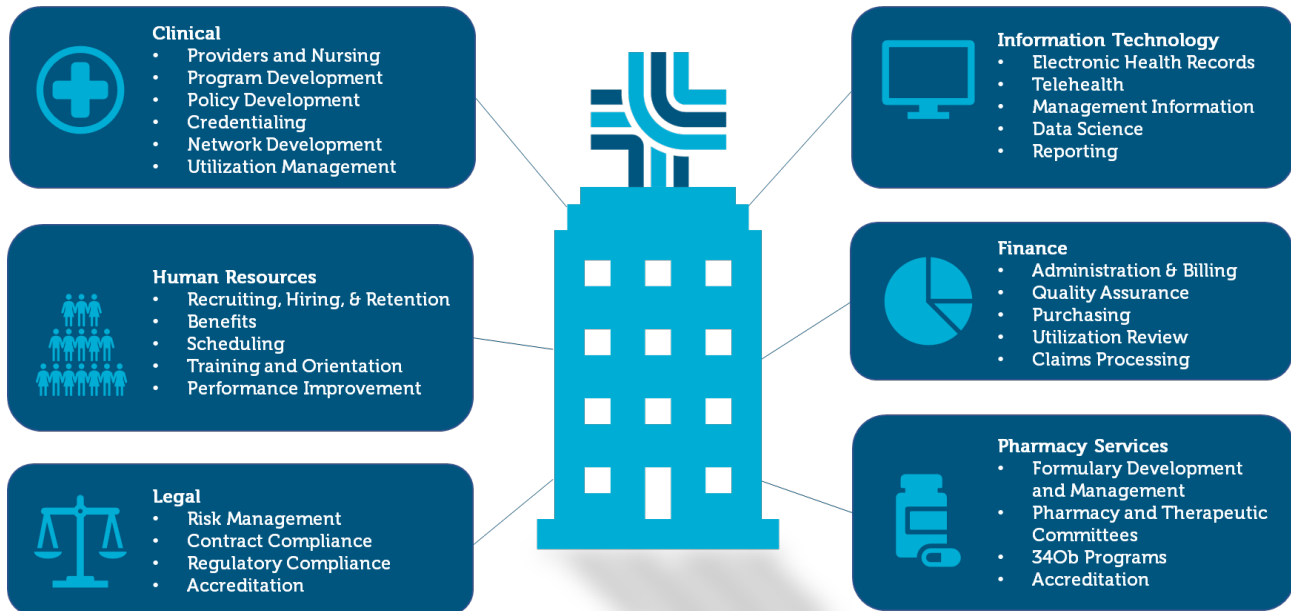
Proven Success to Deliver on Commitment for On-Time Transition

"Wellpath had approximately 90 days to begin operations. Wellpath did a great job hiring more than 400 incumbent staff, conducting orientation and training sessions with all team members, and coordinating all necessary tasks to operate the comprehensive clinical services contract prior to the contract start date. During the transition period, the Wellpath team provided daily and/or weekly updates so that any issues or concerns that arose could be discussed, which resulted in the transition going smoothly for everyone involved."

-Commissioner Carol Mici, Massachusetts DOC

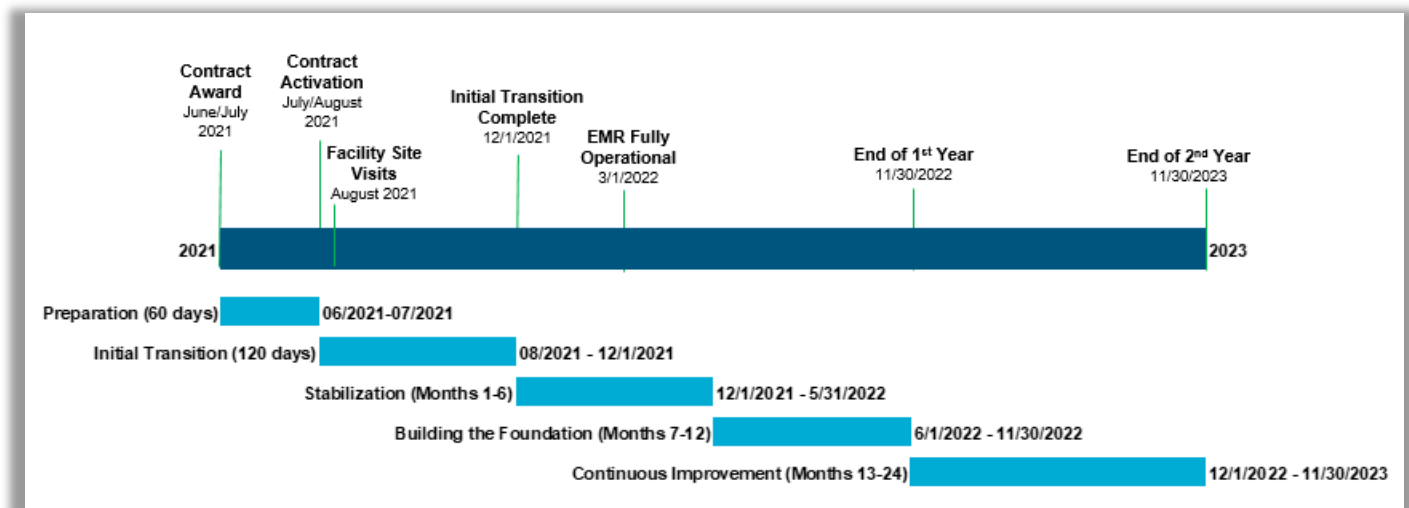
As part of our commitment to meeting GDC staffing requirements, we will have a full recruitment team specifically assigned to transitioning services. Additionally, our Home Office also provides robust support with key team members having GDC experience.

ROBUST HOME OFFICE SUPPORT



Bold Transformation, Seamless Transition

Wellpath has proposed a 120-day transition timeline from contract execution. The ability to have facility visits and dialogue with GDC after award is critical to finalizing our program services and transition plan. In addition to the proposed transition milestones, Wellpath understands that the process of culture change will be ongoing throughout the first year of the contract. This will include education of incumbent staff on Wellpath's philosophy and operations, onboarding of hundreds of new staff during the first year of the contract, identifying improvements to enhance efficiency and safety, and ongoing training beginning on Day One. A high-level overview of envisioned activities consisting of three phases (Stabilization, Building the Foundation, and Continuous Improvement) is provided in the following figure.



GDC will benefit by partnering with a provider with demonstrated experience in transitioning and operating healthcare services with a committed team to support the program.

Conclusion

With nearly 20 years of experience in DOC settings, Wellpath's culture focuses on optimizing on-site treatment services, providing quality care, promoting active treatment planning and programming, and building patient trust by providing an environment of respect, dignity, and transparency. Our team of experts has successfully implemented comprehensive healthcare services in multiple states and has helped state agencies to mitigate problems by developing innovative solutions.

In the event of conflict between anything we have proposed and the RFP requirements, terms and conditions, we agree the RFP will govern. We believe our response offers the best value for the Department of Corrections and the State of Georgia and look forward to the opportunity to assist GDC in addressing the challenges it faces now and in the future.

Should you have any questions regarding this response, please contact me directly at 615-312-7219 or jtraczewski@wellpath.us.

Sincerely,



Jeff Traczewski, President
State and Federal Healthcare

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1. General Qualifications and Experience – Limit 15 pages

Instructions: The Supplier must provide a response to the requests below. Additional supporting documents are acceptable and shall be provided as a document attached to the supplier's bid response titled "Mandatory Scored Question 1 (General Qualifications and Experience) Attachment."

- A) Detail the name, e-mail address, mailing address, telephone number, and facsimile number of the person the State should contact regarding the response.
- B) Describe the supplier's form of business (i.e., individual, sole proprietor, corporation, non-profit corporation, partnership, limited liability company) and business location (physical location or domicile).
- C) Detail the number of years the supplier has been in business.
- D) Briefly describe how long the supplier has been providing the goods or services required by this RFP.
- E) Describe the supplier's number of employees, client base, and location of offices.
- F) Provide a statement of whether there have been any mergers, acquisitions, or change of control of the supplier within the last ten (10) years. If so, include an explanation providing relevant details.
- G) Provide a statement of whether the supplier or, to the supplier's knowledge, any of the supplier's employees, agents, independent contractors, or subcontractors, involved in the delivery of goods or performance of services on a contract pursuant to this RFP, have been convicted of, pled guilty to, or pled *nolo contendere* to any felony. If so, include an explanation providing relevant details.
- H) Provide a statement of whether, in the last ten (10) years, the supplier has filed (or had filed against it) any bankruptcy or insolvency proceeding, whether voluntary or involuntary, or undergone the appointment of a receiver, trustee, or assignee for the benefit of creditors. If so, include an explanation providing relevant details.
- I) Provide a statement of whether there is any material, pending litigation against the supplier that the supplier should reasonably believe could adversely affect its ability to meet contract requirements pursuant to this RFP or is likely to have a material adverse effect on the supplier's financial condition. If such exists, list each separately, explain the relevant details, and attach the opinion of counsel addressing whether and to what extent it would impair the supplier's performance in a contract pursuant to this RFP.
- J) Provide a statement of whether there are any pending or in progress Securities Exchange Commission investigations involving the supplier. If such exists, list each separately, explain the relevant details, and attach the opinion of counsel addressing whether and to what extent it will impair the supplier's performance in a contract pursuant to this RFP.
- K) Provide a brief, descriptive statement detailing evidence of the supplier's ability to deliver the goods or services sought under this RFP (e.g., prior experience, training, certifications, resources, program and quality management systems, etc.)

- L) Provide a narrative description of the proposed project team, its members, and organizational structure along with an organizational chart identifying the key people who will be assigned to deliver the goods or services required by this RFP
- M) Provide a personnel roster listing the names of key people who the supplier will assign to meet the supplier's requirements under this RFP along with the estimated number of hours that each individual will devote to that performance. Follow the personnel roster with a resume for each of the people listed. The resumes must detail the individual's title, education, current position with the supplier, and employment history.
- N) Provide a statement of whether the supplier intends to use subcontractors to meet the Supplier's requirements of any contract awarded pursuant to this RFP, and if so, detail:
 - i) The names of the subcontractors along with the contact person, mailing address, telephone number, and e-mail address for each.
 - ii) A description of the scope and portions of the goods each subcontractor involved in the delivery of goods or performance of the services each subcontractor will perform.
 - iii) A statement specifying that each proposed subcontractor has expressly assented to being proposed as a subcontractor in the supplier's response to this RFP.
- O) Provide documentation of the supplier's commitment to diversity.
- P) Provide a statement of whether or not the supplier has any current contracts with the State of Georgia or has completed any contracts with the State of Georgia within the previous five (5) year period.
- Q) Provide customer references from individuals who are not current or former State employees for projects similar to the goods or services sought under this RFP and which represent:
 - i) Two (2) accounts Supplier currently services that are similar in size to the State; and
 - ii) Three (3) completed projects within the last 5 years
- R) Provide a statement and any relevant details addressing whether the supplier is any of the following:
 - i) Is presently debarred, suspended, proposed for debarment, or voluntarily excluded from covered transactions by any federal or state department or agency;
 - ii) Has within the past three (3) years, been convicted of, or had a civil judgment rendered against the contracting party from commission of fraud, or a criminal offence in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or grant under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - iii) Is presently indicted or otherwise criminally or civilly charged by a government entity (federal, state, or local) with commission of any of the offenses detailed above; and
 - iv) Has within a three (3) year period preceding the contract had one or more public transactions (federal, state, or local) terminated for cause, convenience or default.

- S) Supplier must have the capability to demonstrate to GDC, an assurance that it will be financially stable. The Supplier will submit an audited financial statement for its most recently closed fiscal year and/or the Supplier may submit financial statements reviewed by a Certified Public Accountant (CPA), annual balance sheets and income statements prepared by a CPA. GDC reserves the right to disqualify a Supplier for failure to properly submit financial statements.

Wellpath's response follows on the next page.

A. RFP Contact

Kerry Mangold, Vice President, Proposal Development
1283 Murfreesboro Road, Suite 500, Nashville, TN 37217
e: kmangold@wellpath.us // p: 954-354-8784 // f: 754-218-1845

B. Form of Business

Wellpath is a limited liability company headquartered at 1283 Murfreesboro Road, Suite 500, Nashville, TN 37217.

C. Years in Business

Wellpath was formed in October 2018 when affiliates of Correct Care Solutions, LLC (CCS) and Correctional Medical Group Companies, Inc. (CMGC) combined to form one company. CCS (now known as Wellpath) was founded in 2003 and has 17 years of experience administering correctional healthcare programs. CMGC was founded in 1983 and has 37 years of experience administering correctional healthcare programs.

D. Years Providing Services

Wellpath has been providing correctional healthcare services **to state DOCs and local Georgia correctional agencies since 2003** and understands the challenges of providing these services in restrictive environments. Providing treatment to justice-involved populations is our company's core competency, and we continue to grow by building on this strength.

E. Employees/Client Base

Wellpath employs nearly 15,000 professionals at more than 500 facilities in 33 states, and cares for nearly 300,000 patients each day, providing healthcare services to local, state, and federal government agencies across the country, including state DOCs, federal detention centers, privately managed facilities, and county jails. Although our home office is located in Nashville, TN, we have regional offices in Arkansas, California, Florida, Kentucky, Maine, Massachusetts, and Pennsylvania.

F. Acquisitions/Mergers

Our history of acquisitions and mergers are identified below:

- In August 2012, Correct Care Solutions, LLC (CCS) acquired Conmed Healthcare Management, Inc.
- In February 2014, CCS acquired GEO Care, LLC, now Wellpath Recovery Solutions, LLC, to expand our public health footprint and enhance our mental health offerings.
- In July 2014, Correctional Healthcare Companies became part of the CCS family of companies through a securities exchange.
- In March 2015, CCS acquired League Medical Concepts, which increased our experience in performing correctional healthcare, network development, and claims processing for the federal government.
- In September 2017, CCS acquired Health Cost Solutions, a third-party administrator, to better serve our clients in administering our patients' healthcare claims.
- As of October 2018, CCS and Correctional Medical Group Companies, Inc. (CMGC) became affiliates through common ownership to create a leading provider of localized, high-quality, compassionate care to vulnerable patients in challenging clinical environments and the government agencies that serve them. To reflect the corporate family, CCS changed its name to Wellpath LLC and Correctional Medical Group Companies, Inc. changed its name to Wellpath Management, Inc.

G. Felony History

Wellpath is unaware of any employees, independent contractors, agents, or subcontractors, who are or would be delivering services on a contract pursuant to this RFP that have been convicted of, pled guilty, or pled nolo contendere to

any felony. Further, as part of our hiring process and to obtain site clearances all applicants must undergo and clear a criminal background check.

H. Bankruptcy

Wellpath has never had any bankruptcy or insolvency proceedings, voluntary or involuntary, nor has undergone the appointment of a receiver, trustee, or assignee for the benefit of creditors.

I. Pending Litigation

Wellpath is aware of no material, pending litigation against our organization that could adversely affect our ability to meet contract requirements pursuant to this RFP, or is likely to have a material adverse effect on Wellpath's financial condition.

J. SEC Investigations

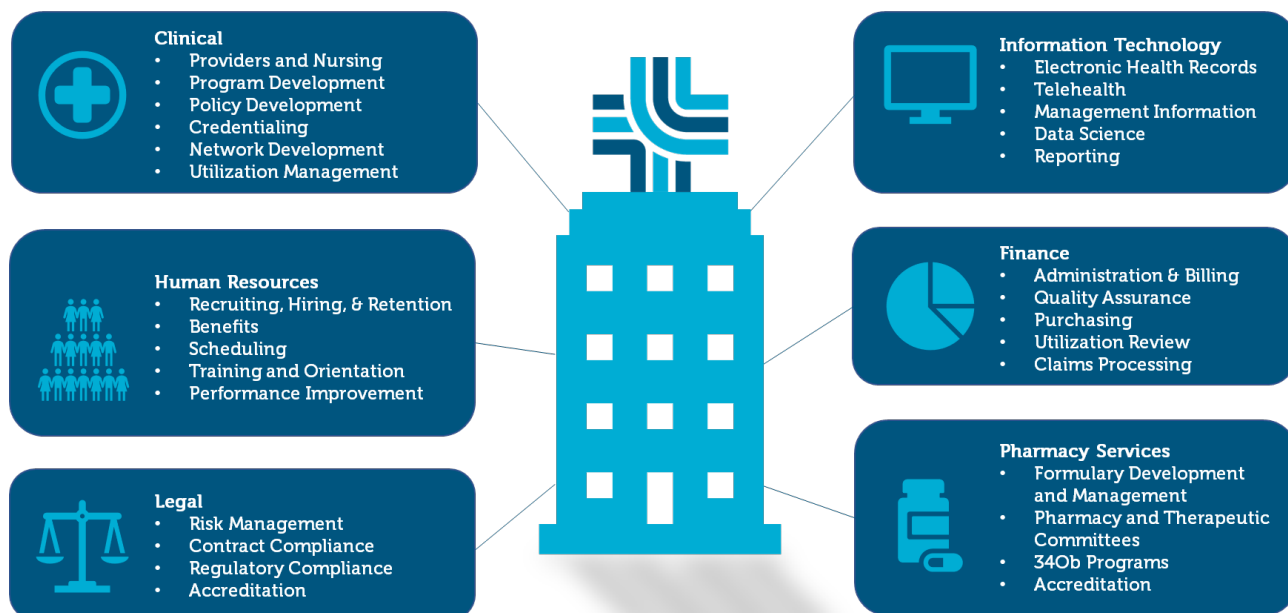
We are a privately held company and have never been the subject of an SEC investigation.

K. Ability to Deliver Services

Wellpath is the nation's largest provider of healthcare services in secure settings and has more experience providing evidence-based medical and behavioral healthcare to high-risk, vulnerable, and special needs populations than any other provider. Led by a team of clinical experts and informed by decades of experience, we have been providing comprehensive care and treatment consistent with best and evidence-based practices in DOC settings since our inception. We provide services with transparency and rigorous accountability. Well-defined performance standards and regular audits by our client agencies are integral to our contracts. We continuously review and improve performance management structures, systems, and processes, so that they facilitate operational direction, draw on best practice, work flexibly, and adapt quickly to changing needs. By meeting or exceeding client expectations and delivering services in accordance with contractual, legal, and regulatory frameworks, we have been able to develop long-term relationships.

Our Home Office provides robust support in addition to our site and regional leadership teams to support clinical supervision, reporting, contract compliance, and communications with client partners.

ROBUST HOME OFFICE SUPPORT



Additionally, staff education, development and training positively impact staff performance, retention, and morale – all of which enhance operations and reduce the potential for error. Wellpath's rigorous program of developing job descriptions, recruiting, credentialing, screening, hiring, onboarding, training, supervising, and evaluating performance is structured to ensure each employee is motivated and fully competent to successfully perform his/her responsibilities in a manner that meets or exceeds Department and regulatory standards.

DOC Experience

Wellpath has extensive experience working within state correctional systems and we are an industry leader in designing and operating comprehensive medical and mental healthcare programs for statewide prison systems. We provide health care to over 120,000 adult and juvenile incarcerated individuals in state departments of correction and federal prison systems across the country and Australia, including offenders housed in Arkansas, Florida, Illinois, Kentucky, Louisiana, Maine, Massachusetts, Oklahoma, Pennsylvania, and Texas. We also provide on-site healthcare services to the Federal Bureau of Prisons and privately managed correctional facilities. Our accreditation experience is extensive and includes experience with the American Correctional Association (ACA), the National Commission on Correctional Health Care (NCCHC), and The Joint Commission (TJC). The following highlights our experience and successes delivering care to the DOC and prison patients in our care.

Overview of Current Prison Contracts						
	Pennsylvania	Arkansas	Kentucky	Massachusetts	Maine	Other
Census	~39,000	~15,000	~11,000*	~7,000	~2,000	~40,000
Locations	24	25	14	16	6	30
Accreditation	ACA	ACA	ACA	ACA	ACA	ACA NCCHC TJC
Since	2014	2014	2014	2018	2012	Varies
*Excludes DOC inmates held in county jails						

Pennsylvania Department of Corrections. Wellpath is responsible for the healthcare needs of approximately 39,000 offenders for the DOC. We have been providing 24-hour coverage including medical services, on-site specialty clinics, and telemedicine since 2013. We were initially awarded services as a result of an emergency procurement with only six weeks lead time to start services. **We have successfully collaborated with the DOC on several initiatives, including MAT programs, statewide Hepatitis C treatment, and mandated hernia procedures, all while reducing the need for off-site visits through increased and expanded on-site clinics and telemedicine.**

Arkansas Department of Corrections. Wellpath is responsible for the healthcare needs of approximately 15,000 offenders in the custody of the Arkansas Department of Corrections (ADC) and Department of Community Correction (DCC). We have been providing 24-hour coverage including medical, dental, psychiatric, and pharmacy services for the ADC and medical, dental, and mental health services for the DCC since 2014. In addition to these services, we provide assessments, evaluations, individualized treatment plans, individual and group counseling, tele-psychiatry, medication management, and discharge planning.

Kentucky Department of Corrections. Wellpath provides comprehensive healthcare to approximately 11,000 offenders for the DOC. In addition, we also provide care management services to nearly 8,000 DOC patients housed in jails statewide. We have been providing 24-hour coverage including medical, dental, psychiatric services, tele-psychiatry, and medication management since 2014.

Maine Department of Corrections. Wellpath is responsible for the healthcare needs of approximately 2,000 offenders for the DOC. We have been providing 24-hour coverage including medical, dental, and mental health services since 2012. We also provide an intensive mental health unit, as well as substance use and sex offender treatment programs. Services include assessments, evaluations, ITPs, individual and group counseling, substance use disorder services, re-entry case management services, psychiatric services and tele-psychiatry, medication management, discharge planning, programming for the restrictive housing population, and sex offender assessment and treatment.

Massachusetts Department of Corrections. Wellpath is responsible for the comprehensive healthcare needs of approximately 7,000 offenders in the custody of the DOC. We have provided 24-hour coverage inclusive of medical, dental, mental health and psychiatry services, and full pharmacy services since 2018. Our organization provides all programmatic elements including assessment, treatment planning, psychiatric services, substance use disorder services, sex offender assessment and treatment, individual and group counseling, discharge planning, innovative service to the restrictive housing population, medication management, and pharmaceutical services. We also partnered with the Department to implement pilot medication assisted treatment (MAT) programs at seven facilities.

Federal Bureau of Prisons (BOP). Wellpath is responsible for providing medical, dental, mental health, and psychiatry care for approximately 5,000 offenders housed at the BOP's Federal Correctional Complex in Beaumont, Texas. In addition, we are responsible for the medical care of approximately 25,000 offenders within 14 other BOP locations. **Our provision of healthcare services has resulted in improved network development, resources, and provider relations, and resulted in more timely care of patients in the most appropriate settings.**

Private Prisons and Detention Centers. Wellpath is responsible for the medical, dental, mental health, and psychiatric care of nearly 15,000 offenders and detainees in 10 facilities operated by The GEO Group, Inc. All sites are ACA certified, three are also NCCHC certified, and one is also Joint Commission (TJC) accredited.

Georgia County Correctional Facilities. Wellpath has provided comprehensive healthcare services throughout Georgia for county correctional agencies for nearly 20 years. We currently provide healthcare services for more than 8,000 patients throughout the state of Georgia with more than 400 locally based healthcare professionals providing services in 10 county correctional facilities.



Accreditations

Wellpath currently provides **NCCHC and/or ACA accredited healthcare services in more than 200 facilities.** We have **a 100% success rate in obtaining and maintaining accreditation status for medical services at each of our client facilities.** Our organization has experience meeting rigorous standards, including those set by The Joint Commission (TJC), Accreditation Association for Ambulatory Health Care (AAAHC), and the Commission on Accreditation of Rehabilitation Facilities (CARF). TJC accredits and certifies medical programs and organizations, including hospitals and exceeds the standards of both the NCCHC and ACA. Additionally, AAAHC accreditation reflects an organization's participation in on-going self-evaluation, peer review, and education to continuously improve its care and services, and is a sign that a healthcare organization meets or exceeds nationally recognized standards.

The following table summarizes our current accreditation status.

Wellpath National Accreditations	
Accrediting Agency	Number of Facilities
ACA Only	105
ACA & NCCHC	40
NCCHC Only	46
ACA & Joint Commission	8
ACA & AAAHC	1
NCCHC & Joint Commission	1
Joint Commission Only	5
TOTAL	206



Our organization has never been denied for continued accreditation, and we have never been subject to any fines or penalties from accrediting agencies. We employ teams of clinical experts, many of who are CCHPs, dedicated to partnering with each facility to promote adherence to the nationally recognized standards and support successful accreditation. We conduct mock ACA, NCCHC, and Prison Rape Elimination Act (PREA) surveys at our facilities prior to the actual on-site audits, and we discuss our findings and recommendations with the on-site staff. Additionally, our internal quality improvement programs guarantee all Wellpath clients meet and maintain accreditation standards.

Unique Accreditation Perspective. Wellpath has strong connections to the NCCHC and ACA. **Jon Bosch, Senior Vice President of Change Management for Wellpath's State and Federal Division**, is the former Director of Accreditation for the NCCHC. His expertise shaped the development of the internal protocols that drive our accreditation success. Our personnel have participated in NCCHC standards development and interpretation; on-site accreditation surveys; and training of lead surveyors.

Our organization offers a unique perspective into the accreditation process due to our employees' participation in the following NCCHC activities:

- Standards development
- Standards interpretation
- Conducting on-site accreditation surveys
- Training NCCHC lead surveyors
- Hosting and conducting CCHP exams to encourage advancement and professional certification of our staff

We typically send more than 50 staff members to the annual NCCHC conference each year for training. Our staff regularly serve as presenters and educational session leaders at the conference. We also host CCHP examinations at our Home Office in Nashville, Tennessee and in various locations throughout the country to make it convenient for our employees to take the exam. Wellpath encourages employees receiving this certification and reimburses eligible staff for examinations.

L. Project Team and Organizational Structure

Our proposed project team is comprised of key regional personnel who represent **more than 250 years of combined correctional and healthcare expertise, including former leadership from both the Georgia Department of Corrections and the North Carolina Department of Public Safety**. The breadth and scope of this experience will allow us to fully align our services with GDC's mission and goals as we support the Department's physical healthcare services program. These key personnel will be responsible for ensuring successful collaboration with GDC's contracted mental health, dental, and pharmacy providers; establishing and maintaining close coordination with the Administration of each facility, the Corrections Division, and the Office of Health Services; and effectively delivering quality patient care with transparency, accountability, and compassion.

Kenneth Lassiter – Proposed Regional Vice President



Mr. Lassiter joined Wellpath in 2019 with more than 30 years of correctional expertise and a strongly demonstrated commitment to service. He has been a leader, a teacher, and a steady hand in a crisis since starting his career in 1989 as a correctional officer at the North Carolina Department of Public Safety's Odom Correctional Institution. He rose through the custody ranks and into prison leadership, where he served as an Assistant Superintendent, Superintendent, Central Prison Warden, Regional Director, Deputy Director for Operations, and Director of Prisons. In his current role as Regional Vice President at Wellpath, he oversees more than 380 full-time employees delivering healthcare services for approximately 14,000 inmates in 10 sites across four states.

Bill Kissel, CCHP – Proposed Regional Director of Operations


Mr. Kissel joined Wellpath in September 2013 and brings with him more than 30 years of correctional healthcare experience. He began his career in correctional health as a mental health counselor for the Georgia Department of Corrections in 1985. Over the next 20 years, his career at GDC progressed to Mental Health Director at the Georgia Diagnostic and Classification State Prison, Assistant State Director of Mental Health, State Director of Mental Health, Assistant Deputy Director of Health Care Administration, and finally Director of Health Services—a position in which he served for nearly 10 years. He is a Certified Correctional Health Professional (CCHP) and an NCCHC accreditation surveyor, a member and former President of the Georgia Chapter of the Board of NAMI, and a member of the ACA and American Jail Association.

Tiffany Parks, MD – Proposed Regional Medical Director


Dr. Parks is board certified in Internal Medicine, has practiced correctional medicine for over 11 years, and currently serves as Wellpath Regional Medical Director, a role she has held since 2019. She joined Wellpath in 2016 and served as site medical director in Clayton and Cherokee counties in Georgia. Dr. Parks has also provided care and leadership at the Augusta State Medical Prison, the Robert A. Deyton Detention Facility, and the Ryan White Primary Care Clinic and Early Intervention Clinic, also in Georgia. Dr. Parks provides oversight and support to her assigned clinics. She received her Doctor of Medicine at the American University of Antigua School of Medicine in 2009. She also attended the University of Alabama in Montgomery internal medicine program from 2009 to 2011.

Bill Boylan, FNP-BC, CCHP – Proposed Hepatitis C Provider


Mr. Boylan joined Wellpath in 2017, bringing with him over eight years of correctional healthcare experience. He began his career with the Nashville Metro Health Department in 2006, where he provided care for the homeless population. Mr. Boylan then originally worked with Wellpath from 2007 to 2009, as a provider in the Davidson County Jail. After some years working in a walk-in clinic in the community, he returned to Wellpath as a Continuous Quality Improvement Manager. In 2018, he became a Regional Clinical Provider specializing in Hepatitis C. Mr. Boylan has provided synchronous direct care and clinical decision support via telemedicine to successfully treat well over 1,000 patients. He creates and maintains Hepatitis C disease registries for cohorts of patients. Mr. Boylan also chairs multiple Hepatitis C committees across all Wellpath business lines and is a Certified Correctional Health Care Professional.

Lynn M. Cole, MHA, CPHQ, CCHP – Proposed Regional Manager

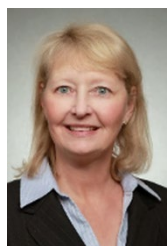

Ms. Cole joined Wellpath in 2019. She is an experienced healthcare operations professional with 20+ years in the healthcare industry including serving as Chief Operating Officer for a hospital. That experience also includes more than 13+ years in correctional healthcare leadership roles for state DOC healthcare contracts from 2007-2018. Ms. Cole earned her bachelor's degree from the University of Pittsburgh and master's degree in health administration with a concentration in health policy and administration from Pennsylvania State University. She is also a Certified Correctional Health Professional (CCHP), Certified Professional of Healthcare Quality (CPHQ), and American Heart Association Certified in BLS for Healthcare Providers (CPR and AED).

LaTyris Pugh – Proposed Regional Manager


Ms. Pugh joined Wellpath in 2013 as the Health Services Administrator (HSA) at DeKalb County Sheriff's Office. She brings more than 15 years of experience in correctional care settings and is a licensed Social Worker. During her tenure as HSA, Ms. Pugh led the team in successfully passing the National Commission on Correctional Health Care and American Correctional Association surveys. Prior to her career in corrections, she served in a number of facilities including a psychiatric hospital, community mental health facility, hemophilia community, family therapy center, and hospital social work. Ms. Pugh earned her bachelor's from the University of Georgia and her Master of Social Work degree from Savannah State University. She is also a member of the National Association of Social Workers.

Dwight Sims – Proposed Regional Manager


Mr. Sims joined Wellpath in October 2018, bringing 25 years of experience with adult and juvenile populations in both state and federal correctional facilities. Before joining Wellpath, he spent 12 years as the senior warden over state and federal contract facilities. In his current role, Mr. Sims is responsible for the overall management of several state prison contracts, including two statewide DOCs and Wellpath's operations with CoreCivic, as well as statewide juvenile detention programs in Louisiana and Illinois. He possesses the institutional operational knowledge to ensure that health services are delivered in a manner that coincides with the mission of each facility he oversees.

Nancy Raines – Proposed Regional Director of Nursing


Ms. Raines joined Wellpath in 2016 as a staff nurse at Kentucky State Penitentiary. She has over 25 years of successful execution of strategic operating priorities in a variety of settings including acute care, physician networks, and correctional healthcare. Ms. Raines has demonstrated success in improving operational performance and achieving operational excellence. She currently serves as our Divisional Director of Nursing and is responsible to provide guidance and resources to optimize performance. Ms. Raines holds nursing degrees from both Belmont University, Nashville, TN and the University of Alabama, Huntsville as well as a master's in business administration from Santa Fe University in New Mexico.

William Ruby, MD, CCHP – Proposed Infectious Disease Manager


Dr. Ruby joined Wellpath in 2011. He has practiced in multiple areas of medicine, including community-based clinics, public health agencies, academic institutions, and correctional medicine. He served as the Director of Primary Care for the Center for AIDS Research and Education and the Medical Director for the NY State Department of Corrections. He was then recruited by The Johns Hopkins University School of Medicine as Assistant Professor of Medicine in the Infectious Diseases Division, where he developed the first telemedicine program, which remains active today, and concurrently held the position of Deputy Director of Clinical Services for the Maryland Department of Public Safety and Correctional Services. To improve HIV treatment, he became the National Medical Director for the Community, Corrections, Managed Care, and Governmental Affairs for a major pharmaceutical company where he was instrumental in bringing new HIV and HCV medications to market.

Blake Willis, MD – Proposed Telehealth Physician


Dr. Willis is a highly experienced Georgia-native Emergency Physician and Telehealth expert who has served in various leadership capacities throughout his career including Telehealth Director and Emergency Medicine Attending Physician at the Fairview Park Hospital in Dublin Georgia. Dr. Willis has a broad educational background and has completed two Emergency Medicine Fellowships including Telehealth / Global Health and Emergency Ultrasound. He also served as the Chief Resident at the Medical University of South Carolina (MUSC) after which he became a Clinical Instructor of Telehealth and Emergency Medicine at MUSC, teaching extensively on telehealth and telemedicine utilization in a broad array of clinical environments. Dr. Willis earned both his Bachelor of Science and Doctor of Medicine from the Georgia Health Sciences University in Augusta, Georgia.

Megan E. Fulton, MSPAS, PA-C – Proposed APP Best Practice Director


Ms. Fulton comes to us from the Medical University of South Carolina where she has served in various positions since 2007, including Clinical Instructor of Medicine, Primary Care Physician Assistant, Adjunct Faculty, and Director of PA Practice. Currently, she is the Health System Director at the University's APP Best Practice Center where she oversees practice for over 550 Advanced Practice Providers (APPs). Ms. Fulton earned her Bachelor in Pre-Medicine/Biology from Augustina College in Rock Island, Illinois, her Master of Physician Assistant Studies (MSPAS) from the Medical University of South Carolina in Charleston, and her Doctor of Medical Science at A.T. Still University in Kirksville, Missouri.

Michele Terry, RN, CCHP – Proposed Regional CQI Director



Ms. Terry joined Wellpath in 2010. Having worked primarily in critical care, she was introduced to corrections in early 2003 and found a true passion for caring for underserved populations. Since then, Ms. Terry has served in various leadership roles including CQI/Education Director, HSA, Operations Manager, and Regional Director of Operations. She earned her LPN and associates degree in nursing from the University of Alabama and is continuing her education by pursuing a master's degree in healthcare administration. In addition to being a Registered Nurse certified in BLS and ACLS, Ms. Terry is also a Certified Correctional Health Professional and an NCCHC accreditation surveyor.

Jamie Vaz – Proposed IT Training Manager



Ms Vaz joined Wellpath in 2015 as a Registered Nurse. Since then, she has worked in acute care, intensive care, and in correctional settings, and made her way to IT through EHR development opportunities. As a member of our Clinical Technology team, Ms. Vaz has demonstrated the ability to overcome new and exciting challenges while keeping calm in stressful situations. Over the past three years in management, she has gained significant knowledge and expertise from the leadership team in her department. Ms Vaz earned her bachelors in nursing from the University of Nebraska in 2010.

Nashville-based Leadership and Support

Wellpath is led by a team of dedicated healthcare professional's expert in correctional healthcare operations and management, who will provide ongoing engagement and operational oversight to ensure the delivery of quality care and services. Our leadership will visit GDC facilities to provide clinical supervision, one-to-one consultation, facilitate reporting, ensure contract compliance, and engage with GDC leadership, as needed. In addition to supervision and oversight, our team of experts foster interdisciplinary problem solving and consultation from Home Office experts to each program.

Bios of our Nashville-based leadership and support staff have been included as a separate attachment.

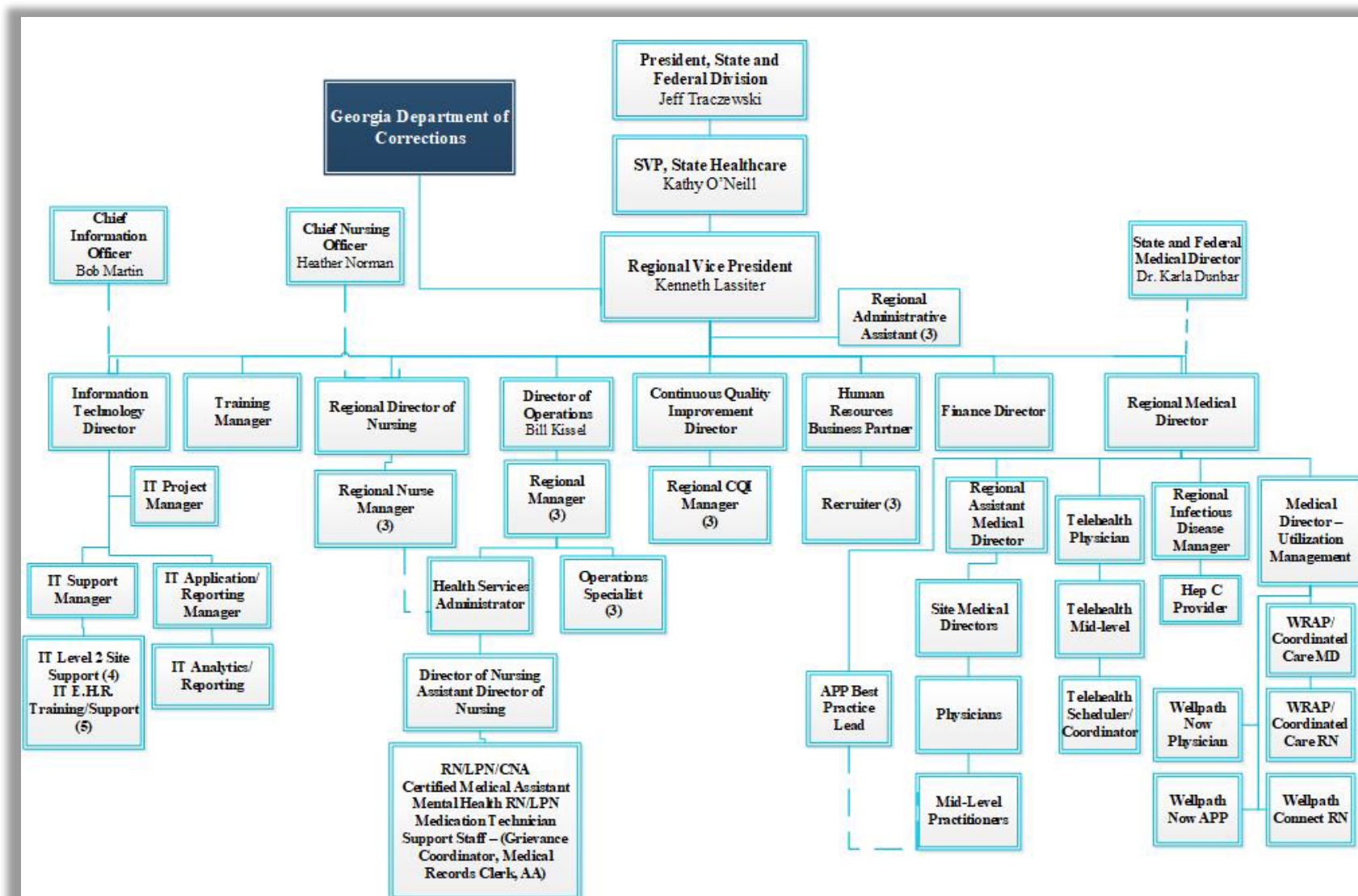
Organizational Structure

Wellpath provides comprehensive oversight and support for all of our programs. The organizational chart that follows outlines our overall management approach for this program, which features:

- Corporate accountability for quality, performance, and contract compliance
- Administrative organization of the Georgia-based staff and relationship to other stakeholders
- Substantial clinical support relationships between corporate experts and program staff

Please find our GDC Project Organizational Chart on the following page.

Overview of Georgia Department of Corrections Physical Healthcare Program Management



M. Key Personnel Roster

A roster of proposed Key Regional Personnel responsible for the GDC Physical Healthcare Services Contract is provided on the following page. **Resumes for each have been included as a separate attachment.**

Wellpath Key Regional Personnel		
<i>Key Regional Positions</i>	<i>Name</i>	<i>Hours/Week</i>
Regional Vice President	Kenneth Lassiter	40 hours
Regional Director of Operations	Bill Kissel	40 hours
Regional Medical Director	Tiffany Parks, MD	40 hours
Hep C Provider	William Boylan, MD	16 hours
Regional Manager	LaTyriss Pugh	40 hours
Regional Manager	Lynn Cole	40 hours
Regional Manager	Dwight Sims	40 hours
Regional Director of Nursing	Nancy Raines	40 hours
Regional Infectious Disease Manager	William H. Ruby, MD	40 hours
Regional IT Training Manager	Jaime Vaz	40 hours
Telehealth Physician (Oversight)	Blake Willis, MD	10 hours
APP Best Practice Director	Megan E. Fulton	40 hours
Regional CQI Director	Michele Terry	40 hours

In addition, our regional office will include dedicated administrative, clinical, operations, and technology support staff. The GDC contract will also have support from a number of departments within our Nashville-based home office including:

- Designated Human Resources Recruiter and Payroll Technician
- Chief Clinical Officer and Senior Vice President Clinical Operations
- Clinical Director of Continuous Quality Improvement
- Centralized Care Management Platform – Wellpath Healthcare Cloud
- Legal Counsel, Risk Management, IT, and Network Development Support

N. Subcontractors

Wellpath affirms that each of the following proposed subcontractors have expressly assented to being proposed as a subcontractor in our response to this RFP.

Wellpath Proposed Subcontractors		
<i>Subcontractor</i>	<i>Contact Info</i>	<i>Services</i>
Accountable Healthcare Staffing, Inc. 999 Yamato Road, Suite 210 Boca Raton, FL 33431	Cassie Wiesman 844-573-1028 x5036 cassiewiesman@ahcstaff.com	Nursing Services/Staffing
Alliance Healthcare Services 18201 Von Karman Avenue, Suite 600 Irvine, California 92612	Erik Kroger 404-538-9141 ekroger@allianceradiology-us.com	Mobile MRI/CT and PET/CT Services
Audicus, Inc. 115 W. 27th Street, 8th Floor New York, NY 10001	Drew Wingert 347-695-8475 drew@audicus.com	On-site Audiology and Hearing Aids

AWC Networks, LLC 1175 Peachtree S. NE, Ste. 1000, 10 th Floor Atlanta, GA 30361	Chad Knight 404-388-2296 jknight@awcnetworks.com	Provider Network
CharDonnay Dialysis 807 W. Fairchild Street Danville, IL 61832	Joe Burke 217-274-6490 Joe.Burke@Chardonnydialysis.net	On-site Hemodialysis and Peritoneal Dialysis
Edge BioMed 617 Bradley Ct Franklin, TN 37067	Ryan Rose 678-926-8822 Ryan.rose@edgebiomed.com	Equipment inventory, asset tagging, testing, and calibrating
TMG Gases., dba EspriGas 500 Northridge Road Suite 120 Atlanta, GA 30350	Donny Patrick 979-383-9758 dpatrick@esprogas.com	Supply of necessary medical gases, respiratory equipment, and essential medical supplies
Global Diagnostic Services, Inc. P.O. Box 83526 Conyers, GA 30013	Demi M. Murray 770-602-0502 ext.221 dmurray@globaldiagnostic.net	On-site imaging and staffing services
Hanger Prosthetics and Orthotics, Inc 10910 Domain Dr. Ste 300 Austin, TX 78758	Monica Williams 301-354-3637 mwilliams@linkia.com	Covered Prosthetic and Orthotics Services
HI-BRIDGE/Morehouse School of Medicine 720 Westview Drive Atlanta, GA 30310	Carmen Hughes 404-756-8801 chughes@msm.edu	Georgia Health Information Exchange
Institutional Eye Care, LLC 27499 Riverview Center Blvd Ste 429 Bonita Spring, FL 34134	Zackary Lose 866-604-2931 zlose@institutionaleyecare.com	On-site oculus health management provider and prescription eyeglasses provider
Laboratory Corporation of America 358 South Main Street Burlington, NC 27215	Shea J. King 615-417-9929 kings1@labcorp.com	Laboratory services
Language Line Solutions One Lower Ragsdale Drive, Building 2 Monterey Ca. 93940	Jon Szymanski 831-402-5842 jszymanski@languageline.com	Interpreting solutions services
McKesson Medical-Surgical Minnesota Supply 8121 10th Avenue North Golden Valley, MN 55427	Tony Nubo 1-630-945-7018 Tony.Nudo@mckesson.com	Medical Supplies and Equipment
Prosthetic Expert Witness Services 792 Eastern Point Road Annapolis, MD 21401	John F. Schulte CPOs FAAOP 410-533-1960 John@prostheticexpertwitness.com	Claims review of Orthotic and Prosthetic devices requested in written and verbal form.
Regency Office Products 209 10th Avenue South 232 Nashville, TN 37203	Jeff Young 312-399-7238 jyoung@regencyop.com	Office products, printed material, and branded apparel
RJ Young 809 Division Street Nashville, TN 37203	Tracy Gibbs 615-620-4185 Tracy.Gibbs@rjyoung.com	Multi-Function Devices as well as services and supplies
Stericycle 28161 North Keith Drive Lake Forest, IL 60045	Scott Phillips 847-943-6879 sphillips@stericycle.com	Biohazard Waste services

O. Commitment to Diversity

Wellpath is committed to promoting diversity and employing a diverse workforce, and we take this responsibility seriously. We comply with all provisions of federal, state, and local regulations to ensure that no employee or applicant for employment is discriminated against because of race, religion, color, gender, sexual preference, marital status, age, disability, or national origin. To assist us in reaching out to a diverse pool of applicants, we partner with DirectEmployers, a non-profit, member-owned and managed association focused on providing us an employment network that is cost-effective, improves labor market efficiency, and reaches a diverse national and international workforce. This partnership also helps us attain continued compliance with our Office of Federal Contract Compliance Programs (OFCCP) obligations related to hiring veterans and individuals with disabilities.

Wellpath's Workforce by Ethnicity and Gender

Wellpath Workforce Participation																	
Staffing Categories	Black or African American		Nativ/Hawii/Othr PacIsldr		White		Hispanic or Latino		Asian		Two or more races		None		Ameri Indn/Alask Nativ		Total
	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	
Executive/Senior Level Officials and Managers	7	3	0	0	29	39	1	4	0	2	0	0	0	2	0	0	87
Administrative Support Workers	459	171	1	2	541	93	144	27	17	10	37	7	4	2	7	1	1,523
First/Mid Level Officials and Managers	178	75	3	0	571	197	51	22	18	6	22	9	3	0	2	2	1,159
Not Applicable	0	4	0	0	3	60	0	0	0	0	0	0	11	3	0	0	81
Professionals	1104	263	14	5	2403	828	414	139	291	167	137	32	17	8	34	5	5,861
Service Workers	580	225	3	3	409	73	138	42	28	4	36	8	6	0	10	2	1,567
Technicians	1405	345	20	5	1520	249	387	99	115	46	108	21	8	3	19	3	4,353
Race Totals	4,819		56		7,015		1,468		704		417		67		85		14,631
Staffing Categories	Black or African American		Nativ/Hawii/Othr PacIsldr		White		Hispanic or Latino		Asian		Two or more races		None		Ameri Indn/Alask Nativ		Total
	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	
Executive/Senior Level Officials and Managers	0.05%	0.02%	0.00%	0.00%	0.20%	0.27%	0.01%	0.03%	0.00%	0.01%	0.00%	0.00%	0.00%	0.01%	0.00%	0.00%	0.59%
Administrative Support Workers	3.14%	1.17%	0.01%	0.01%	3.70%	0.64%	0.98%	0.18%	0.12%	0.07%	0.25%	0.05%	0.03%	0.01%	0.05%	0.01%	10.41%
First/Mid Level Officials and Managers	1.22%	0.51%	0.02%	0.00%	3.90%	1.35%	0.35%	0.15%	0.12%	0.04%	0.15%	0.06%	0.02%	0.00%	0.01%	0.01%	7.92%
Not Applicable	0.00%	0.03%	0.00%	0.00%	0.02%	0.41%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.08%	0.02%	0.00%	0.00%	0.55%
Professionals	7.55%	1.80%	0.10%	0.03%	16.42%	5.66%	2.83%	0.95%	1.99%	1.14%	0.94%	0.22%	0.12%	0.05%	0.23%	0.03%	40.06%
Service Workers	3.96%	1.54%	0.02%	0.02%	2.80%	0.50%	0.94%	0.29%	0.19%	0.03%	0.25%	0.05%	0.04%	0.00%	0.07%	0.01%	10.71%
Technicians	9.60%	2.36%	0.14%	0.03%	10.39%	1.70%	2.65%	0.68%	0.79%	0.31%	0.74%	0.14%	0.05%	0.02%	0.13%	0.02%	29.75%
Total	25.51%	7.42%	0.28%	0.10%	37.43%	10.52%	7.76%	2.28%	3.21%	1.61%	2.32%	0.53%	0.33%	0.12%	0.49%	0.09%	100.00%
Race Totals	32.94%		0.38%		47.95%		10.03%		4.81%		2.85%		0.46%		0.58%		

All numbers are taken directly from our EEO-1 Report, dated February 18, 2021

Further evidencing our commitment to diversity, Wellpath will be partnering with AWC Networks, LLC (AWC), a certified minority owned business enterprise (MBE), to ensure GDC patients uninterrupted access to the qualified medical care specialists and specialty services required to meet their care. AWC is one of the primary physician networks currently providing services to the GDC. Through our partnership, AWC will continue to support the growing healthcare needs of GDC through its comprehensive medical network and coordinated oversight of direct admissions, hospital oversight, scheduling, and care coordination.

P. Contracts with the State of Georgia

Wellpath has not held direct contracts with the State of Georgia; however, we did provide medical, dental, mental health, and psychiatry services under subcontract with CoreCivic at the Coffee Correctional Facility from 11/1/2015 to 1/31/2020. GDC audits conducted of these services were very favorable. Our familiarity with GDC policies and procedures does not end there. We also provide healthcare services on behalf of local correctional agencies in 10 Georgia counties, including some of the GDC's larger feeder sites in Cobb, Dekalb, and Richmond. Excluding the state work release facility connected to Richmond, these sites follow GDC policies and procedures in the care for their patient population. **We have included letters of support from our local correctional partners as a separate attachment to our response.**

Q. Client References

Wellpath is pleased to include the following three State DOC references, each of which has completed the original contract term and through renewal, extension, or rebid remain current accounts. An additional DOC reference of a current account has also been included. **The following information outlined in red is CONFIDENTIAL.**





R. Statement of Good Standing

Wellpath is proud of our good standing in the community and in the correctional health industry. To the best of our knowledge, Wellpath and its subcontractors, including the current and future principals of these entities:

- Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal or state department or agency.
- Have not within the past three years preceding this Contract been convicted of, or had a civil judgment rendered against them for commission of fraud, or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or grant under a public transaction; violation of federal or state antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification, or destruction of records, making false statements, or receiving stolen property.
- Are not presently indicted or otherwise criminally or civilly charged by a government entity (federal, state, or local) with commission of any of the offenses detailed above.
- Have not within the past three years preceding this contract had one or more public transactions (federal, state, or local) terminate for cause or default.

S. Financial Stability

Wellpath has the financial stability and economic capability to perform the contract requirements as outlined in the RFP. Our organization is selective of its partners and we can affirm that the financial resources and related support are in place for mobilization and execution of a new contract with the GDC. Wellpath retains 99% of our client agencies on a revenue

basis year over year. This percentage results in part from our continued investment in infrastructure to meet or exceed our clients' expectations. A strong balance sheet, strong liquidity, and a well-funded ownership group — combined with proven business practices — make Wellpath one of the most financially stable companies in the industry. Our financial strength and leading industry position allow us to provide uninterrupted, consistent, and financially responsible programs for our clients. When Wellpath commits to a project, we can guarantee that we have the financial ability and access to resources to fulfill our contractual obligations.

On October 1, 2018, Correct Care Solutions Group Holdings, LLC (CCS) and Correctional Medical Group Companies, Inc. (CMGC) were combined under common ownership of an investment fund management by H.I.G. Capital, LLC to become Wellpath. [REDACTED]

[REDACTED] We have included our most recent audited financial statement as a separate labeled attachment to our response. **The preceding information outlined in red is marked CONFIDENTIAL.**

2. Intake and Discharge – Limit 3 pages

Instructions: The Supplier must provide a response to the requests below. No supporting documents shall be accepted.

- Supplier shall describe its qualifications, previous experience, and performance related to patient intake and discharge planning in a correctional setting.
- Supplier shall provide a clear picture of the supplier's approach to patient intake and discharge planning in accordance with meeting the minimum basic requirements (A.1 and A.5 of Attachment B – Scope of Services).
- This overview should also address sources of distinctiveness in line with GDC's goals, which could include:
 - Continuity of care for offenders re-entering the community

Wellpath's response follows on the next page.

Wellpath will meet the individual requirements stipulated in **Attachment D. 2. Intake and Discharge, A.1 and A.5 of Attachment B – Scope of Services, and Exhibit 5 – Sample Scope of Work**. We will provide these services in accordance with established industry best practices, NCCHC, ACA, and Medical Association of Georgia (MAG) standards, and GDC policies and procedures.

A. Intake/Receiving Screening

We will conduct receiving screenings in accordance with GDC policies and procedures, including *SOP 507.04.19*. Consistent with NCCHC standards, our healthcare staff are trained to conduct receiving screenings within four hours of an individual's intake regardless of location. For intakes/receiving screenings at Probation Detention Centers and RSATS, we will accomplish this using a combination of telehealth and on-site staff. To ensure receiving screenings are performed in a timely manner, we will staff licensed healthcare professionals seven days per week, including weekends and holidays.

The receiving screening process will emphasize the identification, referral, and treatment of patients with acute and chronic healthcare conditions, including mental health disorders, suicide risk, detoxification, dental issues, and those patients who require medication, isolation, or close observation. Screening documentation will include referral to qualified medical or mental health personnel for emergency treatment and/or assessment, if needed.



As a result of COVID-19, Wellpath screens for COVID/influenza symptoms during intake and quarantines patients, as necessary.

Wellpath currently provides healthcare services on behalf of local correctional agencies in 10 Georgia counties, including some of GDC's larger feeder systems. Our local experience in the state will benefit GDC, as our staff will work with county jails to ensure that transfer summaries are used to effectively communicate an individual's health condition.

Our staff are trained to be particularly vigilant to any red flags for possible suicide risk during the intake screening process, as we realize transitioning from a jail to longer term correctional facility can trigger negative reactions such as thoughts of suicide. Our team members will act immediately to assure the patient's safety if any concern regarding suicide arises. Individuals in crisis (including suicidal threats/behaviors), displaying signs or symptoms of mental illness, prescribed psychotropic medications, currently receiving mental health treatment, and/or those identified as having a history of mental illness or chronic substance use will be immediately referred to a mental health professional and emergent steps will be taken to ensure the safety of patients who present an imminent risk of self-harm or inability to function adequately due to acute symptoms of mental illness.

Staff will make urgent and emergent referrals for care will occur in accordance with GDC policies and procedures, including *SOP 507.04.19* and *SOP 507.04.24*. Staff will also notify appropriate GDC personnel to initiate a review if needed of jail to prison transfer protocols to determine why the patient arrived with an urgent/emergent need for care. If no urgent needs are noted, we will schedule a health assessment to follow within seven days. Staff will document all applicable findings in the *Receiving Health Screening Form (P25-0001.01)* and note appropriate issues and concerns on each individual's problem list. The provider performing intake will sign and date the form, as will the individual. Following implementation of our Electronic Record Management Application (ERMA®), we will be able to document screenings electronically in the patient's health record. ERMA will streamline the intake process and reduce paper transcription errors, and will reduce transcription time, allowing intake nurses to focus on clinical functions.

Orientation. Our staff provide Medical Service Orientations within 24 hours of an individual's arrival at a diagnostic center or permanent facility, in accordance with *SOP 507.04.20*. We will advise patients of their right to access medical care and the process for requesting such services. Our staff will communicate information regarding access to care both verbally and in writing in a language each individual comprehends. Provisions will be made to ensure non-English speaking individuals as well as those who may be visually and hearing-impaired understand how to obtain health care. Wellpath will also play our Suicide Prevention videos, available in English and Spanish, which discuss who to contact and how to seek mental health services for those at-risk in any intake, medical waiting, housing, or reception areas equipped with television, kiosk, or computer access.

B. Health Assessments

Wellpath will complete health assessments and physical examinations (PE) including all required diagnostic tests and forms in accordance with NCHC standards, *SOP 507.04.21*, and *Exhibit 5 – Sample Scope of Work*. Using a combination of telehealth and on-site staff, our providers will complete initial health assessments for patients and probationers within 7 days. Immunizations will be provided in accordance with established national guidelines and documented into the GRITS database. As a best practice, we screen all patients for the most common chronic conditions, including hypertension, diabetes, obesity, lipid disorders, COPD/asthma, mental health disease, hepatitis C and HIV, and provide disease specific age-related screenings as required, based on associated risk factors and preexisting conditions. Periodic physical examinations and abbreviated PEs will be performed in accordance with *SOP 507.04.36 Periodic Physical Examinations* and *Clinical Update 02.05*. Providers will document findings on the *Physical Examination Form (P25-0003.02)* and in the patient's health record. Once completed, our providers will integrate the clinical information collected onto a comprehensive *Problem List* and *Treatment Plan*. The provider conducting the exam will review, sign, and forward a *Health/Activity Profile Form* to Inmate Administration in the Central Office. Following receipt of all laboratory/diagnostic test results, the provider will review and update the list and plan as needed.

C. Transfer Screenings

We will conduct intra-system transfers in accordance with *SOP 507.04.25*, *SOP 507.04.52*, and *SOP 507.04.53*. Licensed healthcare providers will conduct pre- and post-transfer reviews of each patient's health record to ensure continuity of care and all appropriate precautions. Current medications will be transferred to the receiving facility as well. Should a delay in transfer be medically warranted, we will note such in the patient's health record and notify the Warden and/or Superintendent or designee.

D. Community Hospitalization and Discharge

Wellpath uses a Centralized Care Management Service, **Wellpath Connect**, to manage patient hospitalizations and discharges. **Wellpath Connect** RNs assigned to the GDC will use correctional guidelines and national criteria to evaluate inpatient services daily. They will communicate regularly with our hospital partners and provide daily clinical updates to the respective facility's Medical Director regarding inpatient status and emergency room evaluations. The **Wellpath Connect** RN will notify the ASMP Medical Director when patients are eligible for transfer or discharge (if ongoing inpatient care is required). **Wellpath Connect** RNs will work collaboratively with Site Medical Directors and on-site providers to ensure appropriate patient care is achieved in the appropriate setting. We track each inpatient stay through the use of an Emergency Room Inpatient Report (ERIP), including daily clinical notes that document the medical necessity of care. **Wellpath Connect** RNs will coordinate with the hospital to provide GDC required documentation of admission history and physical, a summary of the hospital course, and a discharge summary. Community hospital records will be entered into the patient's medical record, including discharge instructions, and orders for medication or further treatment. Following return to the facility, a Wellpath physician will reprofile the patient, as needed.

When feasible, we will request inpatient hospital services through ASMP and report local community hospital admissions to the Medical Director of ASMP. Through our partnership with AWC Networks, LLC (AWC) Wellpath will also have access to a wide range of hospitals, including Wellstar's Atlanta Medical Center (AMC), a Level I Trauma Center and Advanced Primary Stroke Center, Wellstar's AMC South, Augusta University Medical Center, Memorial Hospital (Savannah) with targeted relationships for Phoebe Putney (Albany), South Georgia Medical Center, Navicent Health (Macon), Piedmont Health Care (Columbus). GDC will also benefit from the secure unit at AMC.

E. Discharge Planning

Wellpath assists with and/or provides discharge planning for patients returning from DOC prison systems and local detention centers in 33 states. Our staff will conduct discharge planning in accordance with *SOP 507.04.18*. We are well-versed in the research that supports the need for high quality discharge planning to reduce the risk of recidivism and ensure a patient's continuity of care, especially in those with HIV and chronic diseases. In addition, women who have delivered children while incarcerated require community linkage. Our efforts at discharge planning reflect this understanding. We believe that such planning must start on day one, and accurate identification of patient medical needs must occur upon intake, and thorough intake procedures starts the process of discharge planning.

Our experience shows that the more specific and fully developed these plans are, the more successful a patient's transition back to the community setting will be. We also realize it takes a team of professionals focused on reentry success to achieve desired outcomes and appreciate the emphasis that the GDC places on these efforts. We look forward to collaborating with GDC-contracted mental health and pharmacy providers, along with community stakeholders, to develop discharge plans with the highest likelihood for success. Our team members will coordinate community appointments and referrals for continuity of care and carry out any other clinically indicated discharge planning activities.

Through the collaborative efforts of our treatment team providers and all personnel who interact with patients, we will identify high-risk areas for each patient prior to his or her release into the community. We will strive to enhance these patients' state of health and reduce the likelihood of recidivism by providing them with as many resources as possible to continue their treatment plans. At a minimum, discharge planning will include:

- Formal linkages with community-based organizations and health professionals
- Patient interviews by a licensed nurse and by a licensed provider if follow-up care is required
- Patient counseling and education on available services and importance of follow-up care
- Referrals to community-based providers with written discharge summaries
- Complete documentation and signatures on required forms

When a patient is due for discharge, our staff will assist in creating discharge plans detailing needed post-release care in consultation and coordination with the GDC's mental healthcare provider. We will medically clear patients for release and secure a medical necessity form signed by the practitioner for any discharge medications. Within 48 hours of notification of a patient's pending release to the community, we will perform a discharge screening to determine the need for post-release medications and medical assistance. All such discharge efforts will be documented in the patient's health record.



Discharge Medications. Wellpath will ensure patients have an adequate supply of required medications to accommodate the transition of care to a community provider. Prior to discharge, we will educate these patients on how to obtain and maintain their medications and will provide links to community resources for prescription services. Upon notification of release, we will provide patients a 14-day supply of all prescribed medications and include a signed prescription for an additional 30-day supply. We will provide HIV positive patients with up to a 30-day supply based on their community HIV clinic appointment date. For Hepatitis C patients, the 14-day supply of medications will include syringes, if needed.



Access to Services. Our reentry staff will work with each patient to determine eligibility for various government assistance programs and assist these individuals in completing the appropriate application processes, as indicated. During incarceration, we strive to provide each patient with the medical care needed to live a healthy life. Outside the correctional setting, obtaining quality healthcare services can be daunting for offenders. We understand this and work with each patient to ensure continuity of care from detention to community is intact and that no medical needs go unaddressed. Referrals may also include transfer to specialized community-based treatment programs or community hospitals. We will also assess the need for medical assistance and assist with completing the necessary paperwork for patients who meet eligibility requirements for Medicare, Medicaid, Veteran's Affairs, and Social Security.



Linkage to Community Resources. Linkage to community services is a critical component of any reentry plan. We have a long history of establishing connections with local resources, so they are ready and willing to accept patients reentering the community from incarcerated settings. Connectivity with community providers greatly enhances the discharge planning services offered. Another key aspect of release planning includes active dialogue with community providers who are willing to work with justice-involved patients after their return to the community. Our staff will work in concert with GDC and contracted mental health providers to ensure continuity of care and successful transition to the community. We will develop a written transition plan for each patient outlining all transition and community services that have been arranged for the patient, including contact names and telephone numbers. We will provide the patient with a copy of this plan prior to release from custody, and with the patient's written approval will attempt to send the plan to other persons, such as family members who will assist in the transition process.

3. Routine Care, Including Telemedicine & Medical Equipment/Supplies – Limit 10 pages

Instructions: The Supplier must provide a response to the requests below. No supporting documents shall be accepted.

- Supplier shall describe its qualifications, previous experience, and performance related to the delivery of routine care services (e.g., preventive and primary care, sick call, pill call, urgent/emergent care, and infirmaries) in a correctional setting.
- Supplier shall provide a clear picture of the supplier's approach to delivering routine care services, in accordance with meeting the minimum basic requirements (A.2 of Attachment B – Scope of Services).
- This overview should also address sources of distinctiveness in line with GDC's goals, which could include:
 - Routine physical care accessibility
 - Appropriate timing to receive care (i.e., how long it takes to receive routine care for preventive or ancillary services)
 - Use of telemedicine for routine care services, including for patient consults currently completed off-site
 - Workforce competencies for routine care, particularly related to urgent/emergent care
 - Opportunities to maximize in-prison care settings for routine care while maintaining high-quality standards, services, and patient outcomes

Wellpath's response follows on the next page.

Wellpath will meet the individual requirements stipulated in **Attachment D. 3. Routine Care, Including Telemedicine & Medical Equipment/Supplies, A.2 of Attachment B – Scope of Services and Exhibit 5 – Sample Scope of Work**. We will provide these services in accordance with established industry best practices, standards promulgated by the NCCHC, ACA, and MAG, and GDC policies and procedures.

A. Preventive and Primary Care

Wellpath will conduct periodic physical examinations, abbreviated PEs, and annual health assessments in accordance with *SOP 507.04.36* and *Clinical Update 02.05*. Physical examinations will include all required laboratory and diagnostic tests, as clinically indicated and appropriate based on the individual's gender, age, and medical history. All results will be documented by the practitioner in the patient's health record and on the Annual or Biennial Physicals Tracking Log. In addition, annual health assessments will include the following screening parameters:

- Counsel regarding nutrition, exercise, substance use, and infectious disease transmission
- Measure weight and BMI (schedule reevaluation based on trend)
- Measure blood pressure (schedule reevaluation based on trend)
- Screen for latent TB infection with annual tuberculin skin test (unless previously positive)
- Screen for hearing loss; annual audiograms for those at occupational risk
- Screen for breast, cervical, and colon cancers per established parameters and clinical indications
- Screen for cardiovascular risk (aspirin need), diabetes, and hypercholesterolemia per criteria
- Screen for osteoporosis in females 65 years of age and older, and in younger women whose fracture risk is equal to or greater than that of a 65-year-old white woman who has no additional risk factors
- Screen for oral cancer by directly inspecting and palpating the oral cavity in adults who are older than 55 or have a history of HPV, sun exposure, alcohol, and tobacco use
- Screen for abdominal aortic aneurysms in male smokers 65 to 75 years of age

The provider will document the results of the assessment in the patient's health record and will note any changes in their health status in the patient's *Physical Profile (PI-2051)*. Our provision of primary care will include sick call services, rounds by licensed providers in segregation areas, periodic medical examinations and immunizations, medication administration, diagnostic testing as clinically indicated, and primary care services in transitional centers in accordance with *SOP 507.04.02*.

B. Sick Call

Our healthcare staff will provide a daily triage of sick call requests seven days a week for all patients. Access to sick call consultation will be in accordance with *SOP 507.4.27*. All patients will be advised during intake screening of their right of access to care and how to request healthcare services. For facilities without 24/7 healthcare services, our sick call process will ensure timely access to a licensed healthcare provider within 24-hours on weekdays and by the next working day for non/urgent Health Service Requests (HSRs) collected on the weekend or holiday. We will also provide training for GDC correctional officers on how to recognize and respond to urgent/emergent patient needs. In facilities with 24/7 healthcare services, we will triage HSRs daily. Non-urgent sick call requests will be placed on the sick call roster for the next working day for evaluation by an appropriate level provider. Our staff will evaluate all potentially urgent complaints the same day, in accordance with nursing protocols and sound clinical judgment. If after hours, an on-call provider will be available to consult and/or respond on-site as needed if no healthcare staff are present.

Using the advanced telehealth capabilities of our Wellpath Healthcare Cloud, described in the following pages, Wellpath can flex advanced clinical staffing up within minutes based on individual site needs for routine, urgent or emergent sick call. Our Healthcare Cloud includes synchronous, asynchronous, video, chat, phone, real-time and store-and-forward technology to streamline the sick call experience from start to finish. We also partner with commissary and inmate tablet vendors to provide sick call requests via kiosk and tablet and would welcome the opportunity to discuss the potential for doing so for the GDC. All of this is integrated through ERMA, which allows staff to track electronic sick call requests.

We will conduct sick call seven days a week in facilities with 24/7 healthcare services, and five days a week (excluding weekends, state observed holidays, and unusual circumstances) in facilities without 24/7 coverage. We have allocated a sufficient number of physicians, Advanced Practice Providers (APPs, including Nurse Practitioners and Physician Assistants) to the sick call process to ensure all patients are seen in a timely manner at the appropriate location. Nurses conducting sick call will be trained in the use of Nursing Protocols to assess and treat minor health complaints. LPNs may also triage complaints, take vital signs, and distribute OTC medications. A physician will be on-site and available at all facilities to evaluate sick call referrals as needed. Sick call services and clinical encounters will be conducted in a private setting. When indicated, a chaperone will be present. Patients requiring a physician, dentist, mental health professional, or psychiatrist will be referred and/or scheduled for timely consultations. Treatment plans will be developed for all patients to ensure care while at their respective facility as well as for discharge planning and transfers.

Wellpath will continue sick call until all patients scheduled have been evaluated. Staff will make co-pay determinations if applicable in accordance with *SOP 507.04.05*. Staff will document each patient encounter in the health record using the Problem Oriented Medical Record (POMR) e.g., SOAP format. Physicians and APPs will identify health problems of a serious or chronic nature on the problem list. RNs can also add previous or current medical diagnosis to the list, if needed. Staff will also document sick call encounters in the Sick Call Encounter Log for General Population (P03-0005.10) and Isolation (P03-0005.11). Wellpath will provide patients in segregation sick call services in a manner consistent with our provision of sick call for the general population, including assessment of co-pay charges, if applicable.

Our physicians will conduct biweekly reviews of at least 10% of sick call health records to evaluate the quality and documentation of the assessment process and plan of care including the appropriateness and timeliness of referrals. This will allow our physicians to provide feedback to healthcare personnel regarding the appropriateness of their triage, assessment, plans of care, and referrals. Documentation of these peer protected reviews will be maintained using the *Health Record Review Log P03-0002.01*. Our Director of Nurses will also review at least 10 charts from Sick Call monthly, observe nurses' performance at sick call, and provide feedback to nurses on the sick call process and their performance. Contingent on maintaining improved performance levels, these reviews may also be done quarterly.

C. Pill Call

Wellpath will provide written systems and processes for the delivery and administration of medications based on facility layouts and GDC policies and procedures, including *SOP 507.04.43*. We will tailor medication administration to ensure the timeliness and accuracy of the process, including coordination with security staffing and mealtimes to ensure accurate and effective administration. Our staffing plan provides nursing coverage for medication pass at least twice a day for general population and more frequently for patients in medical housing or observation, as may be required. Qualified healthcare staff will administer medications within 24 hours of when the pharmacotherapy was ordered. We will educate patients on prescribed pharmacotherapy when ordered and document the education in their medical record.

We will provide orientation training and mandatory continuing education to our staff regarding medication administration and preventing medication errors. We typically do not permit pre-pouring of medications (unless physical plant restrictions require it) and we monitor the medication delivery process to ensure it does not occur. Nurses observe patients taking medications, especially when Direct Observation Therapy is required by physician's order. Our staff are trained on providing Direct Observation Therapy for medications subject to abuse, psychotropic medications, and those related to the treatment of communicable and infectious diseases.

Medication Administration Record. Healthcare staff document medication administration and missed doses in a patient-specific Medication Administration Record (MAR), which is included in our ERMA EHR application. These records become a permanent part of the patient's medical record. All information relative to a patient's prescription is recorded in the MAR, which includes instructions, injection site codes, result codes, and non-administered medication reason codes. If a patient misses or refuses doses on three consecutive days, or if a pattern is noted, we document the refusal and refer the patient to the clinician.

Point of Care Companion. When administering medications, nurses use an off-network laptop—the Point of Care Companion (POCC) system—with their medication cart, marking and electronically signing off on the administration of medications. During pill pass, nurses note in the system if a patient does not receive needed medication for any reason.

Once the nurse returns to the medical unit, the laptop is docked and the information from the medication pass is synchronized within ERMA, so administration records are immediately updated.

This ability to synchronize data provides increased flexibility for nursing staff by allowing them to use the system in facilities where Wi-Fi or mobile internet connectivity is unavailable. This also allows medication pass to continue even if the facility loses internet connectivity. Since the laptop is battery-powered, loss of power does not affect its use.

Features and benefits of ordering through this user-friendly software include:

- ✓ The ability to order (or reorder) prescriptions or stock orders quickly, through use of drop-down screens or order refill buttons
- ✓ Increased accuracy by reducing transcribing errors and clarity issues that may result from faxed order sheets
- ✓ Improved formulary compliance; If a medication is not on the approved list, a non-formulary alert is automatically sent to the prescribing clinician's queue, where the clinician can easily complete the non-formulary request process online; once the non-formulary request is approved, the order is automatically forwarded to the pharmaceutical provider to facilitate expedited ordering
- ✓ Over the counter, stock, and emergency medications are easily initiated and documented as profile medications on the electronic medication administration record
- ✓ Time savings through the elimination of paper physician's order sheets, which are no longer needed
- ✓ The ability to view patient profiles and determine when a medication was last filled before transmitting the order
- ✓ Password-protected access for approved staff to patient profiles, medication orders, and history from any web-based computer located on-site or off-site
- ✓ Tracking and documentation of patient allergies and drug interactions
- ✓ Immediate notation of exceptions in the patient's medical record, including missed doses, refusals, and complications
- ✓ Ongoing and immediate CQI and ability to track and report on medication administration compliance



Point of Care Companion

D. Urgent/Emergent Care

Wellpath will ensure emergency services are available 24/7 at all facilities and provide urgent/emergent care per GDC policies and procedures *SOP 507.04.37-41*. Our partner AWC Networks has contractual relationships with multiple hospital facilities with Emergency Departments including Wellstar's Atlanta Medical Center (AMC), a Level I Trauma Center and Advanced Primary Stroke Center. Our healthcare teams receive training in "recognizing urgency" regarding the information included in a staff referral or patient sick call request. This training encourages our team members to appropriately triage referrals, ensuring that those referrals with clinical concerns are addressed with the utmost urgency and prioritized for clinical services.

In accordance with ACA standards, our healthcare personnel are trained to respond to emergencies within four minutes. A Wellpath staff member responds to all emergencies upon notification by reporting to the area of the emergency with an ER bag to provide immediate intervention. **We also provide on-site staff 24/7 access to emergency-trained providers through Wellpath Now, part of our Healthcare Cloud, described more fully below. These on-demand telehealth emergency evaluations for non-life-threatening conditions offer important clinical support and reduce unnecessary off-site care by up to 25%.** All such urgent/emergent care will be documented accordingly, and the Site Medical Director and local EMS notified as appropriate. **For more on our approach to urgent and emergent care, please see Section 8. Emergency Care starting on page 55.**

Individuals in crisis (including suicidal threats/behaviors), displaying signs or symptoms of mental illness, prescribed psychotropic medications, currently receiving mental health treatment, and/or those identified as having a history of mental illness or chronic substance use will be immediately referred for care and emergent steps will be taken to ensure the safety of patients who present an imminent risk of self-harm or inability to function adequately due to acute symptoms of mental illness. We will immediately notify on-site or on-call mental health staff to coordinate care, including initiating suicide interventions such as direct constant observation of the patient until a mental health evaluation can be completed, and an appropriate disposition determined.

E. Infirmaries

We operate infirmaries for multiple statewide DOC systems including in Arkansas, Kentucky, Maine, Massachusetts, and Pennsylvania, as well as for the Federal Bureau of Prisons and nine privately-owned correctional facilities. We provide infirmery services for the care of patients with chronic illnesses and certain contagious disease, acute and chronic conditions that can be treated on-site, and for those patients in need of nursing or convalescent care.

Infirmery care is an important means of caring for our patients who do not require hospitalization but are not well enough to live in general population. In some cases, an acute problem such as wound care or IV antibiotics can be managed in this setting. Other patients requiring long term placement due to advanced age, infirmity, dementia, or hospice care are placed in appropriate specialty housing units. Through appropriate infirmery operations, we can reduce hospital days and associated costs. Wellpath will maximize our use of GDC infirmaries and observation units consistent with acceptable healthcare standards and in accordance with NCCHC guidelines and GDC policies and procedures, including *SOP 507.04.42*.

We will ensure that GDC infirmaries have the staff and supplies to provide routine and emergency ancillary services. A combination of RNs, LPNs, and Nursing Assistants will provide 24/7 coverage for the care and observation of infirmery patients. A supervising RN will be on duty 24/7, and an on-call physician will be available 24/7. Wellpath will develop and maintain a manual of infirmery-specific nursing care procedures to ensure compliance with GDC standards of infirmery care as contained in the *Regional Infirmery matrix (P-32-0001-07)*.

All nursing staff will be trained to ensure proficiencies and that certification standards are met. This includes IV therapy, nursing procedures, use of supplies, and the operation of durable medical equipment. Our deployment and use of equipment, supplies, IV fluids, and pharmaceuticals will be standardized in all regional infirmaries in accordance with the infirmery matrix. The responsible physician will complete an initial assessment note and will ensure orders are entered into the Department's computer system for each admission. Using the SOAP(IER) format, a nursing note will be completed every two to four hours for acute patients as indicated by "acute" status and/or as ordered by the responsible physician. For permanent, non-acute, infirmery offenders a nurse encounter note will be entered into the department computer system daily to include vital signs. A physician, nurse practitioner, or physician's assistant will conduct inpatient rounding and supervision in the infirmery at least every shift.

Our medical practitioners write admission orders, including diagnosis, level of care, activities, allergies, diet, medication and treatment, labs and studies. They will enter corresponding progress notes in the patient's EHR, including a review of the patient's health record, recent progress notes and orders, and physical exam focused on current and newly developed medical problems, such as recent trauma. Nursing and provider staff will complete admission histories and physical examinations and develop an ITP within 24 hours of the patient's admission to the infirmery, as appropriate. Transfer and discharge orders will only be provided by the responsible physician. Discharge notes, nursing discharge summaries, and after care instructions will be appropriately documented into the EHR. Staff will provide after care instructions to the patient verbally and in writing. Prior to discharge or transfer, the Director of Nursing (DON) or designee will contact the receiving institution's DON or designee to notify them of pending discharge, current status and discharge orders. They will also contact custody staff via telephone to arrange for transportation.



Wellpath's PA DOC health care team's provision of infirmery services includes more than 300 infirmery beds, in addition to 100 POC and 55 ISO beds.

Infirmity and inpatient care have changed significantly, particularly with the growth of the Hospitalist specialty in “free-world” hospitals, which has led to better clinical outcomes for patients who need this advanced level of care. Wellpath is committed to providing *Hospitalist*-experienced physicians to oversee the specific clinical quality and specialized care that these patients would expect in community settings. In locations with an infirmity, we seek to extend staffing to cover weekend rounding and clinical evaluations to better address the needs of these patients. This is supplemented through tele-based specialty care at the bedside through the Wellpath Healthcare Cloud.

F. Opportunities to Maximize In-Prison Care

Wellpath strives to provide as many on-site medical services as possible to limit the number of patients who need off-site transport, while ensuring that patients receive medically necessary healthcare services in the most appropriate setting. Our delivery of telemedicine clinics within DOC facilities is based on patient volume and need, technological accessibility, and facility workflow. Our organization excels in the use of telemedicine at correctional facilities and has an established infrastructure to support this type of healthcare delivery. We have developed, implemented, and subsequently expanded delivery of telemedicine clinics for state DOCs in Arkansas, Kentucky, Maine, and Pennsylvania. Our track record for successfully introducing and expanding on-site clinics and telehealth providers is well documented.

- Our Pennsylvania DOC healthcare team expanded on-site services **by approximately 30% in the last two years which resulted in a corresponding decrease of approximately 1,000 off-site consults.**
- Our Maine DOC healthcare team **increased the use of telehealth encounters by 995%** since assuming operations in 2013.
- Our Kentucky DOC healthcare team **increased the number of telehealth encounters by more than 40%** since 2014. Our expansion of telehealth includes specialties such as audiology, cardiology, chemotherapy, obstetrics, and orthotics, and has resulted in reduced security costs due to the increase in on-site clinics.

National Telehealth and Innovation Expertise

Our expertise in telehealth is unmatched, bringing together clinical thought leaders who established the Johns Hopkins School of Medicine Correctional Telemedicine Project, and built one of two federally designated National Telehealth Centers of Excellence at the Medical University of South Carolina (MUSC) in Charleston. Our team also includes the recognized inventor of TSIM™ (Telehealth Service Implementation Model), which is a globally published, best practice framework to support the development, implementation, and sustainability of telehealth services.



Our multi-specialty telehealth solution can deliver the following care through an established infrastructure of licensed providers, including, but not limited to, the following specialties:

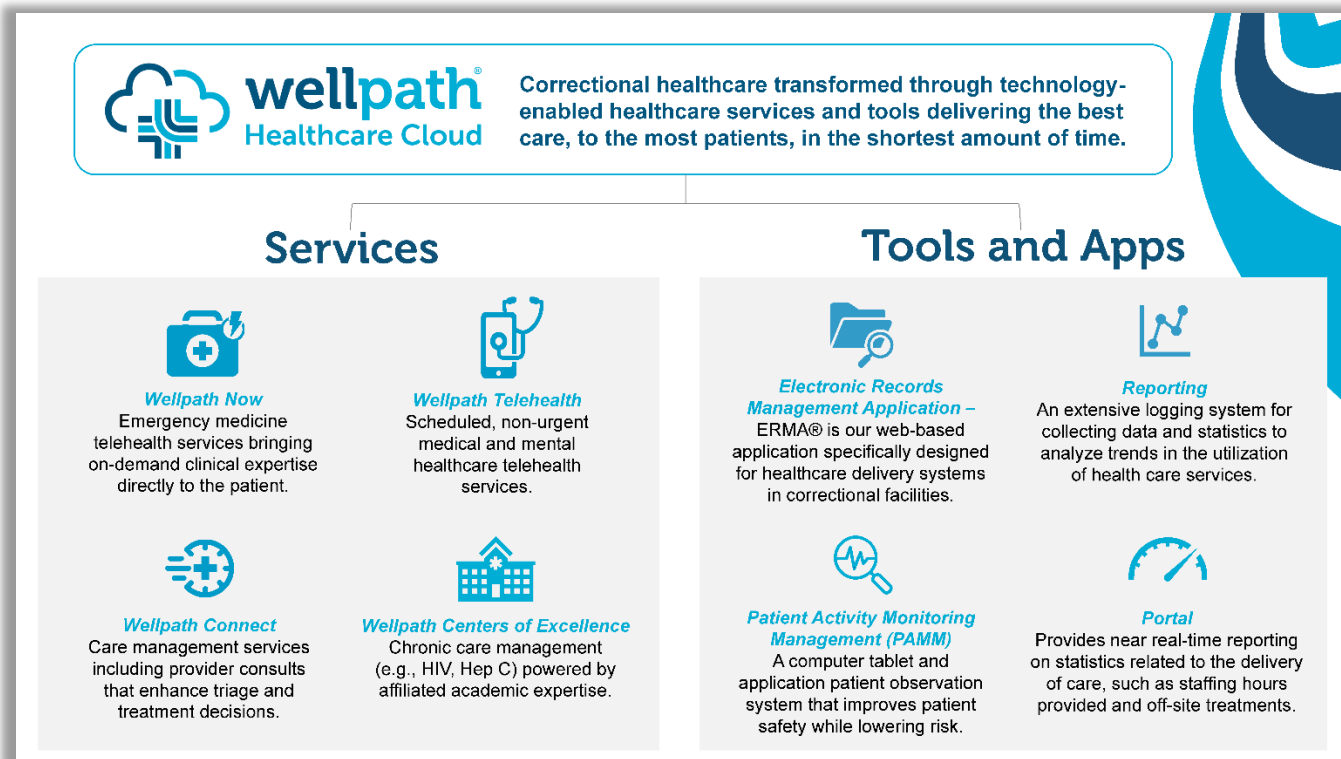
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|----------------------|----------------------|----------------|--------------------|
| • Wound care | • Emergency services | • Psychiatry | • Family practice |
| • Infectious disease | • Cardiology | • Rheumatology | • Orthopedics |
| • Dermatology | • Endocrinology | • Oncology | • Urology |
| • Internal medicine | • Pulmonology | • Nephrology | • Gastroenterology |

Our telehealth services have been well received by clients, clinicians, and patients alike. In 2019, Wellpath conducted over 100,000 synchronous audio-video telehealth encounters. **In 2020, Wellpath conducted over 165,000 telehealth encounters, providing high-quality remote care to over 250 facilities across 32 states.**

We are constantly innovating our approach to these services, particularly regarding the use of telehealth. We have also had tremendous success using peripheral attachments such as an electronic stethoscope, otoscope, or high-resolution skin camera to assist specialists in conducting physical assessments remotely.

The Wellpath Healthcare Cloud

Our organization has developed technology solutions to deliver health-related services and information that enhance the quality and efficiency of patient care, administrative activities, and health education. The Wellpath Healthcare Cloud brings the best in health services to our patient population through remote care, technology-driven healthcare services, innovative tools, and applications.



The Wellpath Healthcare Cloud offers an innovative redesign of correctional healthcare in a suite of cloud-based clinical delivery services built on advanced telehealth and digital health applications. The Wellpath Healthcare Cloud is designed to bring—at the touch of a button—a variety of specialized clinical expertise to patients and caregivers in correctional facilities as quickly and efficiently as possible. Available across the country in a variety of challenging environments, including jails, prisons, hospitals and residential treatment facilities, the Wellpath Healthcare Cloud combines videoconferencing with dynamic workflows to deliver real-time emergent care, scheduled care, care management, e-consults, and specialty chronic care through a secure platform.

Wellpath Healthcare Cloud Services

The Wellpath Healthcare Cloud includes four key services:



Wellpath Now – Urgent, On-Demand Telehealth Services for Patients and Providers. Brings on-demand clinical expertise directly to the on-site caregiver and patient at the touch of a button. Wellpath Now providers include primary care physicians and APPs, as well as specialty consultations by emergency medicine-trained providers for non-life-threatening consults regarding need for emergency evaluation. **Our client partners have experienced a significant reduction in emergency department transfers using Wellpath Now.**



Wellpath Telehealth – Scheduled, Non-Emergent Telehealth for Patients and Providers. Incorporates scheduled patient visits with a broad variety of primary care and specialty providers, including APPs to remote rural sites or for after-hour on-call services. Wellpath Telehealth is a force multiplier as it provides a drastic increase in healthcare options, experience, and efficiencies to patients, partners and providers.



Wellpath Connect – Care Management & Offsite Consults for On-site Providers and Staff. Offers centralized care management and off-site management services that enhance healthcare triage and treatment decisions. Wellpath Connect gives on-site providers timely access to specialty care through enhanced remote care coordination, while additionally supporting on-site providers with expert clinical consultations via eConsults (described in **Section 16. Outpatient Services and Patient Consults**, starting on page 104). **In sites using Wellpath Connect the percentage of off-site specialty referrals managed on-site more than doubled, resulting in the near elimination of unnecessary off-site specialty consults and reduced use of agency transport staff.**



Wellpath Centers of Excellence – Long-Term, Chronic Care Patient Care & Management. Provides best practice chronic care management (e.g., HIV, Hep C) powered by affiliated academic expertise. Wellpath Centers of Excellence (COE) leverage telehealth to optimize best practice clinical outcomes, implement evidence-based protocols, increase subspecialty availability, and achieve the highest community standards of care for chronic conditions. Wellpath chronic care COEs deliver best practice clinical management for chronic conditions through telehealth visits, addressing quality, access, the patient experience, and total cost of care.

Wellpath Healthcare Cloud Tools & Applications

The Wellpath Healthcare Cloud also incorporates technology-driven tools and applications that improve patient care, support care teams, and reduce risk including:



Electronic Records Management Application (ERMA). ERMA is our web-based application specifically designed to operate as part of the Wellpath Healthcare Cloud both inside and outside correctional facilities. More than 100 Wellpath clients use ERMA as their complete electronic medical record solution, including Departments of Correction in Massachusetts and Maine. ERMA is part of the engine that makes the Wellpath Healthcare Cloud possible. It serves as an integrated platform for both on-site and offsite providers to collaborate on the care of each patient, with full 24x7 access to the medical records & integrated multidiscipline treatment plans.



Reporting. Wellpath maintains an extensive logging system for collecting data and statistics to analyze healthcare utilization trends. Demonstrating accountability through transparent reporting is a Wellpath core competency. In all medical operations, but especially in the corrections environment, it is essential to keep detailed accurate records that are readily available and easily accessed. As stewards of the Georgia Department of Corrections, we will be responsible and accountable for the success of your program. Our clinical and operational leadership teams use powerful business intelligence software, such as Tableau®, to ensure efficient delivery of services. Tableau tracks key indicators such as off-site referrals; inpatient/ER utilization; claim details; pharmacy utilization; labs; filled/vacant FTEs; and overtime. These tools allow us to identify trends as they emerge.



Patient Activity Monitoring Management (PAMM). The staff at many of our facilities use our exclusive Patient Activity Monitoring Management (PAMM) system to complete patient observations and a reporting dashboard. PAMM is a mobile application run on an android tablet offered exclusively by Wellpath. We welcome the opportunity to give an on-site demonstration of the PAMM system and its capabilities.



Wellpath Portal. The Wellpath Portal is our client's gateway to the Wellpath Healthcare Cloud. The Wellpath Portal gives our client partners access to reporting and statistics related to the delivery of care, including staffing, offsite transports and important contract compliance data. The Wellpath Portal is a secure digital gateway for shared communication and information that can be accessed via online by Wellpath client partners, giving them confidential, secure 24x7 online access to key information, such as:

- Current performance reporting
- Major contract deliverables, such as health services reports and other required data
- Contact information to your dedicated Wellpath team of Professionals

Wellpath Healthcare Cloud Benefits

The Wellpath Healthcare Cloud is a comprehensive solution that empowers a more effective on-site healthcare program. This suite of cloud-based services strengthens the traditional delivery model where gaps (e.g., provider recruitment challenges) and vulnerabilities (e.g., after-hours coverage) in care delivery open up risk to delayed care, preventable off-site transfers, and avoidable off-site expenditures. The Wellpath Healthcare Cloud reduces total cost of care (considering medical services, transportations costs, and public safety costs), while delivering high-quality clinical care that meets or exceeds community standards.

The Wellpath Healthcare Cloud provides a number of key benefits that improve clinical quality, patient and staff safety, time access to expert emergent and specialty care, decision making for off-site visits, care standardization, adherence to clinical best practices, and risk.

Wellpath Healthcare Cloud's Telehealth Services	
Feature	Benefit
Immediate patient access to a Wellpath Emergency Physician	<ul style="list-style-type: none"> Patients are seen by a Wellpath emergency physician in six minutes on average, compared to hours at the hospital ED Reduces the need for off-site transport Treatment plans are tailored to a correctional environment that emergency departments are ill-equipped for. This reduces the need for follow up visits and additional offsite transports
Access to Wellpath providers across the clinical enterprise	<ul style="list-style-type: none"> Specialists with years of experience in correctional medicine are brought on-site via our unique telehealth technology Increase in on-site treatments by on-site team through care plans developed by our team of specialists Increased capacity for our on-site team More consistent patient treatment plans aligned to medical best practices in each specialty area Reduces employee burnout Reduced use of outside providers unfamiliar with the unique requirements of your patient population
Available during non-standard hours	<ul style="list-style-type: none"> All cloud programs are available 24x7 and are staffed by Wellpath credentialed specialists. Increases timeliness of access to care during urgent situations.
Connects to national experts to enhance best practice of care for complex cases	<ul style="list-style-type: none"> The most complex cases are reviewed by our panel of credentialed outside experts via an integrated e-consult process. Promotes synchronized staff education on current clinical issues. Enhances the capability of on-site staff to handle complex multi-dimensional cases.
Supports prompt and accurate diagnoses	<ul style="list-style-type: none"> Maintains equivalent diagnostic and therapeutic outcomes compared to in-person consultations

Gender Dysphoria. Wellpath leverages on-site and telehealth resources to provide gender dysphoria (GD) services for eligible patients. Our Massachusetts DOC healthcare team, for example, provides assessment screenings and counseling on-site and through telehealth, on-site hair removal using electrolysis, and most recently began facilitating referrals for sexual reassignment surgery. We are also working towards providing all hormonal management through telehealth. **Our organization has an established GD Committee and benefits from regular consultation with experts such as Dr. Steven Levine, a nationally recognized expert in the diagnosis and treatment of GD.**

Remote Patient Monitoring (RPM) Services. Wellpath's Remote patient monitoring (RPM) services allow for a discrete set of patient data (e.g. symptoms, vital signs, or other physiologic measures) to be transmitted and organized for review by a monitoring healthcare team. This mode of telehealth delivery can enhance encounter-based care in between visits and allow the healthcare team to efficiently apply targeted treatment plan changes along the continuum of care to optimize the health of the patient. Our Wellpath Healthcare Cloud leaders have previously demonstrated expertise in other care settings with monitoring thousands of patients in many different types of RPM delivery models, including significantly decreasing A1C levels in diabetics, reducing hospital readmissions of Congestive Heart Failure (CHF) patients, and statewide remote monitoring of COVID-19 patients. Wellpath can partner with the GDC on identifying the right solution for your patient population.

RPM Service Examples of Conditions and RPM Devices*	
Condition	RPM Devices
Diabetes	<ul style="list-style-type: none"> Blood glucose monitor Blood pressure monitor Symptom tracker
Congestive Heart Failure	<ul style="list-style-type: none"> Electronic weight scale Blood pressure monitor Pulse oximeter (heart rate, oxygen saturation) Symptom tracker
Orthopedics	<ul style="list-style-type: none"> Pain scale tracker Range of motion
Wound Care	<ul style="list-style-type: none"> Wound picture capture Symptom tracker
Physical Therapy	<ul style="list-style-type: none"> Pain scale tracker Range of motion
*RPM solutions are agreed to in partnership and additional pricing applies.	

Wound Care. Wellpath has also implemented telehealth-supported wound care through our clinical partner MyWoundDoctor® (MWD), which will help to reduce the overall cost of wound care treatment for both emergency and chronic wounds, and more importantly prevent the likelihood that patients will have serious wound infections and exacerbated wounds that lead to amputations. Using a secure mobile application and a clinical console, MWD will work in collaboration with on-site clinicians to review images of each patient's wound and provide clinical consultation services on a 24/7 basis using evidence-based wound care treatment protocols to inform the clinician regarding a recommended



treatment plan. Follow-up images of the patient's wounds will be reviewed by MWD clinicians to evaluate the healing rate of the wound and to communicate any additional clinical suggestions to the on-site practitioners. MWD's HIPAA compliant platform supports the ongoing care of patients, during incarceration and during the re-entry process.

The MWD app is available from the Apple or Google Play application stores if the patients want to pursue transitional care during reentry directly from MWD. MWD will also provide Wellpath monthly wound care image documentation for each treated patient as well as access to all clinical wound care suggestions to the Wellpath on-site practitioners for any compliance audit requirements.

COVID-19 and Telehealth

One of the most important ways to slow the spread of COVID-19 is to increase social distancing for high-risk staff. Because social distancing is challenging in a correctional environment, Wellpath employs the Wellpath Healthcare Cloud's telehealth services to provide care to patients and minimize physical contact. This also reduces the number of people who may come into contact with infected patients and take that infection home. Wellpath announced an accelerated Telehealth Jumpstart Program in April 2020 to ensure continued critical healthcare services to facilities on the frontline of a nationwide battle against COVID-19. It included training nurses and practitioners to offer and enable a telehealth program at client facilities interested in taking advantage of this delivery method for non-traditional services such as sick call, health and physicals and chronic care visits.

Talent Acquisition of Wellpath Healthcare Cloud

Recruiting and retaining specialty providers is essential to providing services through the Wellpath Healthcare Cloud. In the last 12 months, two nationally recognized leaders in telehealth, Dr. Edward O'Bryan and Shawn Valenta, have been recruited to develop and operate new patient care paradigms on the Wellpath telehealth platform. We have been able to widen the provider talent pools significantly as a result of Wellpath's footprint across the country and the ability to manage patient care remotely. Currently, we have more than 40,000 physicians, psychiatrists, nurse practitioners, and psychologists in our talent pool database across the organization. Our ability to recruit has no limitations due to location, which allows us to secure specialty providers for patients with more complex needs.

Our Commitment

Wellpath is dedicated to reducing unnecessary costs and community risk associated with off-site care when it makes sense to do so. We analyze utilization statistics to develop on-site specialty clinics based on population needs. To optimize on-site care, our staffing plans include personnel to provide on-site telemedicine consults. Our review of GDC offsite care trends and on-site services and capabilities has provided direction as we have developed our plan for implementing services through our Healthcare Cloud, in alignment with GDC policies and procedures, including *SOP 507.04.12*. Our expansion of these services will evolve as our relationship with the GDC facilities and the telehealth program evolves.

If awarded, we will evaluate statistics regarding off-site specialists and determine what services may be more cost effectively provided on-site. In addition to optimizing on-site medical services and our use of Augusta State Medical Prison, we will prevent unnecessary outpatient/off-site care and inpatient hospitalizations through our advanced utilization management systems, such as **Wellpath Connect**, which create more clinical control and cost efficiencies for both on-site and off-site healthcare services.

In summary, Wellpath is committed to clinical transformation. We are not satisfied with the status quo in correctional medicine and are committed to leverage technology, telehealth, and innovation to drive clinical quality, care efficiency improvements, and the thoughtful redesign of correctional healthcare. This cannot occur in a vacuum and requires consistent collaboration with our DOC client partners to quickly adjust to the constantly changing conditions of healthcare today. We are confident that Wellpath Now urgent/emergent medicine services, Wellpath Connect centralized care management optimization service, Wellpath Telehealth, and Wellpath Centers of Excellence in conjunction with our innovative load-balancing staffing solutions and our Wellpath Risk Adjusted Patient Scoring tools (described in **Section 12**) will allow us to partner to revolutionize correctional healthcare. We are a group of innovative, quality-focused clinicians and leaders who have an unmatched track record in telehealth-driven collaborative models that drive a high value system of care. We are confident that you will find us to be more than just partners in this journey.

4. Chronic Care Management – Limit 6 pages

Instructions: The Supplier must provide a response to the requests below. No supporting documents shall be accepted.

- Supplier shall describe its qualifications, previous experience, and performance related to chronic care management in a correctional setting.
- Supplier shall provide a clear picture of the supplier's approach to chronic care management in accordance with meeting the minimum basic requirements (A.2 of Attachment B – Scope of Services).
- This overview should also address sources of distinctiveness in line with GDC's goals, which could include:
 - Approach to maximize in-prison services for offenders with chronic conditions while maintaining high-quality standards, services, and patient outcomes
 - Development of individual treatment plans for offenders with chronic conditions, including patient education
 - Evidence of successful implementation of disease-specific chronic care management programs in other correctional settings

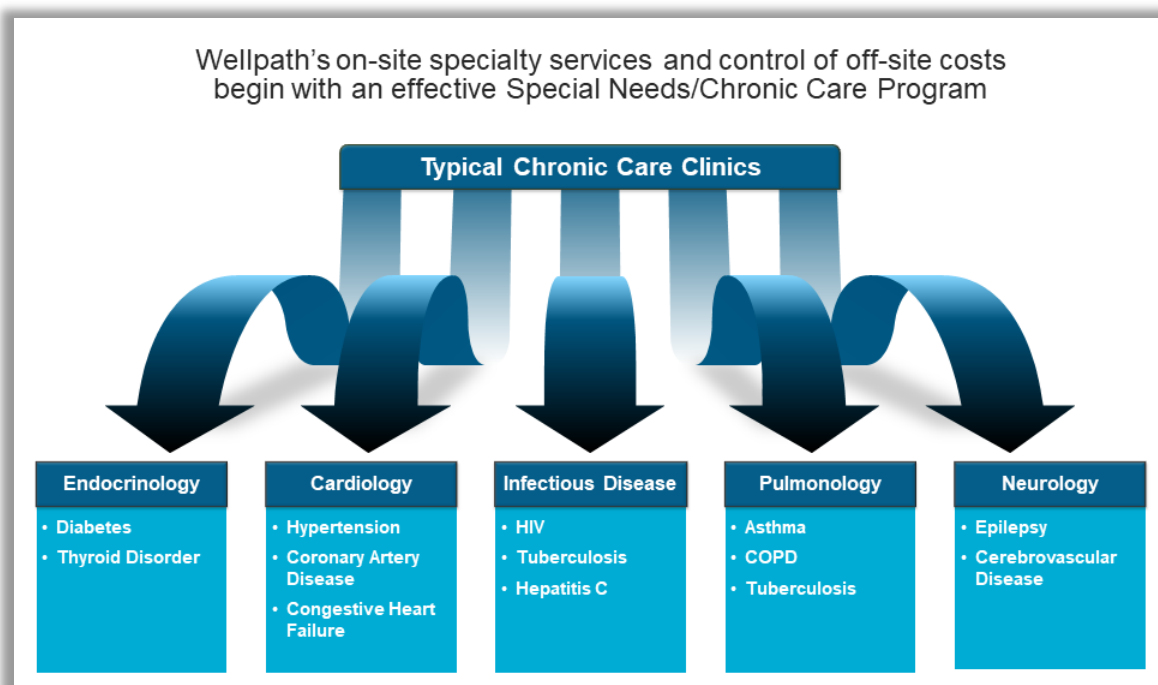
Wellpath's response follows on the next page.

Wellpath will meet the individual requirements stipulated in **Attachment D. 4. Chronic Care Management, A.2 of Attachment B – Scope of Services**, and **Exhibit 5 – Sample Scope of Work**. We will provide these services in accordance with established industry best practices, NCCHC and ACA standards, and GDC policies and procedures, including *SOP 507.04.28* and *Clinical Update 02.05*.

We recognize that many GDC patients will have special health care needs requiring ongoing medical supervision and/or multidisciplinary care. Our special needs program focuses on the identification, referral, and treatment of patients with special needs, including chronic conditions (e.g., diabetes, hypertension, asthma, seizures, etc.) and communicable diseases (e.g., HIV, tuberculosis, etc.). This focus allows us to manage our patients' needs before they escalate and require off-site consultation or result in grievances and litigation.

We consider individuals with long-term health care needs related to chronic conditions or acute medical and/or mental health problems to be special needs patients. Our goal is to provide these patients with medical care that promotes health maintenance and health improvement. The special needs program also emphasizes patient education to encourage adherence with treatment plans, both during and after incarceration.

Special Needs Screening. Wellpath staff will perform a special needs screening as part of the receiving screening and again during the health appraisal. The special needs screening addresses housing, monitoring, and follow-up for special needs patients. The results of the special needs screening are documented on a Chronic Care Referral form and placed in the patient's health record. Wellpath staff receive focused training and guidance on interventions based on results of the special needs screening. If a patient requires ongoing care, Wellpath staff will make recommendations for specialty health care, appropriate housing, work assignments, and program participation. Patients with special needs may also be identified through self-report, during a provider encounter, or by GDC staff. Self-reported conditions are entered in the patient's health record and verified by the medical provider. Referrals from custody staff are managed the same way as reports made by the patient directly to healthcare staff.



Individualized Treatment Plans (ITPs)

The physician or mid-level designee will develop a written ITP for patients with special medical conditions requiring close medical supervision, including chronic and convalescent care. The plan will be based on the medical history and physical examination findings. Patients with a mental health special need condition will be referred to a mental health clinician, who

will perform an initial mental health special needs assessment and develops an individualized mental health special needs treatment plan based on the results of the assessment. Special needs treatment plans act as a reference for healthcare personnel involved in the patient's care by providing instructions regarding diagnostic and therapeutic interventions, pharmaceutical therapy, special diets, and patient education. Treatment plans will also include short-term and long-term goals and the methods to be used in pursuing them.

Patients identified with chronic illnesses on intake will also be assigned to scheduled health education groups as soon as they are able to attend. Our staff emphasize the importance of attending these groups during their initial treatment team meeting and at each update. Treatment team members are reminded about the importance of holistic care for the patients, including awareness of on-going medical issues. This awareness fosters early intervention by staff during treatment team meetings, including conversations about challenges the patient may be experiencing. Treatment staff will have access to UpToDate® Clinical Knowledgebase, an online medical resource for evidence-based clinical references and patient education materials.

The treatment team provides the intensive case management of the chronic medical conditions alongside psychological challenges the patient may experience. Medical providers will be invited to attend treatment team meetings of patients living with challenging, difficult to manage or unusual conditions. They will help the patient as well as the team to better understand the disease and its treatment. The more the patient understands about their chronic condition, the better the treatment team and providers will be able to provide early intervention when symptoms arise resulting in less suffering for the patient and lower total cost of care (TCOC).

Medical special needs patients will be enrolled in the General Medical Clinic and be reviewed by a physician or mid-level provider every 90 days, or at other intervals when medically indicated. These consultations will be documented in the patient's health record and include the date and time of the consultation, the provider's name and title, and any new orders for the patient's treatment. Wellpath clinicians will determine the frequency of chronic care visits based on the patient's condition(s) and recommendations from the Wellpath Minimum Standards for Care of Chronic Disease.

Chronic Care Management and Guidelines. We will establish Chronic Care Clinics at all GDC facilities, county prisons, and private correctional facilities and provide a complete chronic disease management program in accordance with NCCHC standards. Our chronic disease management program is designed to reduce the frequency and severity of symptoms, prevent disease progression and complication, and foster improved function. Our multifaceted program includes clinical monographs, disease-specific guidelines, clinical decision support tools, and a clinical informatics platform to guide population-based interventions that are consistent with national clinical practice guidelines for common chronic diseases as highlighted in the graphic below:

Our practitioners follow disease-specific, evidence-based clinical decision support protocols to ensure continuity of disease management at the initial and follow-up patient encounters. Practitioners also use a set of established Minimum Standards for Care of Chronic Disease, based on recommendations from professional organizations, to guide their treatment decisions. To support these decisions, we developed Clinical Monographs that represent best practices our practitioners should use when treating specific medical conditions. The purpose of the Clinical Monographs is to reduce variability in the care provided to groups of patients with similar healthcare needs.

Chronic Care – Clinical Monographs		
Asthma/COPD	GERD	Sickle Cell Anemia
Benzodiazepine Use	HIV	Thyroid Disease
Cataracts	Hyperlipidemia	Tuberculosis
Cirrhosis	Hypertension	URI
Chronic (non-cancer) Pain	Kidney Disease	Alcohol & Benzodiazepine Withdrawal
Diabetes	Measles	Wound Closure
Emergency Contraception	Seizure Disorders	Coronary Artery Disease
Hepatitis	Renal Disease & Dialysis	Mental Illness

Adherence to Chronic Care Guidelines

Our CQI program includes screens, such as Continuity of Care – Chronic Disease, Patients with Special Health Needs, and Special Needs Treatment Planning, to ensure adherence to appropriate chronic care guidelines. Additionally, our staff members have access to UpToDate® Clinical Knowledgebase and Support Tools. UpToDate covers more than 10,000 topics in 22 medical specialties and includes more than 9,000 graded recommendations; 27,000 graphics; and 380,000 Medline abstracts, as well as references and a drug database. Content is reviewed and edited continuously and updated within UpToDate every weekday. This instant availability of continuously updated, evidence-based healthcare information helps medical staff provide the highest quality care. UpToDate includes treatment recommendations based on the latest and best medical evidence. Recommendations are kept current as new studies are released and practices change. UpToDate also helps to increase the quality of patient care by allowing providers to print patient education materials and discuss them with the patient while they are together.

Topics available within medical specialties in UpToDate include:

- | | | |
|------------------------|-----------------------|---------------------|
| • Medical Calculators | • Gastroenterology | • Rheumatology |
| • Adult Primary Care | • Nephrology | • Surgery |
| • Allergy & Immunology | • Neurology | • Internal Medicine |
| • Cardiology | • Hematology | • Geriatrics |
| • Critical Care | • Hepatology | • Psychiatry |
| • Drug Information | • Infectious Diseases | • Dermatology |
| • Emergency Medicine | • Oncology | • Palliative Care |
| • Endocrinology | • Pulmonology | |

Frequency of Care

Patients with a diagnosed chronic illness will be placed on the chronic care clinic list, and seen by the primary care physician, at a minimum, every six months with a nurse or mid-level practitioner evaluation in between the six-month physician visit. All clinical documentation will be entered into the patient's medical record at the time of the encounter per GDC policies. The patient's treatment plan will be adjusted as appropriate based on clinical status and achievement of identified treatment goals. Treatment will include follow-up based on clinical status and the degree of disease control. Appropriate laboratory work and diagnostics will be initially and periodically collected.

We will track patients with chronic illnesses on a chronic care roster and will report these patients to the Department on a monthly basis. We will maintain a list of chronic care patients that includes the date of intake, date referred to the chronic care program, date of most recent visit, and date of next scheduled visit. Monthly Medical Audit Committee (MAC) meetings will include discussion of statistics such as number of patients by chronic care diagnosis and number of chronic care patients seen in the clinic by the providers.

Patients identified with chronic illnesses on intake will be assigned to scheduled health education groups as soon as they are able to attend. Our staff emphasize the importance of attending these groups during their initial treatment team meeting and at each update. Treatment team members are reminded about the importance of holistic care for the patients, including awareness of on-going medical issues. This awareness fosters early intervention by staff during treatment team meetings, including conversations about challenges the patient may be experiencing. Treatment staff have access to UpToDate® Clinical Knowledgebase for patient educational materials.

The treatment team provides the intensive case management of the chronic medical conditions alongside psychological challenges the patient may experience. Mental health providers will be invited to attend treatment team meetings of patients living with challenging, difficult to manage or unusual conditions. They will help the patient as well as the team to better understand the disease and its treatment. The more the patient understands about their chronic condition, the better the treatment team and providers will be able to provide early intervention when symptoms arise resulting in less suffering for the patient and lower total cost of care (TCOC).

Approach to Maximizing In-Prison Care

We are always striving to develop and implement clinical and technological innovations to both maximize and improve the delivery of in-prison patient care, particularly for those with chronic conditions. The increased utilization of telehealth, for example, allows for greater access, equal quality, improved patient experience, and improved TCOC.

The recent COVID19 Pandemic has created an environment to demonstrate the effectiveness of this mode of healthcare delivery in the corrections environment. Our staff were able to accomplish a rapid, smooth transition from the traditional on-site services model to the telehealth model in dozens of institutions across the country as a way to reduce physical exposures of staff and patients while allowing for maintenance of services during a major crisis. While not a substitute for face-to-face interactions when clinically indicated, improved technology and training of physician extenders have increased the opportunity for telehealth to be a more complete solution.

We look forward to working with the GDC to further expand its use of telehealth services. We believe a subset of chronic disease care can occur effectively through telehealth and we would look forward to working with the Department on identifying the correct subset of patients and specialties where quality care is not compromised. Both internal (Wellpath providers) and external specialists could be sourced to perform these visits. Any chronic disease program, in addition to telehealth efficiencies gained in patient management (quality, timely care), would also be measured by total cost of care considerations.



Wellpath Centers of Excellence. As described more fully above, our Wellpath Healthcare Cloud provides our clinical team with the resources to launch a major paradigm change in the delivery of integrated, coordinated, and value-based correctional healthcare. This paradigm change includes our embrace of the **Wagner Chronic Care Model—an organizational approach to caring for people with chronic disease in a primary care setting.** The system is population-based and creates practical, supportive, evidence-based interactions between an informed, activated patient, and a prepared, proactive treatment team. Our Wellpath Healthcare Cloud incorporates the use of specialty specific Centers of Excellence (COEs) to increase general medical subspecialty availability via telehealth for on-site direct patient care. Wellpath chronic care COEs deliver best practice clinical management through telehealth visits, addressing quality, access, the patient experience, and TCOC. Wellpath has initiated the process to have our individual specialty programs accredited by the NCQA.

Our HIV COE, for example, uses best practice care delivery and best pricing for specialty pharmaceuticals in collaboration with provider specialists from our academic medical center partner. Therapeutic optimization addresses quality and total cost of care by choosing the correct drug regimens to suppress viral load and improve medication adherence. Specifically, we will be able to use both generic and higher cost specialty drugs to maximize outcomes, with HIV care being performed by infectious disease experts who specialize in corrections. Outcome measures include suppression of circulating virus, preserving immunologic function, reduction in morbidity and mortality, and prevention of transmission. These outcome measures are made possible by procedures to optimize screening, laboratory testing, continuity of care, and therapeutic optimization. **Wellpath's HIV COE program has achieved viral suppression rates 30% higher than the national average.**

We are committed to aggressive counseling, testing, and treatment for HIV infection. Education about risk factors for HIV is provided globally through posters and educational material given at orientation, but also by individualized counselling sessions with qualified infectious disease managers. Wellpath has Test Counselors and Educators that conduct educational programs with a focus on risk reduction. HIV infected patients are seen regularly in chronic disease clinic, with clinical support given by board certified infectious disease experts. Early identification and treatment, with undetectable virus is the goal for all patients. Close monitoring for immunization status, and prevention of opportunistic infections is managed according to IDSA standards. Hand-off to community care occurs during re-entry, acknowledging social determinants of health (SDOH) and compliance factors for medication adherence as most important. The ability to use community resources to address SDOH and programs, such as the National Aids Foundation, for medication supplies. This "Best Practice" care paradigm helps achieve great care for Wellpath COE programs at intake, during incarceration care and positions the patient for safe re-entry.

Hepatitis C. Wellpath will provide Hepatitis C treatment on-site at GDC facilities. Our organization has developed and implemented statewide Hepatitis C programs for multiple DOC client partners. These programs include patient education, diagnosis, and treatment. More than five years ago, we deployed a Hepatitis Clinical Decision Support program which has since expanded into a program that uses registries for patients with HCV disease in 34 states. In combination with our use of a Hepatitis C Registry, the Clinical Decision Support Program improves safety, efficacy, and cost by providing:

1. Facility-specific standardized registry to track the evaluation and management of all patients
2. Medication monographs for each Direct Acting Antiviral (DAA)
3. Patient education materials
4. Consents for DAAs that are medication specific
5. Lab monographs to correctly order the required tests

We will provide the state a quarterly report detailing our compliance with all HCV requirements.

As the only private healthcare provider to the Federal Bureau of Prisons (FBOP) at the Federal Correctional Complex in Beaumont, Texas, Wellpath fully understands and has the experience to ensure our Hepatitis-C treatment services align with FBOP protocols.

In several of our DOC contracts, we have assisted the Department in complying with Hepatitis C class action lawsuit settlement agreements or consent decrees. In support of these court stipulated requirements, Wellpath designed and implemented Hepatitis C treatment procedures and hired additional providers as necessary to ensure sufficient providers were trained in the treatment of these patients and to support treatment mandates. We successfully started more than 1,000 Pennsylvania DOC patients on Hepatitis C treatment with a Direct Acting Anti-viral (DAA) from July 1, 2019 through June 30, 2020.

Specifically for the Massachusetts DOC, the number of patients on the registry was reduced from 800 to 188 over the course of 20 months. Patients are prioritized according to the Federal Bureau of Prisons (FBOP) assessment and classification process. Once the patients with highest priority are treated, patients with lower priority are treated next. More than 1,110 patients have been treated with a cure rate of 96%. We anticipate that the registry will be fully cleared through treatment with DAA therapy by mid-year 2021 in Massachusetts. Even during the multiple challenges presented during the COVID-19 pandemic, the Infectious Disease team continued providing the high level of care for patients that needed to be seen, those requiring consent for treatment and treatment. We have maintained compliance with all consent decree requirements and have not received any negative findings during contract monitor decree audits.

Our Arkansas Department of Corrections healthcare team has also successfully leveraged our COEs for the treatment of autoimmune/anti-inflammatory diseases, such as Crohn's and rheumatoid and psoriatic arthritis, by working with a 340B eligible entity to implement best practice programs specific to initiating therapy, the use of biosimilars, ongoing monitoring, vaccinations, and education—all while accessing 340B pricing—with a resulting savings of approximately \$500K in 2019 and just over \$1MM in 2020.

Future Healthcare Cloud Innovations

Innovation in care delivery evolves daily in healthcare. Technology and new paradigms of care are developed and piloted within the Wellpath Healthcare Cloud to address quality, access, the patient experience, and TCOC. New services and treatments being developed include diabetes management, telecardiology treatment, on-site care for acute orthopedic injuries and patient intake tools. Additionally, post incarceration chronic care and preventive medicine, specifically addressing social determinants of health, will be an ongoing opportunity to bridge the correction-community transition, with outcomes focused on medical wellbeing and recidivism.

To ensure we provide optimal patient care, our clinical staff and leadership keep abreast of peer reviewed research and developments, including emerging therapies, paying particular attention to their potential use in correctional medicine. New and emerging therapies and proposed care innovations will be assessed for feasibility and appropriateness in the correctional setting throughout the term of the contract and in collaboration with the GDC. All such proposed therapies will

be based on recommendations from the Centers for Disease Control and Prevention and/or other recognized authorities on the management of chronic disease.

Strategic Partnerships—Kentucky DOC Oncology Program

Wellpath recognizes the need for collaborative care in multi-supplier environments and strive to develop strategic partnerships to improve on-site patient care. For example, we developed a strong partnership with Norton Healthcare, enabling us to provide innovative programs for the patients entrusted to our care by the Kentucky DOC. The Wellpath Cancer Care Program at the Kentucky State Reformatory has treated more than 200 patients since March 2016. Patients at all Kentucky DOC sites have benefitted from this unique program, which allows us to provide cutting-edge, life-saving cancer treatments, while eliminating hundreds of off-site trips each year. This program has become so successful in treating patients within the DOC, that our cure rates for all types of cancers, is better than both the state and nationwide averages.

The following are just a few of the advantages and accomplishments of our program:

- Promotes compliance with the patient's therapeutic regimen by providing strong peer and medical team support
- 100% compliance rate for all patients being cared for in a four-year period
- Decreases exposure to secondary infections, which can be deadly for those with compromised immune systems, by decreasing the need for multiple off-site trips
- Decreases off-site trips by providing chemotherapy and other related treatments on-site, and using telemedicine follow-up visits with the oncologist
- Establishment of a statewide database that enables us to track patients over a five-year period after treatment, preventing delays or omissions in follow-up care
- Cure rate of 80%, based upon six months remission, for all types of cancers

5. Specialty Care (e.g., dialysis, imaging services, lab, & vision) – Limit 4 pages

Instructions: The Supplier must provide a response to the requests below. No supporting documents shall be accepted.

- Supplier shall describe its qualifications, previous experience, and performance related to providing all required specialty care services in a correctional setting.
- Supplier shall provide a clear picture of the supplier's approach to specialty care services provided in-prison within GDC facilities in accordance with meeting the minimum basic requirements (A.3 of Attachment B – Scope of Services). This overview should include dialysis, imaging services, lab, and vision care.
- This overview should also address sources of distinctiveness in line with GDC's goals, which could include:
 - Approach to maximize in-prison care while maintaining high-quality standards, services, and patient outcomes
 - Approach to provide differentiated services for one or more specialty services
 - A detailed description of sub-contracting (if applicable)

Wellpath's response follows on the next page.

Wellpath will meet the individual requirements stipulated in **Attachment D. 5. Specialty Care, A.3 of Attachment B – Scope of Services, and Exhibit 5 – Sample Scope of Work**. We will provide these services in accordance with industry best practices, associated GDC policies, and national standards promulgated by the NCCHC and ACA.

Our organization has successfully established on-site programs and specialty care clinics across the country. Our staff are dedicated to reducing unnecessary costs and community risk associated with off-site care when it makes sense to do so. We work to develop on-site specialty clinics based on population needs using utilization statistics. Our staff continuously evaluate statistics regarding off-site specialist consultations and determine what services could be more cost effectively provided on-site. Services brought on-site typically result in cost savings as a result of clinic (rather than per patient) rates and decreased security transportation expenditures. We also use telemedicine to the greatest extent possible to provide specialty clinics.

Whether on-site or off-site, Wellpath will ensure access to the qualified medical professionals for the specialty services required to meet the needs of the GDC patients. Our organization has a dedicated Network Development Team focused on creating comprehensive correctional provider networks through partnerships with local hospital systems and specialty physicians to ensure access to required services. Our Network Development Team will be able to provide a real time provider network directory report to the GDC, as needed. We also include a fully integrated provider directory in Wellpath Connect as part of the Wellpath Healthcare Cloud offering. Wellpath will strive to provide specialty services on-site to the greatest extent possible, while ensuring our patients receive medically necessary health care in the most appropriate setting. If a patient needs specialty services not available on-site, we will authorize, schedule and coordinate the care needed with community providers.

In addition to optimizing on-site medical services, we also prevent the unnecessary use of outpatient/off-site care and inpatient hospitalizations by using our advanced utilization management techniques.



Within the **Wellpath Healthcare Cloud, Wellpath Connect**, our centralized care management service is designed to create standardization and increase adherence to evidence-based protocols – driving safe, high-quality and cost-effective care improvements. The goals of the program are to ensure patients receive timely access to on-site specialty care through enhanced remote care coordination and that our providers are supported locally with expert clinical consultations via e-consults and video visits. Wellpath Connect creates more clinical control and cost efficiencies for both on-site and off-site healthcare services.

Wellpath will be partnering **AWC Networks, LLC** (AWC), the GDC's current provider of major medical specialty services to ensure access to the qualified medical care specialists and specialty services required to meet the needs of the GDC patients in our care. AWC networks are custom-built and can be modified to meet the specific and changing needs of any new or existing client. All major medical specialties are available within the network. Access to key medical facilities will support effective & convenient patient care, including:

- General & specialized treatment facilities
- Full menu of diagnostic facilities
- Wide array of rehab facilities
- Facilities with unique capabilities (AMC's High Security Prison Unit)

Over 50 AWC providers are designated to accept GDC patients, including Wellstar's Atlanta Medical Center (AMC), is a Level I Trauma Center and an Advanced Primary Stroke Center, and Wellstar's AMC South. GDC will also benefit from AMC's High Security Prison Unit.

List of Specialties

AWC's Specialty Network consists of a highly skilled and reputable group of board-certified physicians, dentists, mental health professionals, hospitals, ambulatory surgery centers, and ancillary providers that provide a full range of comprehensive medical treatment and services. With a focus in workers' compensation, personal injury and correctional health, the Specialty Network offers a collection of diverse services ranging from A-Z.

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|---------------------------|---------------------------------|-----------------------------|
| • Allergy | • Gynecology Oncology | • Orthopedics |
| • Audiology | • Hematology/Oncology | • Pain Management |
| • Cardiology | • Infectious Disease | • Palliative Care |
| • Cardiac Catheterization | • Intensive Care | • Pathology |
| • Cardiothoracic Surgery | • Internal Medicine | • Physical Medicine & Rehab |
| • Colorectal Surgery | • Nephrology | • Physical Therapy |
| • CT/MRI /Imaging | • Neurology | • Plastic Surgery |
| • Dermatology | • Neurosurgery | • Podiatry |
| • Dietician | • OB/GYN | • Pulmonary/Sleep Center |
| • EEG/EKG/EMG Lab | • Obstetrics | • Radiology |
| • Emergency Medicine | • Oncology | • Rheumatology |
| • ENT | • Ophthalmology | • Spine, Neck & Back |
| • Family Medicine | • Oral Pathology | • Speech Pathologist |
| • Foot & Ankle | • Oral Surgery | • Surgical Specialists |
| • Gastroenterology | • Orthopedic Surgeon | • Thoracic Surgery |
| • General Surgery | • Orthopedics | • Urology |
| • Gynecology | • Outpatient/Ambulatory Surgery | • Vascular Surgery |

Whether through a Wellpath contracted provider, AWC network provider, and/or through a licensed telehealth provider we will deliver the specialty services required to meet the healthcare needs of GDC's patient population. We will provide the GDC with a list of all on-site services available per facility at least 30 days prior to the start of services. Our staff will keep the list current and update the GDC as needed with copies provided upon request.

By maximizing on-site resources, we will reduce unnecessary off-site costs and trips, while allowing for better provision of care to our patient population. Our staff will request appointments for specialty services through **Wellpath Connect**, which allows us to prioritize and track specialty appointments to ensure they take place within required timeframes. Once reviewed by the **Wellpath Connect** Provider, the appointment is scheduled through our care management system.

We have successfully established a multitude of on-site programs and healthcare clinics across the country. Upon award, we will evaluate statistics regarding off-site specialist consultations and determine what services could be more cost effectively provided on-site. We continuously evaluate the potential benefits of implementing on-site clinics based on the number of cases presenting within a given institution (a minimum of six patients per specialty in a 30-day period) or if the cost of transporting the patients exceeds the cost of the on-site services. This process will evolve as our relationship with the GDC facilities and the telehealth program evolves during the contract.

Proposed On-Site Subcontractors

A list of our identified subcontractors is provided in **Section 1.N** of this proposal. Signed Subcontractor Affidavits for each are included as a separate attachment to our response.

Audiology. Wellpath contracts nationally with Audicus, Inc., who in consultation with a state licensed audiologist will program and provide hearing aids when medically indicated. Audicus offers an innovative online hearing test that allows their audiology professionals to quickly develop accurate hearing loss profiles, which they use to program custom hearing aids. Audicus will provide correctional facilities with the equipment and training to perform digital, telehealth hearing tests that will provide results equivalent to a hearing test. The equipment will include:

- USB sound card
- Audiometric headset

AUDICUS

- Cleaning wipes
- Hearing earmuffs
- Carrying bag

Training will be provided to nursing/healthcare staff, so that a hearing test can be administered at the FCC. Once the test is administered, results will be uploaded digitally for a licensed Georgia audiologist to review. Recommendations will be provided regarding the patient's need for hearing aid(s). A report will be provided to the FCC for their records. If hearing aids are required and approved, Audicus will customize hearing aids to the patient's hearing test and ship the hearing aids directly to the facility. Audicus will also provide phone, email and on-line chat support as needed. Audicus will assign a dedicated Account Manager and Audiologist to provide day-to-day support.

Dialysis Services. Wellpath will provide dialysis services in accordance with RFP requirements and GDC policies and procedures. We have a national contract with **CharDonnay**

CharDonnay Dialysis 

Dialysis, Inc., the GDC's current dialysis provider, for the provision of on-site hemodialysis services. CharDonnay specializes in providing dialysis services to correctional institutions throughout the country. By incorporating their nephrologists, nurses, dialysis technicians, biomedical technicians, and administrative support into our team, we can provide an uninterrupted delivery of comprehensive dialysis services consistent with ongoing care for GDC patients. On-site services will include initial assessment, individualized care plans, and monthly follow-ups. Individualized care plans are based on an evaluation of the nature of the patient's illness and the treatment modality prescribed. These care plans address each patient's physical, medical, dietary, psychological, functional, and rehabilitation needs. Patients undergoing dialysis will receive education to help them understand all aspects of their treatment.

Imaging Services. Wellpath will be responsible for providing radiology services and equipment in accordance with RFP requirements and *SOP 507.04.80*. We contract nationally with **Global Diagnostic Services, Inc.**, a certified minority-owned business, to provide a cost-effective and comprehensive radiology program. We will provide radiographs by a registered technician, interpretation by a board-certified radiologist with provisions for written reports of all findings and recommendations in a timely manner consistent with community standards. Basic ultrasound services will also be provided on-site subject to the interpretation guidelines outlined above. All test results will be documented in the patient's medical record and the healthcare professional ordering the tests will provide documented acknowledgement of the results in the EHR.



Wellpath will work with Global Diagnostics to maintain a routine schedule for on-site radiology services, including:

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|-------------------|----------------------------|
| • X-Ray Services | • Pulmonary Function Tests |
| • Ultrasounds | • Holters |
| • Sonograms | • Upper GIs |
| • Doppler Studies | |

Digital radiographs will be taken by a registered technician at times designated by the institution (regularly scheduled days) unless institutional operational schedules dictate otherwise. All results will be provided for review and sign-off. The Wellpath Medical Director, or physician designee, will review, initial, and date all x-ray reports in a timely manner. A plan of care will be established as appropriate. All x-rays and radiology special studies are read by a board-certified radiologist, to include a typed and/or automated report. Reports are provided to the institution as soon as read and no later than 24 hours after the reading. The radiologist will call the institution with any report requiring immediately intervention. Diagnostic results are reviewed by a MD, CRNP or PA within three days.

A direct interface with ERMA, once implemented, will allow results/reports to be automatically updated, facilitating provider review and sign-off within 24 hours of radiologist reading. We will ensure the radiologist calls the institution with any report requiring immediate intervention. The site Medical Director or physician/mid-level designee will be notified of all abnormal radiology results and will review, initial, and date all X-ray reports within five working days. The site Medical Director or physician/mid-level designee will meet with the patient to discuss their results and will establish a plan of care as appropriate. Any follow-up with the patient will be noted in the medical record.

Mobile CT Scans/MRIs. Wellpath will be partnering with **Alliance Healthcare Services**, the GDC's current provider of on-site mobile MRI/CT and PET/CT scans, for the continued provision of these services at the Augusta State Medical Prison and Helms Transitional Center.



Vision Care. Wellpath will provide eye care to patients in accordance with SOP 507.04.22. We will partner with **Institutional Eye Care (IEC)**, a national provider for on-site Optometry clinics. We have a national agreement with IEC, the largest vision services provider to correctional facilities in the country, currently servicing over 1,000 separate county, state and federal correctional sites. IEC has over 700 Licensed & Credentialed Professionals providing services in all 50 states. IEC is also a certified **Small Business Enterprise (SBE)**.



Laboratory Services. Wellpath will provide laboratory services in accordance with SOP 507.04.81, SOP 507.04.82, and 507.04.83. We will partner with **LabCorp**, one of the largest clinical laboratory networks in the world, with a United States network of 36 primary laboratories. LabCorp's laboratory services meet standards set forth by the American College of Pathology. Laboratory services provided on-site will be guided by a diagnostic procedure manual, include all GDC required services, and be seamlessly transitioned. On-site services will be in accordance with the Clinical Laboratories Inspection Act. Laboratory services provided on-site will be guided by a diagnostic procedure manual and will include all services required by GDC policy. On-site services will be in accordance with the Clinical Laboratories Inspection Act.



Medical Equipment and Supplies. Wellpath will be responsible for supplying and maintaining medical equipment and supplies in accordance with RFP requirements and GDC policies and procedures. Our organization has a national contract with **McKesson Medical-Surgical Inc.**, the GDC's current provider for these services, to supply durable medical equipment and supplies. McKesson is one of the largest medical distributors operating 37 distribution centers nationwide allowing us to source medical supplies and equipment on-demand with prompt delivery. We will ensure all GDC facilities have the necessary supplies and durable medical equipment (DME) to provide on-site care and treatment of the patient population on Day One, including but not limited to laboratory, radiology, and medical supplies.



For new contracts and facilities, we use a formalized startup process that includes a startup order survey based on contractual requirements and includes a request for the incumbent and/or client to provide a list of all supplies. After completing an inventory assessment, our procurement team addresses any gaps while our clinical and operations team work locally with incumbent staff and the GDC to ensure a seamless delivery of services. Once established, we implement par level ordering lists and order the supplies necessary to ensure the continuation of proper care. All material and equipment will comply with standards promulgated by the American National Standards Institute (ANSI) or with the rules of the Food and Drug Administration under the Safe Medical Devices Act.

Orthotics/Prosthetics. Wellpath will provide medical orthotics and prostheses in accordance with SOP 507.04.63. We have a national contract with **Hanger Prosthetics & Orthotics, Inc.** for providing on-site medical orthoses, prostheses, and other aids to impairment, including braces designed for orthopedic stability, and orthopedic special shoes and alterations. Hanger is a leading national provider of products and services that assist in enhancing or restoring the physical capabilities of patients with disabilities or injuries.



6. Palliative Care – Limit 3 pages

Instructions: The Supplier must provide a response to the requests below. No supporting documents shall be accepted.

- Supplier shall describe its qualifications, previous experience, and performance related to delivering in-prison palliative care.
- Supplier shall provide a clear picture of the supplier's approach to providing in-prison palliative care, in accordance with meeting the minimum basic requirements (A.2 of Attachment B – Scope of Services).
- This overview should also address sources of distinctiveness in line with GDC's goals, which could include:
 - Core elements of palliative care offerings (e.g., patient education, use of a multidisciplinary team, conditions for care provision, partnerships)
 - Approach to integrate palliative care into the care plan for eligible offenders
 - A detailed description of sub-contracting (if applicable)

Wellpath's response follows on the next page.

Wellpath will meet the individual requirements stipulated in **Attachment D. 6. Palliative Care** and **A.2 of Attachment B – Scope of Services**. We will provide in-prison palliative care in accordance with established industry best practices, NCCHC and ACA standards, and GDC policies and procedures, including *SOPs 507.04.60, 507.04.87, and 507.04.89*. Our organization has developed and/or operates a number of End of Life/Hospice Care programs within state prison systems, including for the Arkansas, Kansas, Kentucky, Maine, and Pennsylvania DOCs.

- In the Arkansas DOC, we manage the special needs unit and applies hospice principles, including end of life (EOL) activities.
- In the Kansas DOC, our hospice program surpassed industry standards, and was recognized by the National Hospice and Palliative Care Association (NHPCA).
- At Kentucky State Reformatory, our organization provides services for the skilled nursing care facility, including on-site oncology, chemotherapy, and a hospice program that supports these activities.
- In the Maine DOC, we partner with the Maine Hospice Council and community volunteers to bring an elevated awareness of end-of-life issues and enhanced educational programming for staff regarding sensitivity in issues of grief and loss.
- In the Pennsylvania DOC, we developed and implemented an EOL program in collaboration with the Pennsylvania State University Department of Nursing.

Our commitment to end of life care with dignity and compassion aligns strongly with our mission, vision, and values – which is to provide quality care to every patient with compassion while treating our patients with the dignity they deserve. Consistent with that commitment, our staff attend programs sponsored by the National Hospice and Palliative Care Organization (NHPCO), considered the leading organization in implementing End of Life (EOL) programs. We use NHPCO Quality Guidelines for Hospice and EOL Care in Correctional Settings to guide our design and operation of these programs. **Jo Rene Kerns, a cofounder of our legacy company and a retired Wellpath Executive Vice President, co-authored this document and we believe it to be an exceptional tool.**

The following EOL programs exemplify our approach to palliative care and the quality of services we provide:

Kentucky DOC Hospice Services

Wellpath worked closely with the Kentucky DOC for more than six years to assist in the continuation and enhancement of the hospice programs at the Kentucky Correctional Institution for Women and at Kentucky State Reformatory, a medium-security prison for adult males. This included identifying existing space and suggesting modifications that would allow staff the capability to provide appropriate care in accordance with a hospice program, including addressing environmental factors such as lighting, paint colors, and privacy.

Across the Kentucky DOC, patients who are terminally ill are given the opportunity to create or modify pre-existing advance directives in accordance with DOC policies and to have their advance directive honored. Qualified healthcare professionals provide medical information to patients involved in end-of-life planning and who request such assistance in preparing an advance directive.

Multi-disciplinary treatment teams identify those patients who are critically ill or terminal, including those at a stage where their special care needs are better served through hospice care programming. The treatment team includes the site Medical Provider, the Medical Director, Health Services Administrator, Director Nursing or designee, mental health professional, and key security personnel.

The treatment team develops a plan of care for each hospice patient, detailing the care to be provided, based on the understanding, agreement, and involvement of the patient/family/assigned volunteer, and subject to regular review and adjustment. The plan details the means for easing distressing symptoms (physiological, psychosocial, and spiritual) through aggressive management and strategies for prevention of new problems. Advance directives such as Living Wills and Do-Not-Resuscitate Orders are seen as part of the ongoing discussion that occur as a part of the plan of care. Documentation of information and care services provided to the patient are documented in the medical record, including a statement that informed decisions were made, and that such decisions were voluntary.

Kentucky DOC hospice patients are reviewed weekly by the treatment team. The plan of care, outlining the team's approach to the multidisciplinary needs of the patient, is completed and updated monthly. Patients are continuously kept apprised of the plan and provided with education. It is important to respect the individual's needs to be informed and have input into decisions on their plan of care when possible. The plan of care incorporates aspects such as:

- Patient education
- Training in pain and symptom management
- Grief and depression counseling
- Patient's spiritual needs in accordance with end-of-life arrangements
- Increased visitation for families
- Adaptation of the environment
- Dietary needs
- Family Involvement in Hospice Care

The Kentucky DOC hospice program currently being managed by us allows for the involvement of the family in care, as appropriate to the setting and circumstances. We recognize in terms of end-of-life care, "family" is defined by the patient and may include persons who are not related to the patient by blood or legal ties. Our staff are trained in effective and compassionate communication with both terminally ill patients and their family members.

The Kentucky DOC is kept informed of changes in the medical needs of each patient as they may affect security risk levels. We also facilitate the signing of a release of confidential information authorizing site clinician's permission to discuss ongoing care or problems with the designated next-of-kin or guardian identified. If parole or functional incapacitation is an option, release planning is coordinated with Kentucky DOC.

Patients and community volunteers who have been screened in advance may also take part in EOL services. A hospice care manual is already developed pertaining to all specific procedures related to training, education, and patient care. Wellpath provides these individuals with proper supervision, and adequate training in facility rules and expectations of the hospice care program.

We have developed strong community linkages with Hosparus of Louisville to enhance the overall Kentucky DOC hospice program. Hosparus offers comprehensive training specialized for offender volunteers who want to work directly with terminally ill patients. The volunteer training course provides new volunteers with information regarding the Hosparus philosophy of care, volunteer roles, compassionate communication skills, concepts of death, dying and bereavement, and the role of the care providers (nurses, social workers, chaplains and nursing assistants).

Through our partnership with Hosparus, we have successfully expanded the pain treatment options for hospice patients, to include additional pain control delivery systems, such as transdermal and parenteral routes. It is our intent to continue to build on the connection that currently exists between us, Hosparus, and the Kentucky DOC in the overall plan to support and enrich the current Kentucky DOC hospice program.

Pennsylvania DOC End of Life Program

Our Pennsylvania DOC end of life/hospice program is based on established hospice correctional guidelines and industry best-practices including:

- Medically directed care
- Interdisciplinary plan of care development
- Family involvement
- Training and use of offender volunteers
- Training in pain and symptom management
- Grief and depression counseling

- Patient's spiritual needs in accordance with end-of-life arrangements
- Adaptation of the environment
- Patient education
- Dietary needs
- Alternative housing

The Pennsylvania EOL program has an established Care Management Committee (CMC) who are tasked with identifying critically ill or terminal patients who are at a stage where their special care needs are better met through hospice care. The CMC includes the Medical Director, Health Services Administrator, Director of Nursing or RN Supervisor, mental health professional, chaplain, dietician, and institutional representation. A physician not directly involved in the patient's care also provides a second opinion, documenting that the patient has exhausted medical therapeutics that could reverse the outcome of death through operative or medical means.

Hospice patients are reviewed weekly by the CMC. The plan of care, outlining the team's approach to the multidisciplinary needs of the patient, is completed and updated monthly. Patients are continuously apprised of the plan and provided with education. As deemed necessary, appropriate healthcare personnel assist patients with understanding, counseling, and implementation of healthcare proxies and advanced directives when medically appropriate.

We recognize an individual's need to be informed and to have input into decisions on their plan of care when possible. Patients approaching the end of life are permitted to execute advance directives, including living wills, healthcare proxies, and do not resuscitate orders. These directives are signed only after the patient receives appropriate information regarding the meaning and impact of such decisions and has been deemed competent to make such decisions.

We also actively engage family members, including those designated by the patient as "family," in the patient's hospice program whenever possible, including providing them increased time and access to the patient. We facilitate the signing of a release of confidential information authorizing site clinician's permission to discuss ongoing care or problems with the designated next-of-kin or guardian identified. Patients and community volunteers who have been screened in advance may participate in EOL services as well. We provide these individuals with proper supervision, and adequate training in facility rules and expectations of the Hospice Care Program.

Communication with and cooperation from security staff is also essential for the success of this program. The facility is informed of changes in medical needs of the patient as they affect security risk levels. In cases when a patient, someone to whom the court grants standing to act on behalf of the patient, or a staff member at a facility initiates an application for release due to terminal medical condition, we work with Department to coordinate the process until the patient is released to a hospital, nursing home, or community hospice center.

7. Infectious Disease – Limit 4 pages

Instructions: The Supplier must provide a response to the requests below. No supporting documents shall be accepted.

- Supplier shall describe its qualifications, previous experience, and performance related to delivering in-prison infectious disease care.
- Supplier shall provide a clear picture of the supplier's approach to providing in-prison infectious disease care, in accordance with meeting the minimum basic requirements (A.2 of Attachment B – Scope of Services).
- This overview should also address sources of distinctiveness in line with GDC's goals, which could include:
 - End-to-end infection prevention and control program for all infectious diseases, including, but not limited to, HIV, Hepatitis, Tuberculosis, Scabies
 - Comprehensive approach to prevent and address outbreaks in prison, such as COVID-19
 - Coordination with contracted pharmacy supplier to assess high-cost formulary related to HIV/Hepatitis C drugs

Wellpath's response follows on the next page.

Wellpath will meet the individual requirements stipulated in **Attachment D. 7. Infectious Disease** and **A.2 of Attachment B – Scope of Services**. We will provide an end-to-end infection prevention and control program in accordance with established best practices, associated GDC policies, and national standards promulgated by the NCCHC and ACA.

Our organization will implement infection control plans at each facility to establish a system of surveillance, eliminate or minimize the risk of infection and transmission of communicable diseases, including HIV, hepatitis, tuberculosis, and scabies, and provide for the reporting of diseases as required by local, state and federal law. Our infection control plans will adhere to guidelines established by the Center for Disease Control and Prevention (CDC), the Occupational Safety and Health Administration (OSHA), the Association for Practitioners in Infection Control and other nationally recognized infection control organizations. We will designate a licensed healthcare provider as an Infection Control Coordinator at each facility to oversee and ensure proper infection control techniques and programs are used.

Our infection control initiatives will be overseen by the Infection Control Coordinator, in alignment with NCCHC standards and GDC infection control policies, including *SOP 507.04.70* and consist of:

- Infection control committee meetings
- Concurrent surveillance of patients and staff
- Prevention techniques training for GDC staff, patients, and Wellpath staff
- Reporting of notifiable diseases and clusters to the Statewide Medical Director, Office of Health Services and the institutional Continuous Quality Improvement Committee (CQI) in addition to the state Division of Public Health.
- Other Federal regulations and statutes

Our organization has established infection control policies and procedures focused on the prevention, identification, and control of diseases. These infection control protocols address hand washing, housekeeping, decontamination, disinfection and sterilization of equipment and supplies, medical isolation, and infectious waste. We will develop a GDC facility specific infection control plan that includes:

- Procedures for screening for infectious diseases during the initial health assessment.
- An exposure control plan for communicable and infectious diseases, approved by the GDC
- Procedures for reporting infectious diseases in accordance with state and federal requirements.
- Standard for universal precautions to minimize the risk of exposure to blood and bodily fluids.
- Medical isolation capacity, including using negative pressure rooms.
- Procedures for ectoparasites (lice, scabies etc.).

Electronic copies of each facility's infection control plan will be provided to the GDC's Office of Health Services within 90 days of service commencement. Any infection control plan revisions will also be provided to the Department.

Wellpath provides infectious/communicable disease training, testing, immunizations, including Hepatitis B and Tuberculosis, and any necessary counseling to our employees as a part of the initial hire and orientation process and annually thereafter. We also maintain Hepatitis B vaccination and TB testing documentation in each Wellpath employee's medical record; these records are available to the GDC at all times.

Infection Control Committee

Wellpath healthcare providers from each facility will participate in the GDC's established statewide Infection Control Committee and assist with the implementation of any infection control initiatives and/or training for staff. In addition, we will establish institutional Infection Control Committees for specific GDC facilities as well. These committees are tasked with monitoring environmental and clinical processes as well as the effectiveness of activities related to surveillance,



Wellpath provides healthcare services for 10 local correctional agencies in Georgia and currently partners with multiple County Departments of Health for vaccines and testing.

prevention and treatment of communicable and infectious diseases. The Wellpath Site Medical Director will chair the Infection Control Committee. Other members of the Infection Control Committee may include:

- Director of Nursing
- Physician or Mid-Level Provider
- Dental or Representative, if applicable
- Infection Control Coordinator
- A representative from the facility administration as designated by the Warden/Superintendent
- Other health service staff and GDC representatives as deemed appropriate

Committee Meetings. Committee members will meet at least quarterly to review infection control reports, deficiencies in infection control practices, and institutional sanitation reports, in addition to TB prevention and control programs, Hepatitis B vaccination and training of staff and patients, and CQI studies related to infection control activities. The committee will communicate intra-institutional issues regarding infection control to the Office of Health Services and Facilities Division Director or designee, monitor compliance with employee health programs required by OSHA, report on outbreaks of communicable diseases or other infection control issues, and provide oversight to ensure institutional sanitation workers receive appropriate training for handling and disposing of biohazardous materials, blood and body fluid spills and other chemicals.

Infection Control Program Components

- **Surveillance**
 - Receiving Screening
 - Health Assessment
 - Periodic Health Assessments
 - Sick Call and Referrals
 - Contact Investigation
 - Environmental Health and Safety Inspections
- **Identification.** Appropriate medical staff will evaluate patients suspected of having a communicable disease. Staff will isolate patients suspected of having dangerous communicable diseases until disease confirmation and the period of communicability is determined.
- **Treatment.** Qualified healthcare providers will deliver care consistent with evidence-based medicine and usual care practices. We collaborate with local public health departments when appropriate treatment planning dictates. Staff document signs, symptoms, diagnostic results, treatment and outcome of care provided to patients who are suspected or confirmed of having a dangerous communicable disease.
- **Communication.** Staff will notify appropriate agencies including the Office of Health Services and Facilities Division Director or designee of any reportable diseases and conditions by completing appropriate forms, and if necessary, contacting the agencies directly in the event of multiple spread occurrences.
 - The Infection Control Coordinator, HSA, and Site Medical Director will be kept informed of any incidence of serious communicable disease.
 - The GDC facility leadership will be apprised of any situation that places patients, correctional officers, or any other staff members at risk.
- **Continuous Quality Improvement (CQI).** Our CQI Committee monitors infection control issues and evaluates infection control processes to ensure effectiveness. The committee collects monthly statistics for surveillance activities, disease identification, and cases treated.
- **Training.** We provide education related to the components of the infection control program and manual.

- **Data Collection & Reporting.** We provide guidelines for the systematic collection of data, which assist in the identification of problems, epidemics, or clusters of nosocomial infections.

Coordination with Contracted Pharmacy Supplier

Wellpath continually reviews data around efficacy and cost containment with regards to infectious disease medications including high-cost formulary related to HIV/Hepatitis C drugs and will coordinate action plans with the GDC's contracted pharmacy supplier, Correct Rx. Our two organizations have a track record of working successfully together on joint CQI initiatives at the facility and statewide level to ensure high quality, medically necessary, cost-effective healthcare is available to all patients, and that protocols developed are followed.

Approach to Prevent and Address Outbreaks

We understand that unlike other potential catastrophes, a pandemic outbreak may result in dramatically reduced staffing levels. In the event of a pandemic situation, we work to ensure key employees are available to carry out essential functions by establishing Work Rest Cycles and curtailing services as indicated. All staff will be notified of the need to remain on call and in the event of a significant shortage of staff or communications failure, our implementation of the Incident Command System (ICS). Staff will be pulled from other facilities to provide coverage as needed and potential alternative staffing plans are developed to include the use of non-healthcare personnel and volunteers.

Prioritized care may be necessary and is given to patients with serious medical needs and to the following:

- Infirmary operations for seriously ill patients
- Chronic care
- Life sustaining medication distribution for patients with critical medical conditions

We will determine guidelines for prioritizing delivery of health care based on the severity of an outbreak and rates of absenteeism, in consultation with the GDC Office of Health Services and State Medical Director. We partner with the local health departments to stay abreast of developing crises in the communities in which we provide health care. Sick call services in a crisis will be curtailed so urgent medical needs are assessed and treated while individuals with less urgent medical needs are treated with available resources or deferred. Our policies will align with GDC's and include:

- Transmission prevention guidelines
- Surveillance and tracking guidelines
- Social distancing
- Preparation/ Response and Recovery guidelines
- Housing locations that may be used to isolate or quarantine ill patients
- Procurement of supplies
- Plan for delivery of health care
- Plan for notification of staff
- Screening forms
- Implementation of the ICS in the event of a significant staff reduction or communications failure

Coronavirus Disease (COVID-19)

As in any crisis situation, Wellpath proactively prepares for any event by initiating protocols and developing a plan of action to keep pace with any potential situation as it may evolve. For example, our staff worked diligently to prepare for the arrival of patients and others with COVID-19 into our facilities. We followed recommendations from the CDC and the World Health Organization (WHO) and worked closely with public health authorities. During which, our leadership continued to provide accurate and current information to our client partners.

Our Key Focus and Actions. Our primary focus has continued to be:

- Preventing the spread of the disease
- Promptly identifying and isolating patients with possible COVID-19 virus
- Caring for patients with confirmed or suspected COVID-19 virus
- Maintaining COVID-19 emergency procedures in the event of a re-escalation
- Monitoring and managing potential staff exposures
- Communicating and collaborating effectively within the facility, with client agencies, and with the local public health authorities

To that end, we have taken the following key actions:

- **Wellpath Coronavirus/COVID-19 Executive Task Force:** We formed an Executive-led, multi-disciplinary Coronavirus/COVID-19 Task Force – a team of operations, clinical, and other leaders from our organization. The Task Force meets multiple times per week to ensure our sites have the information and resources needed to manage the situation.
- **We implemented the COVID Champion role and identified at least one Champion per building.** These COVID Champions are responsible for monitoring and communicating all things COVID-19. These COVID Champions are the key to providing consistent and accurate information from the Executive Task Force as well as bringing all issues to the Task Force.
- We developed a **COVID-19 Emergency Preparedness Checklist** that has been implemented at all of our facilities. It includes staffing contingency plans, ongoing monitoring, reporting and tracking of potential and confirmed cases, medical supply management, and supplemental intake screening procedures.
- **Wellpath Clinical Leader Huddles:** Our Associate Chief Clinical Officer led large weekly conference calls with our home-office and field-based clinical and operations leaders to share information, provide guidance and field questions. Key participants included clinical, nursing, procurement and human resources.

Wellpath has taken extraordinary efforts to ensure timely communication and collaboration between and among our team and our client partners. During the pandemic, Wellpath demonstrated our commitment and provided the following support for our client partners, including, but not limited to:

- Daily briefings with Central Incident Command
- Performed COVID testing
- Daily reporting of all testing and results
- Procurement and management of Personal Protective Equipment (PPE) including N95 masks, thermometers, and analyzers
- Weekly reporting of PPE inventories and quarantine data
- Expanded use of telehealth for remote encounters in addition to establishing areas for clinical contacts within the housing units to minimize inter-facility patient movement
- Daily mental health and nursing contacts for all residents on prolonged lockdown or quarantine
- Developed plan for storage, handling, distribution, and prioritization of COVID vaccine

8. Emergency Care – Limit 4 pages

Instructions: The Supplier must provide a response to the requests below. No supporting documents shall be accepted.

- Supplier shall describe its qualifications, previous experience, and performance related to delivering in-prison emergency care.
- Supplier shall provide a clear picture of the supplier's approach to providing in-prison emergency care, in accordance with meeting the minimum basic requirements (A.4 of Attachment B – Scope of Services).
- This overview should also address sources of distinctiveness in line with GDC's goals, which could include:
 - Approach to increasing in-prison emergency care (e.g., in-prison staffing of physicians with sufficient skills to perform common urgent/emergent procedures such as providing sutures, using x-rays to identify and treat bone fractures, etc.)
 - A detailed description of sub-contracting with EMS and air-flight services

Wellpath's response follows on the next page.

Wellpath will meet the individual requirements stipulated in **Attachment D. 8. Emergency Care** and **A.4 of Attachment B – Scope of Services**. We will ensure emergency services are available 24/7 at all facilities and provide urgent and emergent care in accordance with established industry best practices, NCCHC and ACA standards, and GDC policies and procedures, including *SOPs 507.04.37 through 507.04.41*.

Our staff will provide on-site emergency services, triage, and first aid, including use of AED or CPR services, and/or other emergency care as may be required to stabilize and assess any patients, visitor, volunteer, vendor, or GDC employee who becomes ill or injured and requires emergency care while on the premises. Following notification by phone that an individual requires medical attention, a qualified healthcare professional will access the condition to determine whether to dispatch medical personnel or transport the patient to the medical unit.

In the event of a life-threatening emergency, healthcare personnel will respond to the site immediately. Our healthcare teams are trained to respond to emergencies within four to six minutes. If a medical emergency occurs in the medical unit, our staff will provide immediate BLS measures and once stabilized, determine if the patient needs to be transported to an appropriate medical facility. Once stabilized, we will coordinate with local hospitals in emergencies and communicate with custody staff to coordinate emergency transport and ambulance services. If the patient is a visitor, vendor, or GDC employee, we will refer them to a personal physician or local hospital as appropriate. All such efforts will be documented, and the Site Medical Director and local EMS notified as appropriate.

All Wellpath nurses and physicians are trained to immobilize fractures and breaks including use of partial casts, braces, and wraps. We also ensure all physicians are proficient in suturing and provide additional training through on-site classes or physician to physician training as needed. Our providers are also proficient in doing initial “wet reads” of radiographs and will forward to radiology for final determination as needed.

Our partner, AWC, has contractual relationships with multiple hospital facilities with emergency departments including Wellstar’s Atlanta Medical Center (AMC), a Level I Trauma Center and Advanced Primary Stroke Center. On-site healthcare staff will make emergency off-site referrals based on established guidelines and their professional interpretation of a patient’s need. We will have an established plan in place and agreement with off-site facilities for such referrals. The on-call physician will be notified as soon as the situation allows. The Site Medical Director will conduct a retrospective review following an ER referral to ensure that the action was appropriate and to identify any additional staff training needed. A Wellpath healthcare provider will also evaluate the patient for follow-up care by the next working day following their return. Our staff will document the follow-up encounter on a progress note in the patient’s health record.

Emergency Equipment. We will maintain adequate emergency equipment and mass disaster supplies on site in accordance with *SOP VH 31-0006*. Our Emergency Preparedness Plan ensures the presence and proper use of emergency equipment and supplies, including crash cart equipment and disaster bag/mobile equipment, as well as a disaster kit for needs encompassing the entire facility. Our staff are trained on the proper use of emergency equipment and supplies. We use an Emergency Response Bag Contents List and Verification Log to ensure the constant availability of emergency response bag supplies. If unopened, the tags/locks on the emergency response bag are checked daily. The bag is also checked and restocked when opened. The emergency response bag also contains doses of Narcan for known or suspected opioid overdose.

Wellpath Now – Emergency Medicine Telehealth Service. To increase in-prison emergency care, Wellpath created an emergency medicine telehealth service in 2020 to bring emergency medicine expertise directly to the site of our patients. **Wellpath Now** provides on-demand consultation by emergency medicine-trained providers for non-life-threatening consults regarding need for emergency evaluation. **The Wellpath Now service has demonstrated provider response**



Life Saving Efforts. Wellpath team member Tony Nelson-Iannuzzi was recently presented an award for his excellent life-saving skills. He, along with our Frackville PA DOC medical staff, saved the life of a patient suffering cardiac arrest.

times of less than 6 minutes, delivering a rapid, patient-centered approach to emergency care. Our client partners have experienced a **24% reduction in emergency department transfers using Wellpath Now** in the correctional setting.

EMS and Air-Flight Services. We will coordinate and establish partnerships with EMS and air-flight services to support all GDC facilities throughout the life of the contract. Upon contract award, Wellpath will finalize contracts with EMS and air-flight providers within close proximity to each of GDC's facilities. Dr. Richard Maenza, Director of Wellpath Now, is an expert in prehospital ground and air transport, and will be available for 24/7 consultation for best practice transport criteria to eliminate waste and maximize quality. In addition, AWC's system allows for interface of scheduling to link to the GDC security and transportation system, if allowed, to coordinate care and decrease cost. AWC has recently expanded its telemedicine network to reduce the need for excessive transportation yet sustain access to specialty providers. Together, AWC and Wellpath will develop protocols to create these efficiencies.

Disaster and Emergency Preparedness Plans

In addition to medical responses, Wellpath also prepares site-specific emergency and natural/man-made disaster contingency and continuity procedures and drills as part of our Disaster and Emergency Preparedness Plans. We understand the GDC conducts unannounced emergency drills for the purpose of evaluating the timeliness of response, appropriateness of care, proper use of equipment and efficiency of the response by the correctional and healthcare personnel. We fully support these efforts and will participate in subsequent debriefs and the implementation of any appropriate corrective actions or initiatives. Members of Wellpath's leadership team participate and assist in planning the procedures pertaining to the delivery of comprehensive healthcare in the event of a disaster.



Wellpath's Rapid Response to Recent Unknown Substance. Our Pennsylvania DOC health care team recently responded to a report that two officers had opened an envelope containing an unknown substance, and that multiple people had been exposed to it. Fortunately for all this turned out to be a drill conducted by the Department to ensure our preparedness.

We have established contingency and emergency procedures in case of an unexpected event, disruption, or man-made or natural disaster and will coordinate such planning with each facility's warden/superintendent and existing institutional plans. Wellpath recognizes that, despite having multiple vendors and agencies involved, there needs to be the ability to respond to emergencies with a single voice. In times of emergency or threat, whether accidental, natural or man-made, our organization will cooperate with and provide medical assistance to the GDC to the extent or degree required by GDC policies and procedures and/or appropriate to the crisis at hand.

All our personnel are aware of and familiar with the emergency response plan. A review of the health aspects of the emergency response plan are part of the initial orientation of new personnel and drilled annually with all healthcare staff. Wellpath participates in disaster and man-down drills in accordance with applicable standards; and perform critiques of both on an annual basis. The Wellpath Emergency Preparedness Plan covers the four major phases of emergency preparedness management—Mitigation, Preparedness, Response, and Recovery—as illustrated in the following graphic.



The Wellpath Emergency Preparedness Plan addresses, at a minimum:

- Training modules
- Disaster bag/mobile equipment contents, breakaway seals system
- Crash cart equipment
- Communications system and procedures
- Recall process for medical personnel
- Emergency assignment of health services staff
- Establishment of a command post
- A method to ensure safety and security of patient and staff areas
- Use of emergency equipment and supplies
- Establishment of primary and secondary triage areas
- Triage procedures
- Transportation guidelines
- Evacuation procedures in coordination with security personnel
- Procedure for conducting man down and emergency drills
- Backup assignments for each of the contingency elements
- Emergency treatment documentation

To ensure continuity of care during adverse conditions such as natural and man-made disasters, Wellpath will liaison with the GDC's emergency preparedness team and administrative staff to develop a comprehensive plan to address all aspects of these possible emergencies. We will work collaboratively with the GDC to ensure proper staff recall, allocation, patient movement to designated safe areas, and presence of emergency equipment and supplies.

9. Women's Health – Limit 3 pages

Instructions: The Supplier must provide a response to the requests below. No supporting documents shall be accepted.

- Supplier shall describe its qualifications, previous experience, and performance related to delivering in-prison women's health care.
- Supplier shall provide a clear picture of the supplier's approach to providing in-prison women's health care, in accordance with meeting the minimum basic requirements (A.3 of Attachment B – Scope of Services).
- This overview should also address sources of distinctiveness in line with GDC's goals, which could include:
 - Collaboration with mental health and pharmacy suppliers in the treatment and management of female offenders (e.g., mental health screenings, prenatal care, and post-delivery follow-ups)

Wellpath's response follows on the next page.

Wellpath will meet the individual requirements stipulated in **Attachment D. 9. Women's Health** and **A.3 of Attachment B – Scope of Services**. We will provide in-prison women's health care to address the unique needs of female offenders with regard to health maintenance, pregnancy, prenatal care and contraceptive needs in accordance with established industry best practices, NCCHC and ACA standards, and GDC policies and procedures, including *SOP 507.04.37-69*.

We recognize there are several GDC sites dedicated to the treatment of female patients and that these patients often have special needs ranging from routine gynecology to complicated pregnancies. Wellpath is committed to providing the specialized care these patients need and will staff a specially trained Women's Health Nurse Practitioner (or PA) in the Lee Arrendale State Prison with supervision from a Board-Certified OB-GYN Physician. Our OBGYN Physician will also round and evaluate all high-risk obstetric patients as well as all patients requiring a higher level of obstetric or gynecologic care. Women's health ultrasound and prenatal, perinatal, and postnatal care will also be provided under the oversight of our team of Women's Health Trained Nurse Practitioners and OBGYNs. Due to the higher complexity of our obstetric patients, Wellpath employs an amplified real-time quality review and oversight process to these patients.

Medical Diagnostics and Health Maintenance

As part of our receiving screening process during intake, we will ensure female offenders receive the following:

- Health history screening regarding the patient's menstrual cycle, pregnancies and gynecological conditions
- Pelvic exam and pap smear (pap smears may be deferred if prior history of a hysterectomy unrelated to cancer).
- Breast exam and baseline mammogram for women 40 years of age or family history of breast cancer or as clinically indicated.
- Serum pregnancy test
- Gonorrhea, syphilis and Chlamydia tests.

Pregnancy Care

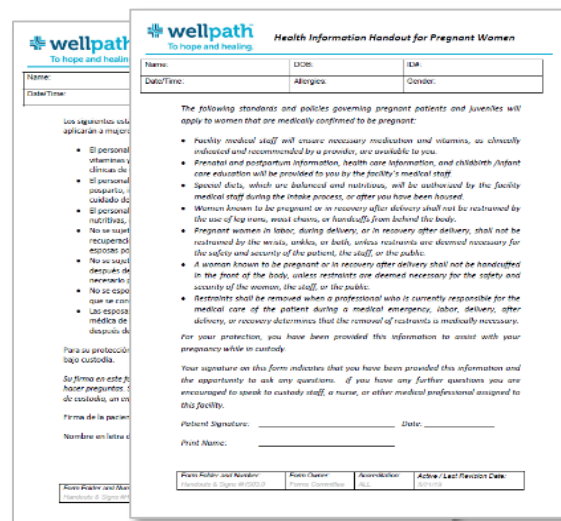
Pregnancies among women in custody are often unplanned and high-risk, and compromised by poor nutrition, domestic violence, mental illness, drug and alcohol use, and inadequate prenatal care (which increases risk of low birth weight and neonatal death). We will ensure pregnant patients receive adequate prenatal care, effective education, and discharge planning that emphasizes continued care upon release and where to access it.

Women testing positive for pregnancy will be referred for care and seen by medical staff within 48 hours (72 hours on weekends). Pregnant patients will be treated according to American Congress of Obstetricians and Gynecologists (ACOG) guidelines. Our program will provide pregnant patients with family planning counseling and discussion of options regarding the outcome of the pregnancy. We will assist the patient based on her expressed desires, whether planning to keep the child, considering adoption, or seeking to end the pregnancy. We will ensure each patient fully understands her options so she can make the most informed decisions possible.

Pregnant patients will be transferred to Helms facility for timely and appropriate prenatal care, specialized obstetrical services, and postpartum care when indicated. Care will be provided by a Board-Certified Obstetrician in coordination with the patient's primary physician.

Care of pregnant patients will include:

- Routine and high-risk care, including monitoring fetal growth and heart tones
- Appropriate counseling and assistance



wellpath
To hope and healing.

Health Information Handout for Pregnant Women

Name: _____ LDOB: _____ LOP: _____
 Date/Time: _____ Allergies: _____ Gender: _____

The following standards and policies governing pregnant patients and juveniles will apply to women that are medically confirmed to be pregnant:

- Facility medical staff will ensure necessary medication and vitamins, as clinically indicated and recommended by a provider, are available to you.
- Prenatal and postpartum information, health care information, and childbirth/infant care education will be provided to you by the facility's medical staff.
- Special diets, which are delineated and nutritious, will be authorized by the facility medical staff during the intake process, or after you have been housed.
- Women known to be pregnant or in recovery after delivery shall not be restrained by the use of leg irons, waist chains, or handcuffs from behind the body.
- Pregnant women in labor, during delivery, or in recovery after delivery, shall not be restrained by the wrists, ankles, or body, unless restraints are deemed necessary for the safety and security of the patient, the staff, or the public.
- A woman known to be pregnant or in recovery after delivery shall not be handcuffed in the front of the body, unless restraints are deemed necessary for the safety and security of the woman, the staff, or the public.
- Restraints shall be removed when a professional who is currently responsible for the medical care of the patient during a medical emergency, labor, delivery, after delivery, or recovery determines that the removal of restraints is medically necessary.

For your protection, you have been provided this information to assist with your pregnancy while in custody.

Your signature on this form indicates that you have been provided this information and the opportunity to ask any questions. If you have any further questions you are encouraged to speak to custody staff, a nurse, or other medical professional assigned to this facility.

Patient Signature: _____ Date: _____
 Print Name: _____

By: _____
 Position: _____
 Title: _____
 Signature: _____
 Date: _____

- Identification and management of chemically dependent pregnant female patients, including education, counseling, and initiation of MAT with buprenorphine, if appropriate
- Appropriate housing
- Counseling on appropriate levels of activity and safety precautions
- Pre-natal vitamins
- Nutritional counseling and diet plan (diet and vitamins are planned in accordance with recommendations from the American Congress of Obstetricians and Gynecologists and Registered Dieticians)
- Laboratory and diagnostic tests, including testing for gestational diabetes, HIV, and other testing as recommended by the American College of Obstetricians and Gynecologists
- Observation for signs of toxemia, including urine testing for proteins and ketones
- Coordination of counseling and assistance to pregnant patients planning to keep their child, considering adoption, or seeking termination services
- On-site obstetrical care when it can reasonably be provided
- Postpartum care, including but not limited to lactation, monitoring for postpartum depression, contraception, and education
- Education on infant care
- Counseling regarding future pregnancies
- Family planning services before release

Historically, our staff transport pregnant patients actively using heroin or opiates to methadone clinics on a daily basis; however, in most cases we can work in consultation with Obstetrics to initiate MAT with buprenorphine on-site, thus eliminating the need for transport to a methadone clinic. When a pregnant patient does require the services of an off-site provider, our staff will coordinate with GDC staff for transport. We will provide the Department with an up-to-date listing of pregnant patients, anticipated delivery dates, and high-risk pregnancies so off-site travel can be anticipated.

Use of Restraints. Wellpath will not use restraints on pregnant females except in absolute extreme cases when there is imminent risk of escape, harm to the pregnant offender, or harm to the unborn fetus. In instances where restraints are required, we will do so only at the direction of the warden, superintendent or designee and in accordance with GDC policies and procedures.

High-Risk Pregnancies

An obstetrical specialist will manage high-risk pregnancies and pregnancies past 24 weeks. Wellpath facilitates testing that can be performed on site, monitors patients with high-risk pregnancies, and refers patients for hospitalization when needed. A pregnancy is considered high risk if the patient:

- Has diabetes, cancer, high blood pressure, kidney disease, or epilepsy
- Has a history of tobacco, alcohol, or drug use
- Is younger than 17 or older than 35
- Is pregnant with more than one baby
- Has had three or more miscarriages
- Had pre-term labor, preeclampsia, or seizures (eclampsia), or gave birth to a baby with a genetic condition (such as Down Syndrome) during a past pregnancy
- Has an infection such as HIV, hepatitis C, cytomegalovirus (CMV), chicken pox, rubella, toxoplasmosis, or syphilis

- Is taking certain medications such as lithium, phenytoin (e.g., Dilantin), valproic acid (e.g., Depakene), or carbamazepine (e.g., Tegretol)

Perinatal Care

Perinatal care (before, during, and after delivery) takes place in accordance with the obstetrical specialist's recommendations and the Emergency Medical Treatment and Labor Act (EMTALA). We provide appropriate postpartum care, including accommodation for lactation. When a patient returns to the facility, she is seen by healthcare staff and placed under medical observation for a minimum of 23 hours. Mental health staff will also evaluate the patient's emotional status, as separation from a child can trigger self-harming behavior. Our staff monitor patients for perinatal mood and anxiety disorders and refer patients to licensed mental health staff as indicated.

Collaboration with Mental Health and Pharmacy Suppliers

Wellpath recognizes the special needs of female patients in the correctional setting and seeks to offer a truly collaborative care model for these patients, just as we do with the high-complexity medical patients using our WRAP scoring system. Essential to this care will be our collaboration with GDC's contracted mental health and pharmacy providers, as well as specialized OBGYN care. Each pregnant female offender will be enrolled in our pharmacy medication review panel where any and all potentially harmful medications to the fetus will be removed and medication safety patient education will be discussed and shared with the patient to avoid any harmful over-the-counter medication issues.

The collaborative care team for pregnant patients includes our specialized Women's Health Nurse Practitioner for routine care and appropriate screenings, our Obstetrician MD for oversight and complex care, a pharmacist for medication review and education, a mental health provider to administer appropriate screenings for depression, anxiety and other psychiatric issues that commonly arise during pregnancy, and our dietitian or nutrition counselor to educate the patient on a healthy diet and help with any metabolic issues that may arise during pregnancy. This collaborative care begins in the prenatal period by providing appropriate prenatal vitamins and health optimization and continues through the pregnancy through a minimum of 12 weeks post-partum. Care in the post-partum period includes breastfeeding counseling and consultation, postpartum depression screening and treatment, substance abuse screening and education and routine medical care.

The specialized needs of our female patients extend beyond pregnancy, however, and Wellpath also employs a collaborative care model in the treatment of these patients as well. Using our pharmacy suppliers such as Correct Rx or Diamond, Wellpath audits the charts of chronic care female offenders for potential polypharmacy issues and our specially trained Women's Health Nurse Practitioners interact on a daily basis with mental health to ensure depression and anxiety screenings are taking place routinely as well as in the peripartum period. We also work with our chronic care medical providers to ensure that each female patient is receiving their USPTF recommended age-appropriate screenings such as breast cancer screening, cervical cancer screening, diabetes and hypertension screening, and geriatric osteoporosis screening. We also ensure that our Women's Health specialists are available to these patients for their entire lifespan and are available to evaluate and treat menopause and the spectrum of women's health issues.

Wellpath also recognizes the high rates of trauma, mental illness, and substance use disorders among incarcerated women and the critical importance of communication, collaboration, and consultation amongst healthcare providers when working with these individuals. Our nurses will screen for trauma so that they can identify those women who will benefit from referral to the contracted mental health provider for trauma-specific treatment. Wellpath nursing staff will be trained in trauma-informed care so that they can apply trauma-informed principles in their work.

The mental health nurses will communicate frequently with the contracted mental health providers about women with mental health needs in order to ensure that care is coordinated. The nurses will screen for mental health issues during the initial assessment but also will be attentive to mental health symptoms they notice during sick call, medication administration, rounding, and while providing other necessary services. They will offer emotional support and link the individual to the contracted mental health providers, as needed. The mental health nurses on the Crisis Stabilization Unit and Acute Care Units will also have the opportunity to develop ongoing relationships with women who may be housed on these units to promote trust and a compassionate focus on health and healing.

10. Staffing – Limit 14 pages

Instructions: The Supplier must provide a response to the requests below. No supporting documents shall be accepted.

- Supplier shall describe its qualifications, previous experience, and performance related to clinical and non-clinical staffing for in-prison care in a correctional setting.
- Supplier shall provide a clear picture of the supplier's approach to the hiring, staffing, accreditation, and utilization of personnel for in-prison care, in accordance with meeting the minimum basic requirements (B.1-B.6 of Attachment B – Scope of Services).
- This overview should also address sources of distinctiveness in line with GDC's goals, which could include:
 - Productivity-based staffing plan (as described in cost proposal) by facility and subsequent ratios including physicians (e.g., specialists, primary care), nurses (e.g., RNs, LPNs, CNAs), and other clinical and non-clinical staff
 - Clearly defined and measured use of agencies to supplement in-prison staffing
 - Physician-led staffing model for in-prison services
 - Physician and clinical education plan, including collaboration with the contracted pharmacy supplier to ensure formulary adherence

Wellpath's response follows on the next page.

Wellpath will meet the individual requirements stipulated in **Attachment D. 10. Staffing** and **B.1 through B.6 of Attachment B – Scope of Services**. We will provide these services in accordance with established industry best practices, associated GDC policies, and national standards promulgated by the NCCHC and ACA.

At Wellpath, we have the distinct pleasure and opportunity to make a difference every day in the lives of others through our work with many of society's most vulnerable and at-risk patient populations. Most healthcare professionals choose this profession to help others and give back, and our success in attracting and retaining great talent is because we provide one of the most powerful and unique ways for them to do exactly that.

Our culture of caring is rooted in the core belief that to provide the best patient care you must have the best people. In every aspect of our organization we value our skilled and compassionate team, and work hard to make sure everyone feels valued, supported, recognized, and empowered for success. From onboarding and training, to benefits and leadership development, we strive to provide a warm, family-feeling team environment that attracts the best and gives them reason to stay for decades.

Recruitment and Staffing

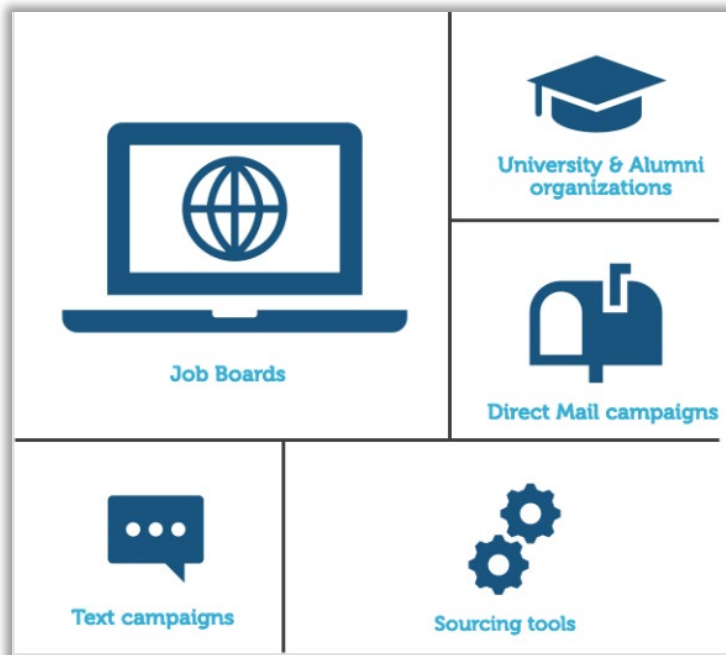
Wellpath has an established track record of maintaining better than adequate staffing levels of qualified personnel in our medical and behavioral health contracts through physician led staffing models, successfully operating state DOC contracts at or above 95% staffing fill rates. Our success in consistently meeting contractual staffing requirements is a function of our talent acquisition team, which relies heavily on industry best practices and innovations, and our organization's commitment to recruiting, hiring, and retaining the best and most passionate healthcare staff in the industry.

We have developed industry-leading talent acquisition and employee retention programs to consistently recruit and retain highly qualified employees. Our initiatives include strategic talent acquisition plans, competitive benefits programs, opportunities for professional development, and structured onboarding programs to educate new employees and welcome them to the Wellpath team. **We have a team of 60 recruiters that support our clinical operations with specific specialties in nursing, provider recruiting, and behavioral health. For our DOC contracts, we hire recruiters who live in the regions they will support. Our commitment to GDC is that we will have three healthcare specific Recruiters and three TA Operations Specialists.** The Recruiters will ensure that we are able to hire the right personnel and the TA Operations Specialists will be responsible for the onboarding and orientation scheduling of new staff.

All our recruiters have healthcare recruiting experience, and this ensures when recruiting the right candidate, they know what to look for and who will be a good fit.

Additionally, we provide a dedicated Start-Up Talent Acquisition Team and Project Manager during the transition. This assures there is a seamless transition, that positions are filled with quality candidates, and the recruiting plan stays on track and in scope for GDC. Our recruiting team hosts hiring events, conducts facility tours, meets with hiring managers, and creates strategic advertising plans to support the staffing needs for each location. We believe partnering with our clients, hiring managers and the communities they serve is the key to long-term success.

To support these processes, we use an Internet Collaborative Information Management Systems (iCIMS) Applicant Tracking System (ATS) & Customer Relationship Manager (CRM) to maximize talent acquisition. Hiring Managers work with a dedicated recruiter and use the ATS and CRM to maximize talent acquisition efforts. The iCIMS ATS leverages mobile,



social, and video technologies to manage the talent acquisition lifecycle. It helps us build CRM talent pools and automates our recruitment marketing, applicant screening, and onboarding processes. **Wellpath has invested in this technology to allow a seamless, expedited candidate experience that prevents applicants from being lost in the process.**

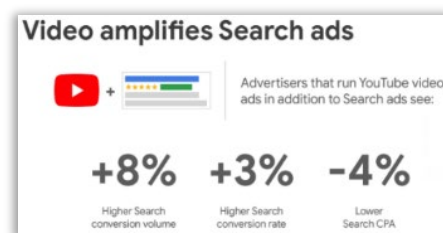
Salary & Wage Analytics. Wellpath has also invested in economic modeling allowing us to evaluate each market based on real salary and market analytics. Our teams include the Clinical Discipline Expert, Compensation Team, and Recruiting Team to agree on wage rates for positions. Together, these teams examine the market supply, validate compensation data, and review the competition of other companies advertising for the same positions in the market. Tools like this allow us better insight to know where people live verses where they work and how many actual jobs are being filled monthly.

Candidate Marketing. To ensure we are getting in front of the most qualified candidates, we use a vast, diverse, and comprehensive media mix composed of traffic-driving campaigns, brand-awareness efforts, new-graduate recruitment and engagement, and sourcing tools. Our ability to consistently exceed our year-over-year (YOY) hiring targets is demonstrated by the following specialty table.

2019 to 2020 YOY Hires	
Behavioral Health	152%
Mid-Level Practitioner	101%
Physician	119%
Psychiatrist	112%
Nursing	114%
Average YOY Hires in 2020	110%

To keep this momentum, our Talent Acquisition Team has a full candidate marketing plan and we lean on a multitude of resources, including:

- **LinkedIn, Facebook, Instagram.** Our organization uses the LinkedIn Employer Page and Career Profile Pages on Facebook and Instagram to organically promote events, hiring incentives, and the benefits of becoming a team member. Additionally, we run sponsored Custom Audience campaigns via Facebook, which enables us to reach a more refined target audience, specific to providers. We are constantly optimizing our social channels to further enhance our online presence and we are on track to hit 2,000 page likes by EOY.
- **Digital Advertising.** Google and YouTube are the two largest search engines in the world. We advertise with them on a large scale, ensuring that the efforts work together to yield the largest ROI. YouTube Ads amplify our Google Search performance as shown in this figure.
- **Google and YouTube**
 - We implement search campaigns to drive targeted traffic to our career site and display campaigns to raise branding awareness. Google Remarketing is used to re-engage candidates who visited our site but did not apply.
 - We run YouTube campaigns to take advantage of the behavioral learning capabilities. A candidate does not have to search for us or our jobs to get served our YouTube ad.
- **Indeed Hiring Events + Indeed Targeted Ads**
 - Events and Targeted Ads are some of our most powerful tools for start-up facilities, as we see great ROI when running for various audiences.
 - Indeed Events delivered over 1,100 candidates YTD to our start-up facilities.



- **Text and Radio**

- We launch text message campaigns to relevant audience pools to reach candidates on their most used device, their phone.
- We leverage internet radio via Spotify as opposed to local radio stations. It's proven far more powerful due to machine-learning and tracking capabilities.
- Spotify has the two highest performing campaigns for all campaigns YTD.

- **Digital Advertising Tools**

- **Talent Community:** We maintain a large and always-growing talent community to keep candidates who have expressed interest engaged with our brand, using the leads to deploy email and text blasts. **We currently have 172k candidates in our Talent Community!**
- **Landing Pages:** We direct candidates to landing pages to minimize candidate drop-off. **Candidates convert at a 3X higher rate when directed to a short form as opposed to a full career site**
- **Reporting & Analytics:** We use Bayard Advertising to report on all campaign metrics, allowing us to evaluate successful vs. unsuccessful campaigns, and manipulate those campaigns based on what is proving to be prosperous

Our local, regional, and national recruitment campaigns keep a constant flow of qualified candidates within reach to discuss opportunities. In the current candidate market, we know candidates are best retained if they are contacted and screened in the first 48 hours of their application or contact with Wellpath. Knowing that, we developed standardized service level agreements (SLAs) to manage our applicant flow to ensure we process candidates timely by direct scheduling to fill positions quickly.



Critical Position Staffing. We understand the sense of urgency in recruiting critical positions and our recruiting team uses many industry leading sourcing tools and resources for candidate attraction. To expedite our application process, we developed a “Concierge Model” that takes calls from applicants five days a week, eight hours per day, based on critical escalated staffing needs. The recruiters take basic information to align applicants with the appropriate regional team and position to expedite their movement to the top of the interview list.

We recognize it can be challenging to find high caliber candidates. Our team uses a tiered approach in sourcing and attracting talent with 10, 30, and 45-day markers to escalate efforts. Our approach casts a national spread with the use of a third-party marketing firm to partner with multiple organizations to provide tailored recruitment packages to fit individual vacancy needs. Additionally, certain circumstances may require the use of sub-contractors (with a set length of service), telehealth, temporary and/or locum tenens physicians to meet patient care needs on a temporary basis. Our goal of using 10, 30, and 45-day markers allows us to ensure that care doesn't slide during the search for a clinician's replacement.

Wellpath currently staffs for healthcare services on behalf of local correctional agencies in 10 Georgia counties, including Cobb, Richmond, and Dekalb – three of the GDCs larger feeder sites. We understand time to fill and turnover rates are extremely important metrics and we take filling vacancies and reducing turnover very seriously. Industry average time to fill in the healthcare space is 54 days. **Wellpath's average time to fill in the State of Georgia was just over 26 days in 2020. For nursing, the industry average time to fill is 82 days. Over the last year, our average time to fill for**

nursing in the state of Georgia was 28 days, with zero turnover in providers from August 2020 to present. All of this we accomplished in the midst of a pandemic.

Wellpath Time to Fill (Days) in Georgia	
Position	Days to Fill (AVG)
All Disciplines	26
Physicians & Nurse Practitioners	11
Nursing	28

Incumbent Staff. Wellpath evaluates each and every incumbent team member to find the right role for them in the organization. To do this, we ensure all incumbent staff are interviewed by a clinical subject matter expert in their discipline and skills are evaluated for the program to be implemented. The incumbent staff who choose to come onboard retain their original seniority dates and their benefits start on day one. **Wellpath has an 85% retention rate for incumbent team members.**

Internal Recruiting. A key aspect of our culture is our desire to develop leaders and help encourage professional growth. As a result, we encourage our best and brightest not only to continue their own training and development, but also to be aware of the various opportunities available throughout the organization. We post all job openings internally and externally. Internal applicants are given initial consideration for opportunities based on our desire for team members to be able to advance their careers.

Our employees are eligible to apply for internal opportunities after completing six months in their current role, provided they are in good standing. If a team member is interested in transferring to another position and/or location, as part of the internal application process, he or she must answer questions that validate they have informed their manager of their interest in another position or site. Interviews are typically conducted by the Hiring Manager or regional staff. We also welcome input from our clients during the interview process for key positions. In the last 12 months, Wellpath filled 10,577 positions and of those hires 25.2% or 2,662 were internal transfers or promotions. We believe in developing our staff and promoting from within.

Colleges and Universities. A key part of our recruitment plan includes partnering with local colleges and universities including Morehouse College, Mercer University, Emory University, and the Augusta University South Physician Assistant School for recruitment to attract healthcare professionals for a career in corrections. In addition to implementing nurse residency programs at many of our client facilities, we have established provider-level residency programs for physicians, psychiatrists, and dentistry roles throughout the United States. Over the past several years, our recruiters have developed relationships with many different schools that allow us to attend lunch and learns (where the recruiter and site leaders bring in lunch and talk about correctional healthcare with students), career fairs, mock interview events, bring nursing students for tours at several DOC institutions, and provide resume writing assistance.

Student Externships. Wellpath also has a long history of supporting internships, practicums, and clinical rotations for a wide range of clinical disciplines. By offering training experiences to students interested in correctional healthcare, we have been able to attract motivated, invested interns who often go on to become valuable team members after graduation. Students have completed clinical training experiences working with Wellpath practitioners in more than 10 states, including multiple DOC systems. In Massachusetts, for example, we support approximately 20 interns each year in the DOC's comprehensive healthcare contract, all of whom are supervised by qualified independently licensed clinicians. Our organization has also had notable success supervising new graduates to licensure. We have found that by increasing community interest and education regarding corrections, we are able to attract and recruit healthcare providers who may have otherwise overlooked a career in corrections.

Wellpath leadership regularly engage with academic institutions and many serve as faculty, including at Morehouse College, Mercer University, the Medical University of South Carolina, Florida International University School of Medicine, University of Maryland School of Medicine, and Vanderbilt School of Nursing.

Examples of Wellpath's academic engagement include:

- **Dr. Edward O'Bryan**, Associate Chief Clinical Officer and EVP of Medical Affairs – serves as an Associate Professor of Emergency Medicine at the Medical University of South Carolina and is also an Associate Professor in the Dept. of Physician Assistant Studies where he helped develop over 40 APP and MD Fellowship positions.
- **Dr. Blake Willis**, our proposed Telehealth Physician is a graduate of Augusta University where he also serves as Adjunct Faculty as well as at Mercer University. He has a proven track record of academic success in teaching, having two separate Fellowships in Global Health and Telehealth as well as Emergency Ultrasound.
- **Dr. Cassandra Newkirk**, Chief Psychiatric Officer, serves as volunteer faculty at the Morehouse School of Medicine in Atlanta, as well as the Florida International University School of Medicine in Miami. Prior to COVID, Dr. Newkirk presented Grand Rounds at Morehouse University School of Medicine, as well as Boston University.

We welcome the opportunity to partner with colleges and universities to provide training and internships and engage with practicum students and plan to start an “Advanced Practice Provider Correctional Medicine Fellowship” in partnership with Mercer University and the Medical University of South Carolina (where our Assistant Chief Clinical Officer, Dr. Edward O'Bryan is a faculty member). The Fellowship will be available to new graduate PA or NP students who are seeking a career in Correctional Medicine and will be comprised of a comprehensive didactic and clinical education focused around the unique needs of patients in the correctional setting. Funding and academic program development for this initiative comes from the Wellpath Corporate Clinical Leadership and the Medical University of South Carolina where Fellowship Programs are already in place. Expanding this program to Georgia with Mercer and Morehouse will help us recruit the future leaders in the Correctional Healthcare field.

We are also in the final stages of a partnership with three geographically diverse medical training programs in Georgia to develop clinical elective rotations focused on correctional healthcare for physician assistant, nurse practitioner and medical students who reside and plan to remain in Georgia upon graduation. Scholarship funding is also available through Wellpath for these clinical rotations to help with housing or other issues.

Provider Recruitment. In addition to our standard, extensive recruitment efforts, Wellpath participates in the National Health Service Corps loan-repayment program for approved sites in Health Professional Shortage areas. This assists in attracting clinicians to work in rural, under-served communities.

Rural Area Recruiting. Our recruitment strategies are designed to meet the challenge of recruiting in rural areas. Networking and partnering with local schools and other healthcare organizations, as well as tailoring recruitment packages to individual needs, especially when recruiting providers, can make the difference and bring quality healthcare professionals on board. Wellpath has also partnered with local schools in rural areas to conduct lunch and learn in their classes with current nursing students to talk about and answer questions regarding correctional healthcare. Additionally, certain circumstances may require the use of temporary and/or locum tenens physicians to meet patient care needs and Wellpath has strong relationships with multiple agency and locum partners. We offer an employee referral bonus program so current Wellpath employees working in a rural location can be compensated for recruiting colleagues to come work with Wellpath. We also engage with local schools, offering nurse student tours, and current licensed nurse tours at the institutions when appropriate and with approval.

Candidate Experience. Candidate experience is the key driver to all our processes within the Talent Acquisition Team. The emphasis we put on the candidate experience is critical in today's environment where it is still a strong provider candidate market. Our candidate application to offer process is seamless because we hold our Talent Acquisition Team to SLAs. Our recruiters process candidate applications and complete phone screens within 24-48 hours to ensure we are able to conduct on-site interviews and make offers more expediently.

Hiring Process. Using competency-based behavioral interview questions and partnering with our clinical and operational specialists enables us to make informed hiring decisions. We perform primary source verification of credentials and licensure concurrently during the interviewing and screening process. We then select the best candidates based on qualifications and credentials, experience, references, interview results, and other information. Our onboarding program is designed to provide orientation to new employees in transition. These hires will be subject to Departmental approval prior

to making a job offer. We also understand the GDC reserves the right to withdraw any Wellpath staff's access to GDC facilities at any time during the contract at the discretion of the Department. We will provide credentials for all proposed staff and submit these to the GDC for review, approval, and credentialing prior to finalizing job offers.

Wellpath PerfectFit. In addition to the recruiting methods used by our recruiting team, we use Infor Talent Science Pre-Hire Assessments during the candidate application process. The pre-hire assessment tool uses data and science to help identify candidates that are the best behavioral fit for selected positions within our organization. Candidates are compared to our identified Success Profiles and a personalized interview guide is generated based on their Behavioral DNA. Our recruiting team and hiring managers have been trained to use the data from individual pre-hire assessments to assist in the candidate interview process.

Background Checks. We strive to ensure the safety and security of the facilities in which we operate in each of our contracts in collaboration with our DOC client partners. We conduct extensive background checks on all employees at our facilities and will comply with GDC-specific guidelines. Our employees will complete the security clearance application process and required training consistent with the state's employees. We understand that the GDC reserves the right to deny any employee access to its facilities, to information, or to their patients as the result of confidential information obtained during the course of the security clearance process or for violation of GDC policy. All employees and applicants selected for employment to provide services to this program will receive background screening to meet corporate, federal, state, local and patient requirements as necessary.

Hiring Metrics and Results. Our Talent Acquisition Team is heavily invested in technology to promote our open positions. We use robust analytics to help us understand changing local staffing needs, as well as tracking the outcomes of our efforts. With continuing challenges of low unemployment rates for healthcare professionals, we are vigilant in our consistent search strategies for talent. We continually look for cutting-edge tools to source and communicate with candidates while also using tried-and-true strategies, like extending a phone call to a candidate directly. We have built strategic media partnerships that leverage application feeder systems to evaluate and rotate our postings daily. The following are the results of our recruiting efforts over 2019 and amidst COVID in 2020:

Wellpath Recruitment Efforts – Past 2 Years		
Metric	2019	2020
Average Applicants Per Year	67,040	54,153
Provider Applicants	30,800	31,531
Average Time to Find	22 days	22 days
Average Time to Fill	41 days	43 days
Application to Offer	10 Days	10 Days

Equal Employment Opportunities. Wellpath is an Equal Employment Opportunity (EEO) employer and will comply with all provisions of federal, state, and local regulations to ensure no employee or applicant for employment is discriminated against because of race, religion, color, gender, sexual preference, marital status, age, disability, or national origin. We value diversity and our employees' rich variety of experiences, ethnic backgrounds and cultures. The broad pool of knowledge and ideas they contribute has been invaluable in allowing us to constantly elevate our level of care and ensure the safety of our facilities. It also allows us to deliver culturally competent care and more personalized service. We have a culture that values collaboration and recognizes the synergies that are created when everyone works cooperatively. Our family of professionals enjoy supportive, tight-knit, diverse, and fun team relationships.

In addition, we employ over 500 men and women who served in the military and we thank them all. We let our recruits know they can put their military experience to work at an organization like Wellpath, which welcomes veterans not just for their service, but because we know the training and teamwork they've experienced is a perfect fit for our culture. We believe in excellence and commitment, all the things they've trained for. Even as we continue to grow rapidly, we work hard to maintain a culture that is welcoming, nurturing and always military friendly.

Team Member Retention... it's more than recruiting. Wellpath continually promotes team member retention and engagement through a robust set of tools and resources. We know the first key to retention is good leaders. Like the GDC, we invest in leadership development, new team member onboarding and recognition, and competitive total rewards to retain team members. Hiring Managers and HR Business Partners use the **Retention Toolkit** to ensure new hires are supported and engaged in their first 90 days. The toolkit emphasizes onboarding, frequent and structured manager/team member check-ins, and recognition. Our 145-member HR team along with our tenured HR Business Partners developed industry-leading talent acquisition and team member retention programs to consistently recruit and retain highly qualified team members. Additionally, Wellpath providers are supported by a Corporate Chief Clinical Officer and other senior level providers. This allows the team to make the best decisions for our patients, not once but every time!

COVID Changes for 2020

In these unprecedented times of the COVID-19 Pandemic, we recognized that we as an organization we needed our team members more than ever to be available to serve on the front lines of healthcare. Because of this, we implemented **three additional benefits** in 2020 to support our recruiting and retention strategies at Wellpath. First is the **Gratitude Bonus**—we provided every front-line hourly team member an additional \$4 per hour for hours worked during the initial phases of COVID between April 1 and May 15. That bonus was paid out in August and September and team feedback was extremely positive. We are currently in the process of issuing our front-line hourly team members a second Gratitude Bonus for hours worked from mid-December into January 2021.



The second benefit implemented in 2020 was providing extra sick time, including up to 80 hours for full-time and up to 40 hours for part-time team members diagnosed or required to self-quarantine due to COVID. The third benefit we made available to all team members was to make telemedicine services available, even those not enrolled in a medical plan. **There is no cost for primary care telemedicine visits and for specialty care services such as mental health, nutrition, lactation support, and psychiatry through December 31, 2021, that means no co-pay!** Other retention initiatives include competitive benefit programs, including paid time off and 401k; opportunities for professional development, including succession planning; team member recognition programs; and structured onboarding programs to educate and welcome new team members. Further demonstrating Wellpath's commitment to ongoing services despite historical challenges, **we continued to recruit, interview, and make employment offers throughout the COVID-19 Pandemic in 2020.**

Productivity-Based Staffing Plan

Quality is about more than just numbers. Staffing ratios need to be appropriate and access to care needs to be timely, but it goes so much deeper than that. Wellpath is commonly regarded as the highest clinical quality company in correctional medicine because of our commitment to bring to every Wellpath engagement a full complement of passionate, compassionate, and skilled clinical caregivers. We support this team in the delivery of exceptional clinical outcomes by implementing and continuing to enhance unique, innovative clinical systems. These systems, which form the backbone of our high-quality enterprise, include two innovative, high-reliability models: our APP Best Practice Center and the Wellpath Healthcare Cloud.

We are proud to propose our GDC Physical Healthcare Services staffing plan, which incorporates these concepts to deliver high clinical quality, excellent patient access, and consistent financial performance. We have developed our staffing plan based on careful consideration of the number of patients to be served, services to be provided, diversity of facilities and their proximity. Additionally, we considered the information in the RFP, answers to questions, and our experience providing care for more than 120,000 adults and juveniles incarcerated in state departments of correction and federal prison systems. Our staffing plan is modeled after the community standard of care, which has shifted healthcare operations to better manage staffing shortages and increase patient access, while optimizing high quality care to support the demand for new team-based care models. When needed, we make clearly defined and measured use of agencies to supplement in-prison staffing and have established policies and procedures for doing so. Our goal is to limit the use of agency staffing as much as possible to ensure consistent care of our patients.

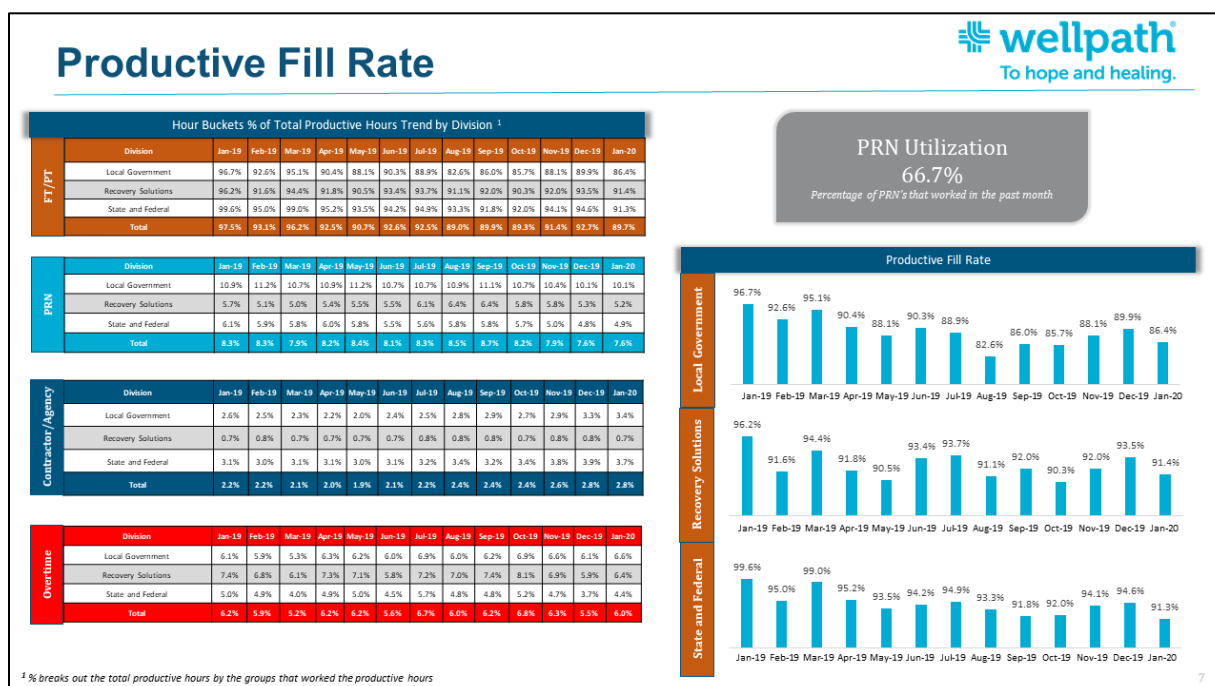
Our proposed staffing plan will effectively administer, manage, supervise, and deliver more than the services required, while providing quality care, promoting active treatment planning and programming, and increasing patient trust by providing an environment of respect, dignity, and transparency. We have included appropriately credentialed physicians who will provide on-site coverage for a minimum of eight hours per week, make infirmary rounds, supervise restricted housing units, and provide appropriate consultation to mid-level staff and nursing personnel. The physician will determine the necessity of an on-site presence, will provide verbal orders, and will develop an appropriate treatment plan, as required, for each site. Sites with a higher patient acuity will have 24-hour, seven day a week physician coverage with hospitalist and/or telehealth oversight as needed. We will optimize on-site resources to match the GDC's current and future patient flow plans, which will result in improved short and long-term care.

Wellpath's staffing plan reflects an ADP of 42,000 patients and incorporates our in-depth evaluation of clinical staffing needs, including evaluating individual medical provider and individual facility caseloads. Our staffing plan far exceeds NCCHC staffing standards and incorporates a new level of expert medical staffing in a centralized location that will specifically address the complex care needs of the most high-risk patients. The staffing plan also includes appropriate levels of nursing and ancillary personnel to ensure that patient requests are responded to in a timely manner and that provider orders and monitoring is completed consistent with the patient's treatment plan. **Wellpath's staffing plan supports full operation of all levels of care for GDC's patients, including specialty housing units and the infirmaries at Mason, Pulaski, and Coastal, which are currently not accepting new admissions. We also incorporate the use of telemedicine at all facilities within the scope of this eRFP. Use of telemedicine is particularly crucial to our staffing complement at facilities with smaller populations.**

Workforce Analytics. Our Enterprise Analytics team uses a robust set of workforce analytics and metrics to proactively manage our staffing plans at the contract, region, and facility levels. Examples of what we track include:

- *Staffing Rate* (FT/PT FTEs as a percent of budgeted FTEs)
- *Adjusted Staffing Rate* (FT/PT FTEs plus PRN usage as a percent of budgeted FTEs)
- *Productive and Non-Productive Fill Rate* (percent of budgeted shifts filled)
- *Agency Labor and Overtime Use* as a percent of total productive hours

The following illustrates how we track staffing levels and agency labor. Workforce data allows us to focus our recruiting efforts, modify scheduling, and make other interventions to ensure we meet and exceed our staffing commitments.



Our goal is to fill every position with FT/PT Wellpath staff. We understand that agency staff is being used within the GDC at a rate higher than desired. **As an example, our Massachusetts DOC contract currently has more than 725 staff members and we have no agency staff working at any site today.**

Our plan is to reduce the reliance of agency staff at GDC facilities through the following methods

- Recruit for every position in the contracted staffing plan
- Implement a Wellpath Travel Nurse program and PRN pool in each of the regions
- Interview all current GDC agency nurses for Wellpath positions on the contracted staffing matrix
- Supplement contracted staffing plan with Wellpath travel nurses during contract transition

The Wellpath APP Best Practice Center and Physician-Led Collaborative Staffing Model: Every facility will have a supervising physician serving as the site Medical Director, overseeing the clinical care and providing supervision for Advanced Practice Registered Nurses (NP or APRN) and Physician's Assistants (PA), collectively referred to as Advanced Practice Providers (APP). We recognize the ever-increasing and important role of the APP in the delivery of care throughout the United States. Hospital systems, outpatient facilities, sub-specialty practices, and Emergency Departments are increasingly and appropriately recognizing and using APPs as integral parts in a collaborative care model of care delivery.

Wellpath's APP Best Practice Center was born out of a desire to optimize the talent and quality of our APP providers, who are the backbone in our correctional facilities, in hospitals, and in academic medical centers throughout the United States. Evidence has shown in specialties as complex as cardiothoracic surgery that APPs can deliver excellent non-operative care to patients when practicing independently, and that this care is equivalent to MD care when done in a team-based setting or collaborative care model. Our APP Best Practice Center includes very strong APP leadership within our proposed GDC clinical leadership structure. APP leadership will be located in the regional office and work hand in hand with the State Medical and Assistant Medical Directors to ensure a high-quality, team-based, and collaborative approach to patient care is occurring throughout the system. The APP Best Practice Center provides internal consulting within our system to identify current NP/APRN and PA utilization opportunities to:

- Promote APP best practice care through practice agreements (APRNs) and scope of practice guidelines (PAs)
- Review federal, state, and congruent hospital bylaws
- Review national standards relating to productivity metrics, compliance, and telehealth
- Create innovative access to care opportunities and professional team building
- Ensure proper APP-to-Physician staffing ratios consistent with best practice on a national, state and local level

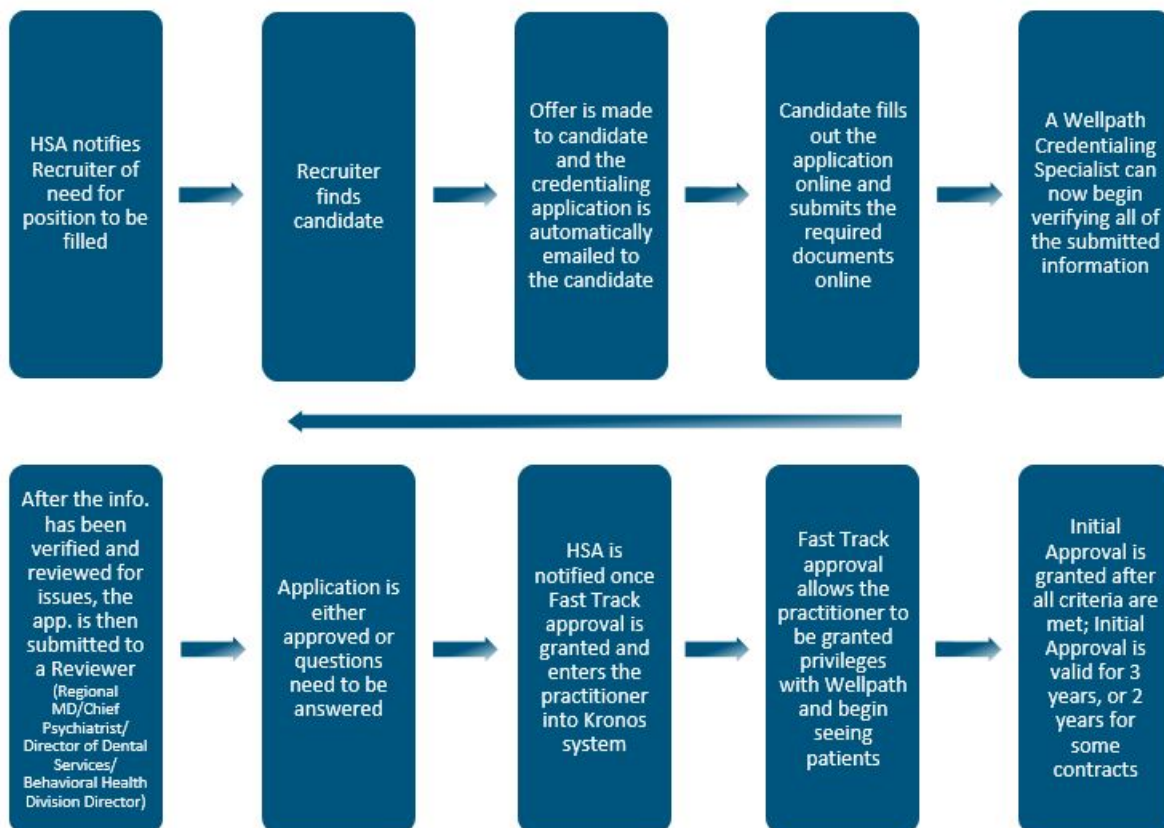
Our staffing plan is built on a physician to APP ratio that is consistent with current community, state, and national standards. We use a similar approach in our Kentucky DOC operations where six APP providers are used on a team with one physician. This approach has allowed us to significantly expand access to care for our patients while meeting the Commonwealth's budget goals while maintaining the highest quality of care. Evidence shows that properly using APPs in clinical practice has led to a significant increase in both access and quality of care for our patients. Integral to the APP Best Practice Center is Wellpath's national leadership of our Associate Chief Clinical Officer, Dr. Ed O'Bryan. He joins us from the Medical University of South Carolina, where he oversaw the creation of a similar, highly successful patient care delivery system. Due to the limitations to cite external references in this response, we look forward to sharing the research validating this success should GDC like to review.

We have also developed our highly innovative Healthcare Cloud to provide our clinical team a platform to launch a major paradigm change in the delivery of integrated, coordinated, and value-based healthcare. The Healthcare Cloud incorporates specialty specific COEs to increase availability of general medical subspecialists via telemedicine for on-site direct patient care. This approach augments on-site primary care teams with additional physician, mental health, and APP management for patients with the most complex clinical cases, ensuring the optimal success of collaborative care. The system is population-based and creates practical, supportive, evidence-based interactions between an informed, activated patient and a prepared, proactive treatment team. Centralized management of the most complex cases will facilitate high quality, standardized care, while effectively managing costs. Our centralized care management team will use our collaborative care model to support on-site providers, with direct assistance from the APP Best Practice Center. By

integrating a collaborative care model with patient-centered population-based care and measurement-based treatments to target—our delivery of evidence-based and accountable care will be most successful using a highly collaborative team of clinical leaders in a structure with proven success, such as the APP Best Practice Center and Healthcare Cloud.

Credentialing

Wellpath will ensure that all staff are properly licensed, credentialed, and/or certified for their positions, in good standing within their profession and regulatory agencies, and continue to maintain their licensure status in accordance with state licensing requirements. Once on-site personnel have been selected, we will provide access to all applicable certification and licensing information to GDC. Prior to employment, we will also provide copies of all background and credentialing information for professional staff, including licenses, proof of professional certification, DEA numbers (if applicable), malpractice insurance certificates, evaluations, position responsibilities, and up-to-date resumes. We use an electronic credentialing system to ensure all personnel are up to date on state licensure and agency specific credentialing requirements and will provide the HSA at each institution access to the system. All direct medical and mental health providers will complete our credentialing process prior to starting work. The credentialing process (illustrated in the graphic on the next page) begins as soon as we determine an offer of employment will be made to the candidate.



Interim Privileges (Fast-Track). Wellpath refers to the process of granting interim privileges as Fast-Tracking. To initiate the Fast-Tracking process, the healthcare professional will submit all required forms, including:

- Completed credential application
- Copy of or primary source verification of their current state license
- Copy of current malpractice certificate of insurance if not covered by Wellpath
- Copy of diploma or primary source verification of their education

- Copy of DEA/DEAx and verification or DEA attestation certifying they understand they cannot write controlled substance prescriptions until they obtain their DEA.
- Copy of certifications (if applicable)
- Copy of CPR
- Copy of resume

Our credentialing specialists verify all the information listed in the following table. Once all the verifications have been completed and all files have been submitted, a Review Committee reviews the healthcare professional's credentialing file and denies or grants interim privileges. Final Initial Approval is given after references and all required documentation have been submitted and verified. We require all healthcare professionals to be re-credentialed every three years upon the anniversary date of the original Fast Track credentialing.

The table that follows provides examples of credentialing criteria and verification methods used.

Sample Credentialing Criteria and Verification Methods	
Criteria	Verification Method
Valid, current, and unrestricted state professional license	Primary source verification through issuing state
No recorded revocation or limitation of professional license	Primary source verification and National Practitioner Data Bank
Current DEA privileges with no involuntary restrictions	Primary Source verification with Federal DEA
Current state Controlled Substance Registration with no involuntary restrictions (if applicable)	Primary Source verification with the appropriate state agency
Acceptable malpractice claims history	National Practitioner Data Bank
Graduation from accredited medical school (or other professional program for non-physician professionals)	National Student Clearinghouse (NSC) for Primary Source Verifications or direct verification through the institution if not available through NSC; for Physicians and Physician Associates, a second verification occurs with the American Medical Association (AMA) report
Acceptable completion of accredited residency program	American Medical Association (AMA) report
Never been subject to any medical staff monitoring or special review activity of public record (or reasonably discoverable upon proper inquiry)	National Practitioner Data Bank
No recorded expulsion or suspension from receiving payment under Medicare or Medicaid programs	National Practitioner Data Bank and verification of no reports from the Office of Inspector General (OIG)
No recorded conviction or charge of a criminal offense	National Practitioner Data Bank
No record of disciplinary actions in prior states in which provider practiced	National Practitioner Data Bank
Board certification in listed specialty (where certification is applicable)	American Medical Association (AMA) report

We understand the GDC maintains the right to disqualify individuals from providing service. Our Credentialing Department will screen all resources, subcontractors and employees on a monthly basis throughout the term of the contract to determine if anyone has been excluded, suspended, or otherwise debarred from participation in Medicaid programs or any other federal healthcare programs. We do this by querying the Office of Inspector General's exclusion list as well as the SGA's exclusion list. All credentialed practitioners are also entered into a continuous query with the National Practitioner Data Bank to ensure we are alerted to any professional sanctions or actions including any malpractice

payments. **Any changes in status of a resources' certifications, and/or licensures, including any restrictions, as well as their ability to meet agency requirements will be immediately reported to the GDC.**

At least thirty (30) days prior to the Service Commencement Date, we will provide GDC with copies of current licenses for each healthcare professional. Wellpath will maintain up-to-date licenses for each healthcare professional and provide such documentation upon request. We will also obtain written waivers from our staff permitting the GDC to review applications and disciplinary records for licensing compliance reviews, misconduct investigations, and other such similar instances. **Wellpath will conduct a full review of all such documentation prior to proposing any healthcare provider staff for the GDC Physical Healthcare Services contract.**

Ongoing Professional Development

To further support contract compliance and quality of patient care, we offer ongoing professional development and training opportunities for on-site clinical personnel. Topics include, but are not limited to, infectious diseases and tuberculosis, infection control, emergency medical triage and management, and pharmacotherapeutics. Documentation of training and continuing medical education credits will be kept in a personnel file and available to the GDC upon request. **Appropriate GDC staff will be invited to attend such training at no additional cost to the Department.**

While employees are ultimately responsible for their own development, it is our philosophy to provide GDC and Wellpath team members with the proper tools to build on their knowledge and further their success. We offer both in-house and community opportunities for continuing education programs applicable to a career in correctional healthcare. By encouraging staff to take advantage of these opportunities, we are building an even stronger, more professional team equipped to meet our clients' diverse needs. In addition, Wellpath maintains a **Continuing Nurse Education (CNE) Provider License** that allows us to offer continuing education credits to nursing personnel as an employee benefit. Employees can complete a variety of CNE modules focused on topics commonly seen in the corrections environment.

Our "**Learning and Organizational Development**" (L&OD) team is comprised of seven highly skilled, and devoted learning professionals with a combined experience of 85 years in the training and learning space. The L&OD team vision is to enhance employee performance and growth, leveraging best-in-class learning solutions that are relevant to our People, Patients, and Partners. The L&OD team has many capabilities, including but not limited to, orientation and onboarding, learning needs assessment and diagnosis, job and task analysis, program development, management, and evaluation, instructor-led training and eLearning development. The team's offerings are constantly evolving and improving based on stakeholder feedback and regular evaluation. In addition to the L&OD team, we have established, trained, and certified a team of more than 40 medical and mental healthcare professionals called the "Wellpath Warriors." These Warriors facilitate new contract implementations and transition, including training of all new hires.

Wellpath Academy Learning Center. We partnered with HealthStream to create the Wellpath Academy Learning Center, which we use to deliver, track, and manage training content, including eLearning courses, classroom courses, other learning events, certifications and licenses, and more. When an employee signs in to Wellpath Academy, they are taken to the "To Do" tab, which shows all assigned training courses with due dates.



When new training modules are added to an individual's To-Do list, they receive an email notifying them of the new required training and the due date for completion. Mandatory courses for all Wellpath employees include, but are not limited to, HIPAA, Sexual Harassment, Bloodborne Pathogens, and Hazard Communication. Site-specific courses can also be added to the Learning Center. Once an employee has completed all assigned courses, they have the option of completing elective courses to further their professional development. If an employee completes a course outside of Wellpath, they have the option to add it to their completed courses transcript. Employees can also add information regarding certifications, licenses, resuscitation cards, and more to their personal profile.

UpToDate. In addition, we provide on-site staff access to UpToDate®, a powerful web-based learning system that keeps staff current on changes in medicine, provides information about drug interactions, and offers patient education modules. Staff has access to medical reference and client-specific patient education materials on multiple topics. UpToDate helps increase the quality of patient care by allowing providers to print patient education materials and discuss them with the patient while together. UpToDate covers more than 10,000 topics in 22 medical specialties and includes more than 9,000 graded recommendations, 27,000 graphics, and 380,000 Medline abstracts, as well as references and a drug database. Content is reviewed and edited continuously and updated within UpToDate every weekday. This instant availability of continuously updated, evidence-based healthcare information helps medical staff provide the highest quality care. UpToDate includes treatment recommendations based on the latest and best medical evidence. Recommendations are kept current as new studies are released and practices change.



Topics available within medical specialties in UpToDate include:

- | | | |
|------------------------|-----------------------|---------------------|
| • Medical Calculators | • Gastroenterology | • Rheumatology |
| • Adult Primary Care | • Nephrology | • Surgery |
| • Allergy & Immunology | • Neurology | • Internal Medicine |
| • Cardiology | • Hematology | • Geriatrics |
| • Critical Care | • Hepatology | • Psychiatry |
| • Drug Information | • Infectious Diseases | • Dermatology |
| • Emergency Medicine | • Oncology | • Palliative Care |
| • Endocrinology | • Pulmonology | |

Specialized Nurse Education. Wellpath established a Nursing Services Department whose mission is to promote correctional nursing care focused on patients, formed in a collaborative and supportive environment, and grounded in evidence-based competencies and practice. The Wellpath Nursing Services Department is leading the charge in making Wellpath the leader in healthcare delivery through excellence in nursing practice.

Nursing Services' primary focus is the development and delivery of nursing education through an assortment of training initiatives, including CNE, independent/self-study, in-person clinical education, distance education (webinars, conference calls, etc.), and corrections-specific video training.

In addition to our cutting-edge training programs, we developed educational materials that can be placed conspicuously in our sites to remind nurses of basic protocols, like **SBAR** communication (**S**ituation, **B**ackground, **A**pplicable nursing data, **R**quest/Recommendation).



Lippincott. Wellpath recently partnered with Lippincott Procedures. Created by nurses, for nurses, Lippincott is the premier online destination for peer-reviewed nursing journals and continuing education resources based on the best evidence available. Lippincott is a best-in-class, point-of-care reference that provides Wellpath nursing staff instant access to comprehensive, evidence-based, step-by-step instructions to over 1800 procedures and skills from novice to expert and covering a wide variety of nursing specialties. Lippincott combines the most trusted clinical content with powerful online workflow functionality that saves time, standardizes care, and delivers improved patient outcomes.

In-Service Training. The Wellpath L&OD Department, in conjunction with the Clinical Department, offers a variety of continuing education and training programs, which can be tailored to meet the specific needs of the DOC. A catalog of instructor-led and eLearning courses is available electronically and the L&OD team is available for assistance as needed, including leadership course offerings through Development Dimensions International (DDI). These training programs build on the foundation established during the orientation process and are conducted in accordance with professional and legal standards. For example, Wellpath ensures that all staff members are trained on PREA standards by providing education, testing their knowledge, and providing certification based on demonstrated competency; suicide prevention training is a mandatory part of Wellpath new employee orientation and is also required annually for all Wellpath employees and subcontractors.

The HSA (or lead healthcare administrator) is responsible for ensuring that healthcare personnel receive regular training on topics specific to their facility. Wellpath incorporates new topics identified through our CQI program on an ongoing basis, including topics covering infectious diseases and tuberculosis, infection control, emergency medical triage, and pharmacotherapeutics. Additional training may be requested through a Clinical Training Request submitted to the Regional Director of Operations. The HSA will maintain documentation of completed training in an individualized training record for each employee. Additionally, an electronic transcript of all training can be viewed via Wellpath Academy.

Annual Evaluation and Verification of Clinician's Skills

Wellpath offers regular training opportunities for nurses to keep their skills sharp and stay on top of the latest developments in clinical practice. The Wellpath Nursing Services Department distributes an Annual Clinical Training Calendar with monthly training assignments focused on a variety of Core Knowledge topics, such as Patient Evaluation, Emergency Response, Suicide Prevention, and Withdrawal Management.

Each monthly training assignment includes a Clinical Skill Competency (CSC) component designed to provide technique refreshers and verification of clinical skills. The Clinical Skill Competency modules are part of the "Clinical Skill Competency Evaluation Manual" developed by the Wellpath Nursing Services Department to ensure our nurses are well equipped to care for our patients. The purpose of the manual is to identify competent clinical practice, areas requiring additional training, and opportunity to improve skill sets through practice and re-evaluation. The manual presents nursing professionals with a variety of scenarios to assess their clinical competency and decision-making ability. Wellpath nurses must successfully demonstrate the clinical skill covered in each CSC module to pass their evaluation. Nurses are trained and evaluated on clinical skills essential for the effective and efficient delivery of healthcare in the correctional environment including, but not limited to conducting intake screenings, health assessments, and sick call. The corporate Director of Nursing, in collaboration with the Patient Safety Officer, develop CSC evaluations based on current evidence and peer-reviewed nursing resources. The manual is reviewed and approved annually and updated as needed.

Peer Review. Wellpath conducts annual peer reviews of each licensed healthcare provider. Our use of Peer Reviews as a clinical performance enhancement process is consistent with NCCHC and ACA guidelines. The purpose of these peer reviews is to assure the clinical practice of the practitioner is competent and congruent with the practice guidelines set forth by Wellpath and the GDC. The review also creates an opportunity for the practitioner to receive feedback regarding their performance from another practitioner with an understanding of the clinical practice being reviewed in the hope that such feedback will lead to an improvement in the quality and/or efficiency of that clinical practice. Peer review is often conducted by regional, state, or corporate clinical staff with training and certification equivalent to or greater than that of the provider being reviewed and that who do not regularly perform services at the facility where the provider being reviewed works. When significant opportunities for improvement are identified, the peer reviewer will work with the provider to develop a performance improvement plan. The peer review will then be scheduled for follow-up at a date that is reflective of the magnitude of improvements to be made by the provider. All peer review findings will remain confidential and follow strict procedural safeguards – in most instances, courts have zealously guarded this confidentiality. A peer review "log," providing the names of the primary care providers and the dates of their most recent reviews, will be maintained by the HSAs at the respective facility, whereas the actual reviews will be maintained at the Wellpath Home Office.

Collaboration with Contracted Pharmacy Supplier to Ensure Formulary Adherence

Wellpath recognizes that the formulary is an ever-evolving resource tool for our providers, rather than a static list of medications to be prescribed within GDC institutions. We understand that formularies will be revised and updated through a P&T process multiple times over the course of the contract as new drugs are approved and treatment guidelines change. We also understand the need to develop a flexible process for the review and prior approval of medications not listed in the formulary. We apply the bridge science of pharmacoepidemiology to the assessment of medications for both formulary inclusion and exclusion. Our organization has also developed utilization criteria for frequently used non-formulary medications.

We will partner with the contracted pharmacy for a “first pass” review of non-formulary medication by the contracted pharmacy staff, who will access all pharmacy and healthcare systems. Non-formulary medication requests and rationale for use (completed by the prescriber) that cannot be approved by the contracted pharmacy partner will be forwarded electronically for review by a Wellpath Medical Director or designee. These requests will either be adjudicated to either approved; returned with an alternative recommendation for treatment; or there will be a request for additional information in order to further evaluate.

The World Health Organization (WHO), states that there must be “an awareness that the health outcomes of drug use in the rigorous setting of randomized clinical trials are NOT necessarily the same as the health outcomes in everyday practice.” We concur and evaluate medications for the formulary based on use, effect, and adverse drug effects to promote rational cost-effective use in the population(s) that we serve.

The Wellpath Pharmacy and Therapeutics (P&T) Committee is a Sub-Committee of the Medical Executive Committee. The State of Georgia-Wellpath DOC P&T Committee will be co-chaired by the Wellpath State Medical Director and the contracted pharmacy’s State Director Pharmacy. The committee will consist of representation from the medical staff, nursing, the contracted pharmacy clinical and operation staff, operations and staff from the states’ Department of Corrections. The P&T committee is responsible for the approval of all items listed in the Formulary and Pharmacy Resource Manual.

The P&T Committee will have regularly scheduled meetings to review issues of safety, efficacy and cost around medication utilization. Based on the needs, the availability (or lack thereof) of medications due to shortages and recalls, the introduction of new treatments, as well as, notifications from federal agencies regarding medication safety and efficacy information, the GDC-Wellpath P&T Committee will update the formulary as often as necessary to meet the specific needs of GDC’s patients.

We will collaborate with the GDC’s contracted pharmacy partner for a multi-faceted strategy to communicate formulary updates to include:

1. Written communication to practitioners of formulary update via email
2. Verbal communication through educational updates and medical/administrative staff meetings
3. Printed and electronic updates to the Formulary document distributed to the facilities
4. Updates of medications formulary in the EHR for a visual notification at the time of prescription order entry
5. Notification to the provider by the contracted pharmacy provider should a non-formulary medication be prescribed as a part of the prior approval process

We have implemented this process for formulary review and dissemination, in conjunction with our three primary pharmacy partners, in all of our sites and have found it successful to ensure formulary adherence.

11. Security for In-prison Care – Limit 2 pages

Instructions: The Supplier must provide a response to the requests below. No supporting documents shall be accepted.

- Supplier shall describe its qualifications, previous experience, and performance related to security and communication with wardens/deputies in a correctional setting.
- Supplier shall provide a clear picture of the supplier's approach to security and communication with wardens/deputies, in accordance with meeting the minimum basic requirements (K.2 of Attachment B – Scope of Services).
- This overview should also address sources of distinctiveness in line with GDC's goals, which could include:
 - Communication with wardens, deputy wardens, and correctional staff to ensure in-prison security of offenders and timely and efficient offender transportation between facilities and to off-site physical health services

Wellpath's response follows on the next page.

Wellpath will meet the individual requirements stipulated in **Attachment D. 11. Security for In-prison Care** and **K.2 of Attachment B – Scope of Services**. We will provide these services in accordance with associated GDC policies and industry-best practices.

Our organization believes in the connection between a secure and safe facility and the delivery of quality health care. Our approach to team-based care includes correctional staff in multidisciplinary meetings and open lines of communication when patient medical and/or mental health concerns may present a security concern. We will provide timely communication with GDC transport staff regarding any special precautions, medications, or treatment needed while on route. We will also provide care at satellite medical clinics whenever clinically possible in an effort to reduce transport issues within facilities. To ensure timely communication with facility wardens, deputy wardens, and correctional staff regarding offender transportation between facilities and to off-site physical health services:

- Wellpath will have a dedicated professional at all GDC sites to serve as a coordinator/point of contact with GDC staff for scheduling patients for offsite services
- GDC transport staff will be provided secure scheduling information daily through the scheduling component of ERMA.
- Offsite and transport issues will be a consistent agenda item during site Medical Administrative Committee (MAC) meetings to ensure all operational challenges are remedied

Wellpath recognizes that effective collaboration and coordination with correctional staff is crucial to our ability to safely and efficiently deliver health care to our patients. We rely on the success of this partnership to access the patient population, ensure delivery of health care and manage centralized medication administration as well as medication mouth checks when necessary.

Whiteboard Reviews. In addition to MAC meetings, we incorporate “whiteboard” reviews on a daily basis across our enterprise to ensure high risk/high need patients are discussed and their needs addressed in a clinically timely manner. These reviews provide an interactive communication system for all disciplines to address the status and needs of the most concerning patients for that day. The whiteboard is divided into categories that serve as the foundation for operational and clinical discussions that take place during daily morning briefings and provides an accurate snapshot of high-priority medical cases, infection control statistics, hospitalizations, etc. This approach is especially important for patients in restrictive housing or specialized mental health units, including those diagnosed with gender dysphoria or who present a chronic and high risk for suicide, as well as any other areas of focus relevant to the intersection of medical and mental health care and security. **Use of the white board to manage high risk patients is rooted in Six Sigma and Lean approaches to critical event reduction techniques.**

Our organization will ensure timely consultation, collaboration, and coordination between our medical staff and other relevant providers and GDC facility staff regarding patients with co-morbidities. Our medical practitioners will strive to work hand-in hand with GDC contracted mental health and pharmacological providers to ensure continuity of care. Fostering our continued and open communication, wardens, deputy wardens, and key correctional staff are invited to attend these daily meetings. To further ensure timely communication, each Site Medical Director will communicate directly with the warden or deputy warden as needed.

Daily Safety Huddles. Wellpath has also implemented daily safety huddles as an established best practice. At the start of each shift, we gather on-site staff from all disciplines (medical, mental health nurses, security, etc.) for five or 10 minutes to discuss relevant safety, philosophy, and policy topics, as it relates to their specific site and areas of concern. We will work with the GDC and other relevant providers to implement multidisciplinary safety huddles.



12. Population Health Management – Limit 4 pages

Instructions: The Supplier must provide a response to the requests below. No supporting documents shall be accepted.

- Supplier shall describe its qualifications, previous experience, and performance related to the development and implementation of population health management in a correctional setting.
- Supplier shall provide a clear picture of the supplier's approach to population health management in accordance with meeting the minimum basic requirements (D.1 through D.3 of Attachment B – Scope of Services).
- This overview should include sources of distinctiveness in line with GDC's goals, which could include:
 - Innovative approaches to patient identification, care planning, and care management for cohorts with population health management improvement opportunity, especially for high-risk / high-cost offenders
 - Typical sources of population health management improvement in correctional settings and strategies to pursue these improvements
 - Collaboration with other suppliers (e.g., pharmacy) and partners to support population health management
 - Approach to data analytics to inform population health management

Wellpath's response follows on the next page.

Wellpath will meet the individual requirements stipulated in **Attachment D. 12. Performance Health Management and D.1 through D.3 of Attachment B – Scope of Services**. We will provide these services in accordance with established industry best practices, GDC policies, and national standards promulgated by the NCCHC and ACA. To ensure the effectiveness of our programs we incorporate a number of evidence based and data driven CQI modalities and techniques to improve all aspects of the healthcare services, especially for high-risk/high-cost cohorts. Our organization also uses a number of innovative approaches to identify, treat, and manage clinically diverse patient populations.

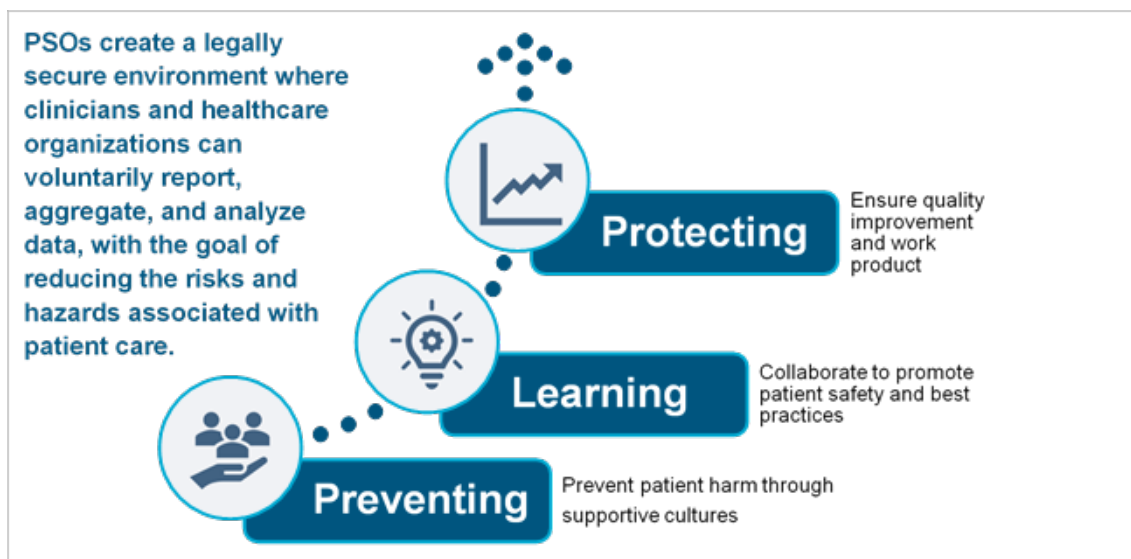
As a data-driven organization, Wellpath also uses a number of proprietary and third-party technologies that the GDC will potentially benefit from, including our web-based Risk Management Information System (RMIS), RiskQual, which collects, manages, and analyzes information for the purpose of quality improvement and patient safety. Our RMIS system manages full event lifecycle from event reporting, corrective action, CQI and corrective action tracking.



Our clinical and operational leadership teams also use powerful business intelligence software, such as Tableau®, to ensure efficient delivery of services. Tableau tracks key indicators such as off-site referrals; inpatient/ER utilization; claim details; pharmacy utilization; labs; filled/vacant FTEs; and overtime. These tools allow us to identify trends as they emerge.



Patient Safety Organization (PSO). Wellpath became part of a PSO in 2016, evidencing our commitment to improved patient care and safety. PSOs create a legally secure environment where clinicians and healthcare organizations can voluntarily report, aggregate, and analyze data, with the goal of reducing the risks and hazards associated with patient care. To support these efforts (and as illustrated by the graphic below), Wellpath has a defined “Patient Safety Evaluation System” to collect, manage, and analyze information for the purpose of quality improvement and patient safety.



Healthcare Effectiveness Data and Information Set (HEDIS). Wellpath also uses HEDIS to measure our program effectiveness. HEDIS provides outcome measures against which health plans, Medicare groups, and Medicaid groups can compare their performance. HEDIS measures and the accompanying data sets are the only such measures that are standardized. They reflect actual performance against metrics considered important by experts in the various fields being measured. They provide opportunity for correctional systems to compare themselves against community performance; as such they are the only available objective measures of "standard of care in the community."

Not all HEDIS measures are appropriate for use in correctional settings. However, we measure our performance against Medicaid, where these outcomes exist, as this is the most similar population to that which we serve. If Medicaid outcomes become unavailable, we will decide based on the indicator which outcome to compare, using the data published in the

previous year. As illustrated below, Wellpath's current HEDIS performance indicates we would deliver unparalleled access to high quality care when compared to other Medicaid populations.

Wellpath Performance vs. Medicaid		
Healthcare Metrics	Medicaid Patients	Wellpath Patients
Time to Get a Physical	18 Days	9.7 Days
Hypertensive BP Control	56.9% of patients at target	86.2% of patients at target
A1C Control for Diabetes	49.4% of patients controlled	63.9% of patients controlled
Diabetic BP Control	62.7% of patients controlled	91% of patients controlled
HbA1c Poor Control (>9.0%)	40.5% with poor control	23.2% with poor control
HbA1c Control (<7%) for Selected Populations	34.5% with HbA1c Control	43.4% with HbA1c Control

Screening Recommendations. To ensure appropriate and timely patient identification, Wellpath maintains current screening recommendations for numerous conditions, including diabetes, lipid disorders, vaccinations, hypertension, obesity, cancer, depression and substance use disorders. Our organization uses multiple sources of truth for age-appropriate screening recommendations. The foundation for our screening methodology is based on the U.S. Preventative Service Task Force (USPSTF) recommendations with a focus on their A rated recommendations. We use collateral resources such as the CDC, UpToDate, and Federal Bureau of Prisons (FBOP) clinical guidelines.



We will query the USPSTF on a quarterly basis to keep apprised of new screening recommendations. Any new recommendations will be reviewed with the State Medical Director for discussion and possible implementation. For example, to the right is the current recommendation for screening for diabetes followed with the notice that it is being updated.

On July 14, 2020, the USPSTF published their road map to further address SDOHs in their evidence-based recommendations for primary care screenings. We will carefully review these recommendations and be prepared to collaborate with GDC leadership to develop a methodology to incorporate SDOH into our screening recommendations.

Clinician Summary Expand All

Population	Adults aged 40 to 70 y who are overweight or obese
Recommendation	Screen for abnormal blood glucose. Offer or refer patients with abnormal blood glucose to intensive behavioral counseling interventions to promote a healthful diet and physical

View the Clinician Summary in [PDF](#)

Final Recommendation Statement

Abnormal Blood Glucose and Type 2 Diabetes Mellitus: Screening

October 26, 2015

Recommendations made by the USPSTF are independent of the U.S. government. They should not be construed as an official position of the Agency for Healthcare Research and Quality or the U.S. Department of Health and Human Services.



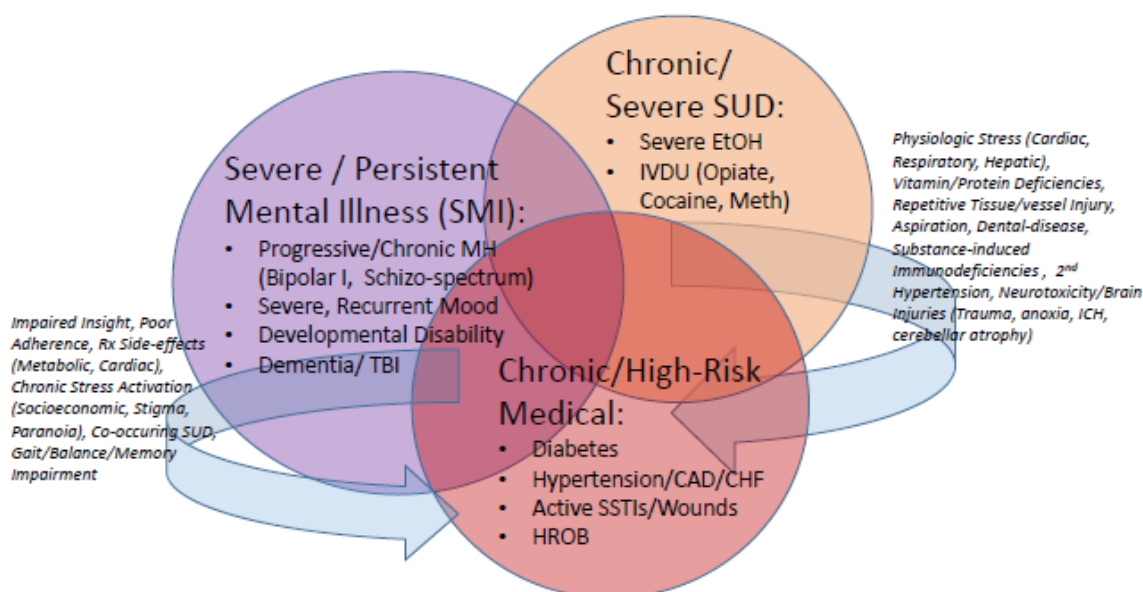
This topic is being updated. Please use the link(s) below to see the latest documents available.
[Update in Progress](#) for Abnormal Blood Glucose and Type 2 Diabetes Mellitus: Screening

"The USPSTF recognizes the critical role of addressing SDOHs in achieving the goal of improved health for all Americans. From its inception 35 years ago, the Task Force has included key SDOHs in its portfolio of recommendations, such as screening for intimate partner violence, elder abuse, and abuse of vulnerable adults and preventing unhealthy use of drugs, tobacco, and alcohol in children and adolescents. Incorporating SDOHs within the USPSTF's recommendation method is one of many ways to improve health and quality of life. Complex issues are

involved in determining when primary care providers should and should not screen or provide counseling for issues that affect health outcomes. With a clear framework for identifying additional SDoHs and an analytic framework that identifies the portfolio of research that will further the Task Force's focus, we look forward to continued development of this critical area."

Wellpath uses the results of receiving screenings, physical exams, and health assessments to stratify our patient populations based on a **Wellpath Risk Adjustment Patient (WRAP) Score**. The WRAP Score is a proprietary risk stratification model that computes relative patient risk profiles using a combination of clinical conditions and Social Determinants of Health (SDoH) as well as the total cost of care per facility. The methodology used incorporates condition-based classifiers to segment the patient population in order to identify high-risk patients. Sample of severe clinical conditions used to risk stratify the patient population include the following:

- AIDS/HIV
- Alcohol and Substance Abuse
- Anemia Deficiency
- Rheumatoid Arthritis
- Bipolar I
- Blood Loss Anemia
- Cardiac Arrhythmia
- Congestive Heart Failure
- Chronic Pulmonary Disease
- Coagulopathy
- Depression
- Diabetes without Chronic Complications
- Diabetes with Chronic Complications
- Drug Abuse
- DSM criteria for Serious and Persistent Mental Illness (SPMI)
- Other diagnoses with major functional impairment, such as self-injurious behavior
- Episodic psychotic disorders
- Hypertension
- Hypothyroidism
- Liver Disease
- Lymphoma
- Fluid and Electrolyte Disorders
- Major intellectual/ Neurocognitive Disability
- Metastatic Cancer
- Other Neurological Disorders
- Obesity
- Paralysis
- Peripheral Vascular Disease
- Psychoses
- Pulmonary Circulation Disorder
- Schizophrenia/ Schizoaffective Spectrum Disorders



Commercial risk tools have been shown to be biased against minority populations. For example, as noted in a recent study, Optum's tool was shown to underestimate risk among black patients, which would lead to less attention and care delivered to this population.¹ According to the National Academy of Medicine, roughly 80% of modifiable health outcomes are derived from SDoH.²

- 10% come from the physical environment, like stable housing
- 40% influenced by social and economic factors, such as education
- 30% correspond with health behaviors, like alcohol and drug use

Social determinants of health that have been shown to impact health status are incorporated into the model. A sample of SDoH attributes include:

- Economic Stability
- Consistent employment for six months prior to incarceration
- Stable housing for six months prior to incarceration
- Education
- High School graduate
- Able to read and write in English
- Health and Health Care
 - Primary care visit within one year prior to incarceration
 - Alcohol and substance abuse
- Neighborhood and Built Environment (using home of record)
 - Crime and Violence
 - Environmental Conditions

Wellpath leverages local and national experts including academic partnerships with Mercer University, Augusta University, and Morehouse College, as well as specialty institutions like Region One Health in Memphis, Tennessee to develop and implement best practice treatment approaches and paradigms of care.

Enhanced Reporting and Analytics. Our organization continues to be on the cutting edge of correctional healthcare technology. One of our most recent innovations, the Wellpath Client Portal, gives our clients **near real-time reporting** on statistics related to the delivery of care, such as receiving screenings completed, staffing hours provided, off-site treatments and medical compliance statistics such as intakes, H&P and pill pass. The Client Portal is a secure digital gateway for shared communication and information that can be accessed via web browser or mobile app by our clients, giving them confidential, secure online access to key information.

We also use data from patient encounters, safety events, and monitoring to inform and improve clinical forms, clinical protocols, and nursing pathways to increase both the effectiveness and efficiency of care provided to patients. Our use of a "white board" methodology to manage high-risk patients, for example, is rooted in Six Sigma and Lean approaches to critical event reduction techniques. Our use also of the PDCA framework (Plan-Do-Check-Act) for major initiative implementation has been very successful in achieving improved outcomes within our contracts. **Using the PDCA model, we successfully reduced the amount of narcotics used for chronic pain in our Pennsylvania DOC Health Services contract to less than 2% (one of the lowest rates in the nation) while maintaining quality patient care.**

GDC will benefit from a provider who uses evidence-based, data driven population health management, is focused on team-based care, and has a history of implementing cutting-edge technological solutions.

¹ Morse, S. 2019. "Study finds racial bias in Optum algorithm." *Healthcare Finance*. Oct 25.

<https://www.healthcarefinancenews.com/news/study-finds-racial-bias-optum-algorithm>

² Magnan, S. 2017. "Social Determinants of Health 101 for Health Care: Five Plus Five." *National Academy of Medicine*, Discussion paper. Oct 9. <https://nam.edu/social-determinants-of-health-101-for-health-care-five-plus-five/>

13. Network Development – Limit 10 pages

Instructions: The Supplier must provide a response to the requests below. No supporting documents shall be accepted.

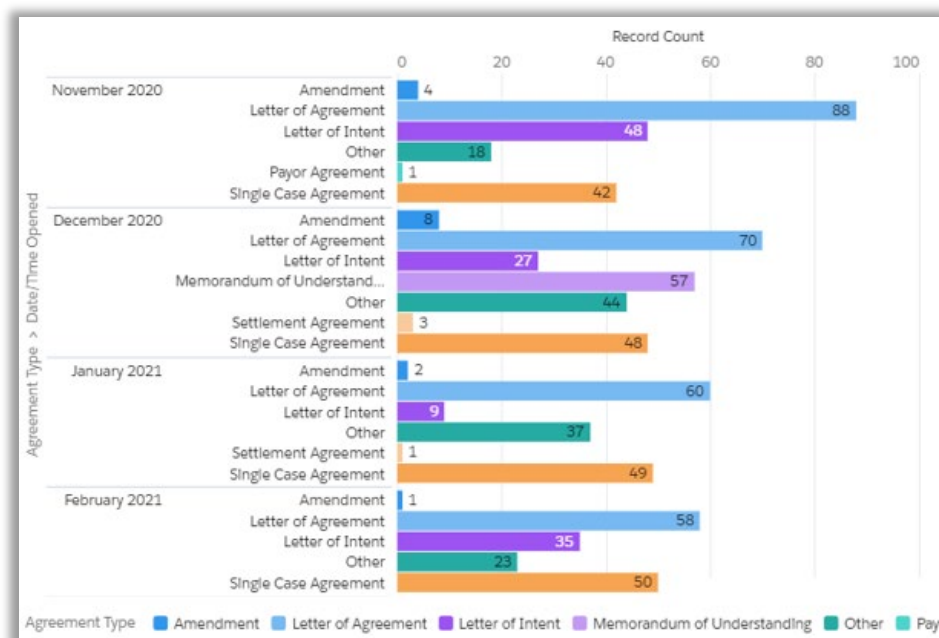
- Supplier shall describe its qualifications, previous experience, and performance related to network development (e.g., value-based contracting, quality) for offenders requiring care outside a correctional setting.
- Supplier shall provide a clear picture of the supplier's approach to network development, in accordance with meeting the minimum basic requirements (C.1 of Attachment B – Scope of Services).
- This overview should also address sources of distinctiveness in line with GDC's goals, which could include:
 - Delivering and tracking high-quality care across out-of-prison providers
 - Use of provider outreach best practices, evidence-based care protocols, and clinical delivery best-practices
 - Reporting to evaluate provider performance and quality, and enabling population health management
 - Creating a continuous feedback loop between the network provider and supplier to increase continuity of offender care
 - Provision of appropriate offender information at referral
 - Ongoing assessment of provider network and referrals, ensuring care is being delivered by high-quality providers at the best cost
 - Implementing innovative approaches to network reimbursement
 - Implementation of value-based arrangements

Wellpath's response follows on the next page.

Wellpath will meet the individual requirements stipulated in **Attachment D. 13. Network Development** and **C.1 of Attachment B – Scope of Services**. We will provide these services in accordance with established industry best practices, GDC policies and procedures, and national standards promulgated by the NCCHC and ACA. Our organization has a dedicated Network Development Team focused on creating comprehensive correctional provider networks through partnerships with hospital systems and specialty physicians. We work directly with providers to negotiate the best rates for 24-hour service with hospitals, physicians, ambulance companies, and other local providers of ancillary services for inmate populations.

We have established provider networks in 33 states (including Georgia), where we work with more than 6,000 providers to deliver correctional healthcare services at our various client facilities. Our staff communicate with providers regularly to ensure that proper service protocols are followed, and any issues are quickly resolved. With a constant focus on quality and consistency of care, we have already established a cost-appropriate healthcare delivery network for GDC patients statewide.

Our organization has an automated tracking and network development platform. In that platform, we are able to track and report to GDC our network development efforts and the overall performance of the provider network. We also have a full customer service team based out of our Home Office in Nashville to address any operational issues or concerns our network providers have. Wellpath's "white glove" treatment helps ensure that GDC patients have ongoing access to health services at all times.



Our Network Development Department is focused on creating correctional provider networks through partnerships with hospital systems and specialty physicians to ensure access to acute care, post-acute or skilled nursing facilities, therapy services, specialty physicians, emergency service providers, urgent/emergency dental services, medical equipment services, x-ray and interpretation, laboratories and diagnostic testing centers. The team contacts on-site and off-site subcontractors and specialists to develop and finalize agreements to satisfy all required services at each facility and works to negotiate the best rates for 24-hour service with hospitals, physicians, ambulance companies, and other local providers of ancillary services for each facility. We fully integrate provider directories into our EHR solution and Wellpath Client Portal to ensure on demand access of this information. Staff will also consider telemedicine for consultation prior to an off-site appointment being scheduled.

AWC Networks LLC (AWC). Wellpath has partnered with AWC, the GDC's current provider of major medical specialty services to ensure uninterrupted access to the qualified medical care specialists and specialty services required to meet the needs of the GDC patients in our care. AWC offers an extensive specialized network designed as a resource for all of GDC's medical needs, including instant access to hundreds of reputable medical providers throughout the state of Georgia for in-prison and out-of-prison care. **AWC's Georgia network includes all specialties and subgroups and provides access to over 240 medical practices across the state, including 50 providers designated to accept GDC patients. AWC is currently expanding its network to support services for GDC patients statewide and will also use Wellpath's established statewide provider relationships from its county**



correctional facility partnerships. Access to key medical facilities will support effective & convenient patient care, including:

- General & specialized treatment facilities
- Full menu of diagnostic facilities
- Wide array of rehab facilities
- Primary hospitals include Wellstar's Atlanta Medical Center (AMC), a Level I Trauma Center and Advanced Primary Stroke Center, and Wellstar's AMC South.
- Facilities with unique capabilities (AMC's High Security Prison Unit)

Founded in 2002, AWC is a certified MBE providing medical and health-related cost containment services in the public and private sectors, notably in the areas of correctional health, governmental health and workers' compensation. AWC has strategically expanded its scope of services in different areas of expertise to more broadly assist clients with their health service needs, while consistently maintaining a superior level of quality performance and service. AWC is proud to have nearly 20 years of experience in workers' compensation and over a decade in the correctional health space by implementing innovative medical and cost containment solutions.

"AWC is excited to be partnering with Wellpath to provide best-in-class correctional health care with full transparency and accountability for the GDC and its patients."

Christopher. R. Edwards, MD
Medical Director AWC

AWC is one of the two primary physician networks currently providing comprehensive medical services to the GDC. Over the last 10 years, AWC has actively managed the growing healthcare needs of GDC in the areas including, comprehensive medical network, direct admissions and hospital oversight, medical director, scheduling and care coordination at more than 34 correctional facilities throughout the state of Georgia.

Enhanced Analytics and Analysis. Wellpath will augment our analytics and analysis with AWC's analytics and additional audit capabilities to government healthcare programs designed to identify high dollar treatment programs, cost overruns, and duplicate claims. This system effectively captured data including, but not limited to disease markers, unique patient characteristics for chronic disease or other illness, and identifiable increased risk or repeat complications by certain medical providers. These tools allow for the development of programs and protocols which more effectively manage the patients care and medical outcome while markedly reducing associated costs. **Identifiable and achieved savings for AWC's federal client were in excess of \$40M from 2007 to 2010. For their state client, AWC identified over \$1M in duplicate claims and overpayments and decreased hospital LOS by 30% in the first six months.**

Quality Control and Quality Assurance. AWC specializes in identifying high cost drivers and the potential savings in healthcare costs. This goal is accomplished with high-level ancillary and 'best in class' performance measures. AWC's powerful INSIGHT™ data analytics tools, along with our medical management expertise makes finding evidence-based medicine data easier than ever so you can clearly see where the high costs lie, and how they can be reduced or even eliminated. One of the keys to effective, quality care is to develop methods and specialized programs that are customized to meet an organizations particular need. **As a developer of custom solutions, AWC focuses on developing specialty medical networks that have proven to be successful in reducing medical costs by an average of 39%.**

In an effort to deliver quality health care to patients, implement cost effective practices, and exceed quarterly performance audits, AWC has developed a Quality Control Program to ensure the following deliverables:

- **Healthcare Quality Review Committee (HQRC):** Meets regularly to establish guidelines and policy that result in improved quality of care and performance, while effectively decreasing associated costs.
- **QC Management Oversight:** Individual dedicated to adherence of performance of contractual obligations and expectations
- **Written Performance:** Document compliant work instructions and processes to implement contractual obligations

- **Audit and Analysis of Data:** Implement and review audit and analysis of current trend data identifying deficiencies and coordinate a plan for improvement

Measures for Non-Performance. If the standards and goals of the vendors or providers are not met for a predetermined time period, normally 60 days, the HQRC will be tasked to identify the problem for non-performance. Once identified, a resolution to the problem will be created, communicated, and implemented. After 30 days, the resolution is measured against the predetermined standards or the objective to determine if the resolution is adequate. If the result is unsatisfactory, the process may be repeated. If there is still no resolution after repeating the process, AWC will recommend to Wellpath that the vendor and/or medical provider be removed from participation in the GDC program.

EPO Network Management. AWC offers Wellpath an Exclusive Provider Organization to improve health care quality and cost management for the GDC. The EPO offers access to highly skilled and reputable specialty physicians and medical providers, often already in your current network. In partnership with GDC, Wellpath's subcontractor AWC will create and maintain a customized EPO based on audit findings of existing medical providers, based on current and past claim history. The EPO will be developed during the transition period and will include hospitals, physicians, and other required providers by the particular demands of the inmate population. Typical demands may include:

- Frequency and Severity by injury type
- Cost of Service
- Length of Stay
- Physicians Ratings
- Provider Results
- Facility Location
- GDC preferences and requirements

The EPO will be customized based on changing credentials, evaluation, result satisfaction and suggestions for change. An EPO listing will be provided to all appointed personnel. *AWC can generally achieve up to a 15% discount below the usual and customary fees for services rendered.*

Provider and Network Oversight. AWC will perform random previews and reviews of the on-site and off-site care provided by the physicians in their network. Each physician is assessed based upon their practices and scope of work to ensure they are meeting the mandatory requirements of Board Certification. As a standard procedure, they will review a random selection of procedures authorized through our Utilization Management and Case Management departments to verify that consistency is maintained from referral to discharge. In addition to provider oversight, AWC will provide the physicians within their network regular training & education on current trends and best practices, and scheduled quality reviews for efficiency and consistency across the medical program, including:

- Medical File Review
- Independent Medical Evaluations
- Peer Reviews
- Intervention in Utilization Management
- Evaluation and Benchmarking of Medical Practices
- Consultant for Clients, Disability, and Risk Managers
- Monthly 'Talk to the MD' – Educating Clients and Providers of Current Trends and Best Practices

Responses to Section C.1. Scope of Services Requirements

Willingness of Provider to Enter in Value-Based Arrangements. Wellpath and AWC achieve reductions of cost in medical services for our client partners through value-based arrangements with our providers. AWC's providers include specialists as well as primary care physicians and ancillary providers, such as PT, OT, EMG, and others.

Acceptance of Pricing at Appropriate Rates. Wellpath's contracted pricing with AWC for specialty and primary care physicians is based on a percentage of Medicare and/or Medicaid rates - this is in line with the state of Georgia community standards. These rates are negotiated and determined on a statewide basis with some exceptions for specific rural areas or outliers. For those providers that are on site, some of these rates may be a flat rate depending on the clinics that they attend, as required.

Evidence for Costs Avoided by Good Management. AWC is classified as a Discount Medical Provider Organization (DMPO) who achieves these goals through efficient clinical operations and effective management of data and monthly reporting. AWC will provide custom reports to Wellpath, including tracking and providing data reports in a timely manner through audit and analytical tools. Custom reporting includes an array of monthly specialty reports that reveal relevant factors and data, including electronic appointment scheduling with documentation on appointments being obtained within a 72-hour period and all No Call No Show appointments being documented for feedback to the client. Evidence to the results are as follows in two case examples.

- **Case Study #1: Companion Insurance/Blue Cross Blue Shield.** Improved medical outcomes for 5,000 medical claims per year - across the entire medical services delivery chain, including but not limited to: patients, loss adjusters, doctors, hospitals, ancillary care providers. In addition, AWC completed an effective acquisition and reconstructing of the NCM and UR program, which identified the delivery of medically necessary services specific to a diagnosis, appropriate utilization of inpatient, outpatient, and/or ancillary services. This improved communication and coordination of healthcare services between the providers, as well as clients and patients resulting in a diligent concur review of medical status, treatment, and proactive medical discharge planning. AWC's performance results included a **cost reduction goal in excesses of 18%** and an improvement in NCM metrics that drove the improvement in quality of medical outcomes.

AWC Costs Avoided for GDC with Management Oversight

 - ✓ Identified over **\$1.0 million** in duplicate claims and over payments
 - ✓ 30% decrease in hospital length of stay in the first 6 months
- **Case Study #2: City of Atlanta.** Implementation of cost containment and quality improvement measures with results in the reduction of average costs. See examples below.
 - Average claims loss went from \$2,826.00 to \$813.00
 - Average indemnity payments decreased from \$16,000.00 to \$1,318.00
 - Average med only payments went from \$1,163.00 to \$483.00
 - Average medical cost went from \$1,846.00 to \$606.00
 - PPO and EPO penetration rate went from 62% to 84%
 - **Resulting savings of 20% - 39% to the client per annum**
- **Case Study #3: Georgia Department of Corrections.** Clearance in case backlog of 8,725 pending cases in July 2017 on behalf of the GDC. The AWC nurse was engaged for a period of six months which resulted in the reduction of backlog to 325 by January 31, 2018, a decline of 8,400 cases - 96.3% reduction.
- **Identified over \$1.0 million in duplicate claims and over payments with a decreased in hospital Length of Stay by 30% in the first 6 months.**

Specialty Providers with High-Quality HEDIS Scores and Demonstrated Quality Outcomes. Wellpath has identified 11 HEDIS scores that directly affect outcomes of the most common disease in correctional patients including diabetes, hypertension, obesity, and vascular disease. These HEDIS measures are constantly measured with additions made as determined by NCQA and retirement of measures when best practice compliance becomes the standard. Both Wellpath clinicians and AWC providers will follow the standards as defined by NCQA.

Additionally, all AWC providers are subject to CAQH guidelines and processing. The providers are responsible for uploading all of their current information on the CAQH system on an annual basis. This includes but is not limited to any litigation that may or may not have occurred as well as adverse outcomes. Each provider is also subject to the Healthgrades™ review and scoring system. The HEDIS scores are currently identified and provided by Wellpath.

Education Programs to Share Best Practices on Offender Care and Increase Awareness of GDC's Policies. Both Wellpath and AWC have CME accredited educational programs for its providers that are available on a quarterly basis. This can also be achieved through telemedicine during this COVID crisis. This will allow for increased awareness of GDC policies and procedures. In addition, AWC currently has a semi-annual provider meeting that addresses GDC policies and procedures as it relates to patient care, family communication, as well as end of life or end of treatment decisions.

In addition, the mentoring relationship between supervising physicians and advanced practitioners will provide continuous educational opportunities to foster best practice provision of health care. Specific disease states such as diabetes, HIV, COPD/Asthma, hypertension and dyslipidemia, to name a few will undergo NCQA certification for best practice programs that will continuously be updated and will be made available for clinical staff education, adoption, and care delivery.

Proof of Appropriate Accreditation and Licensure. AWC uses its own proprietary systems to ensure that credentials are current and up to date for the providers within its network.

Approach to Measuring Network-Driven Healthcare Outcomes and Quality of Service. AWC physicians are regularly reviewed via a claims' analysis process for readmissions as well as programs that warranty the service being provided. Example: National Hernia Network. This network offers a free warranty to replace the hernia repair if there is a failure, offering a 'no cost' warranty. In addition, AWC tracks inpatient admissions and physician treatment programs to ensure they are within a normal range of nationally accepted guidelines, including InterQual and CMS. This process is supported by board-certified Medical Director's providing objective determinations of medical necessity, clinical oversight, and in the aid and development of policies and procedures that are applicable to the current client's needs, thus achieving the highest quality of service in medical management. The synergy of Wellpath's Healthcare Cloud and AWC analytical tools and programs will benefit both the GDC and the patients in our care. Working in concert to oversee and manage patients' hospital and on-site experiences, these programs will ensure all specialty care is coordinated so that quality of care in the most appropriate setting is achieved while limiting cost and maximizing on-site treatment and decreasing length of hospital stay days as necessary.

Create Efficiencies in Associated Transportation and Security Costs. Dr. Richard Maenza, Director of Wellpath Now, is an expert in prehospital ground and air transport, and will be available for 24/7 consultation for best practice transport criteria to eliminate waste and maximize quality. In addition, AWC's current system allows for interface of scheduling to link to the GDC security and transportation system to coordinate care and decrease cost. Wellpath and AWC have also recently expanded our telehealth networks to reduce the need for excessive transportation while sustaining access to providers. Wellpath Now, for example, brings on-demand clinical expertise directly to the on-site caregiver and patient with specialty consultations by emergency medicine-trained providers for non-life-threatening consults regarding need for emergency evaluation. **Our client partners have experienced a significant reduction in emergency department transfers using Wellpath Now.** AWC and Wellpath will work together to develop and implement protocols that maximize these efficiencies.

Maximize In-Prison Care Including Telemedicine. AWC and Wellpath both have a robust network provider list that are all participating in telemedicine and telehealth services. The rate limiting step would be whether the on-site facilities have the IT bandwidth and systems that will allow telehealth visits to occur in a timely and scheduled fashion. However, to be clear, the network providers do participate and will increase their telehealth programs as these systems come online.

Emergency Medical Care. AWC has contractual arrangements with multiple hospital facilities with emergency departments including hospitals they are in final negotiations with for emergency care. AWC's major medical partners include Wellstar's Atlanta Medical Center (AMC), a Level I Trauma Center and Advanced Primary Stroke Center, Wellstar's AMC South, Augusta University Medical Center, Memorial Hospital (Savannah) with targeted relationships for Phoebe Putney (Albany), South Georgia Medical Center, Navicent Health (Macon), Piedmont Health Care (Columbus). GDC will also benefit from the secure unit at AMC.

14. Utilization Management – Limit 8 pages

Instructions: The Supplier must provide a response to the requests below. No supporting documents shall be accepted.

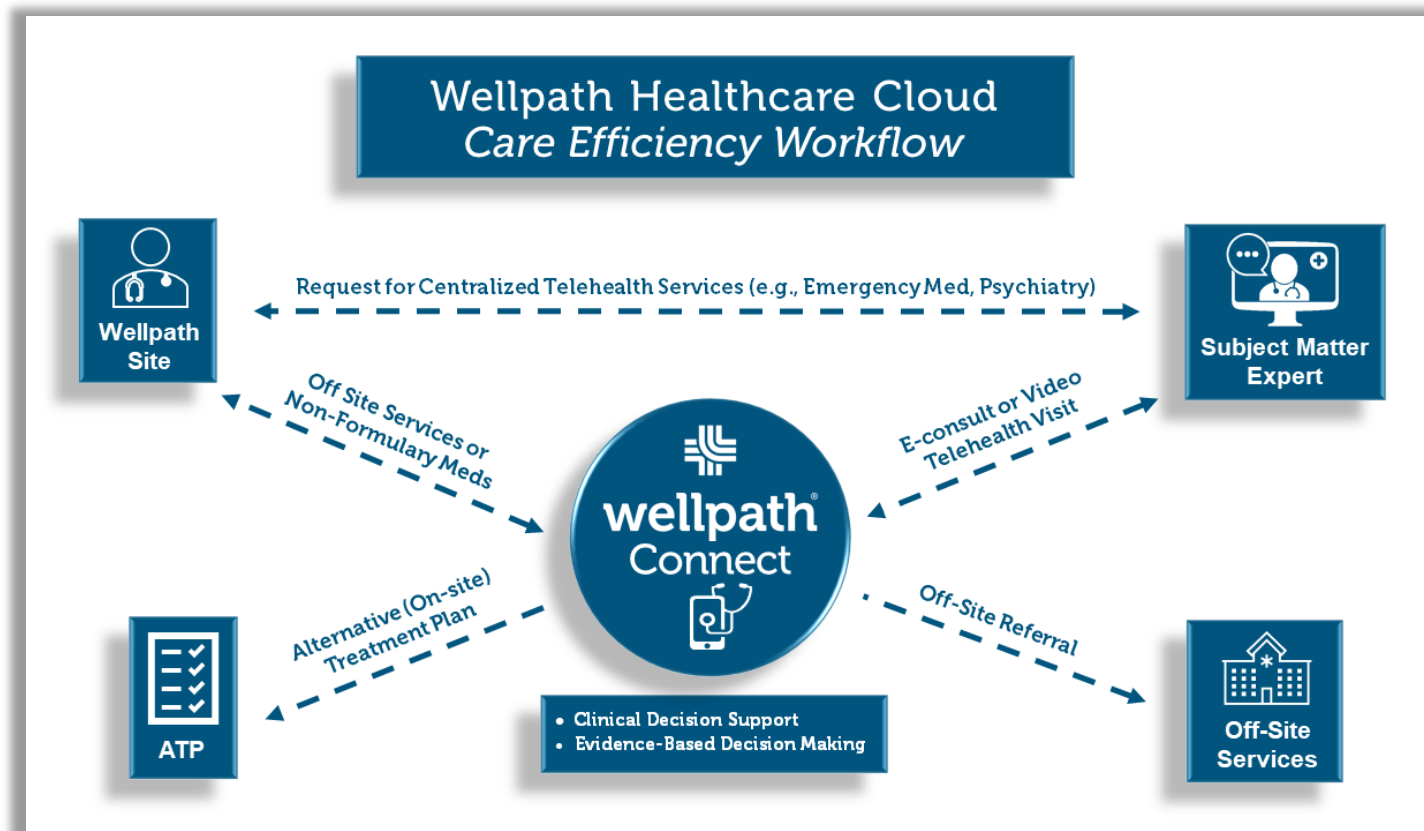
- Supplier shall describe its qualifications, previous experience, and performance related to utilization management in a correctional setting.
- Supplier shall provide a clear picture of the supplier's approach to utilization management for GDC, in accordance with meeting the minimum basic requirements (C.2 of Attachment B – Scope of Services). This overview should include an prospective, concurrent, and retrospective utilization management.
- This overview should also include sources of distinctiveness in line with GDC's goals, which could include:
 - Maximizing use of in-prison healthcare services and ensuring appropriate utilization of out-of-prison services while maintaining high-quality standards, services, and patient outcomes
 - Ensuring appropriate hospital lengths of stay
 - Ensuring appropriate utilization of infirmary beds

Wellpath's response follows on the next page.

Wellpath will meet the individual requirements stipulated in **Attachment D. 14. Utilization Management, C.2 of Attachment B – Scope of Services**, and **Exhibit 5 – Sample Scope of Work**. We will provide these services in accordance with established industry best practices, national standards promulgated by the NCCHC and ACA, and GDC policies and procedures including *SOP 507.04.16*.

Our Utilization Management (UM) program uses InterQual evidence-based clinical guidelines to determine medical necessity as part of our approval process while ensuring that care is provided at the most appropriate level. InterQual Criteria are objective and specific to better help ensure the most appropriate care and more consistent, defensible decision-making. With an outstanding track record, widespread adoption, and continual enhancement, InterQual Criteria are the standard for evidence-based clinical decision support. While acknowledging our responsibility to avoid unnecessary costs, we also ensure patients receive the most appropriate care. To manage this crucial aspect of care, we use an internally developed electronic utilization review system which presents information in a user-friendly dashboard to facilitate accurate and accessible reporting to the GDC.

The Wellpath UM program is clinically overseen by our Medical Director of Care Management, Dr. Donald Rhodes, and is operationally managed by our Vice President of Care Management, Pablo Viteri. The program will be directly overseen by four (4) dedicated Wellpath Connect RNs operating out of our Georgia office; each of which will be a Registered Nurse. The Wellpath Connect RN will work closely with Wellpath's Statewide Medical Director and on-site medical personnel at each facility to ensure patients receive medically necessary care in the most appropriate setting. Our staff will prioritize the use of internal resources such as ASMP and the GSP Modular Surgical Unit as well as on-site services and consults.

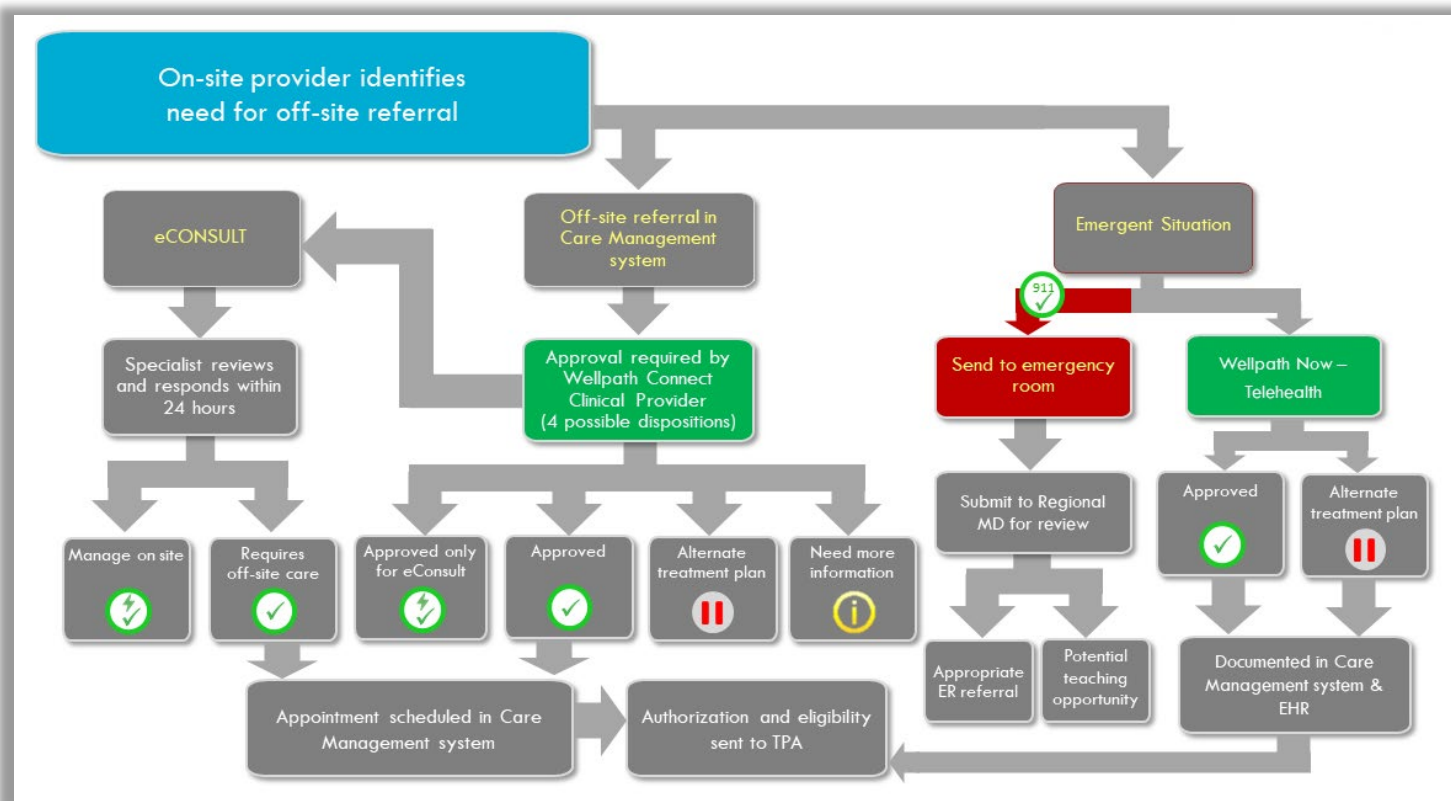


Our organization uses a clinical priority system to guide follow-up scheduling of non-emergent care by a medical provider. When such referrals occur, we ensure that the appropriate provider sees the patients within three business days of referral. We make referrals to specialists when the medical care of a patient surpasses that which we can provide on-site.

Our providers will initiate prior review and authorization of all non-urgent or non-emergent off-site care provided to GDC patients. An overview of our prior review and authorization processes follows below.

Prospective Review (Prior Authorization). We require prior review and authorization of all non-urgent or non-emergent care. Our clinicians follow NCCHC standards and correctional guidelines to review and approve services. Site Medical Directors will initiate a second review if standards are not clearly met. Alternative treatment is at the discretion and direction of a physician. When it is determined that the site has exhausted all of its resources in caring for a patient's medical need, the provider has the option for off-site referral. These referrals are submitted to Wellpath Connect, our Centralized Care Management Platform, with enough clinical information to provide an informed opinion regarding the patient's care. Enhanced remote care coordination through Wellpath Connect offers improved health care triage and treatment decisions – ensuring patients receive timely access to specialty care while supporting on-site providers with expert clinical consultations via eConsults. **In sites using Wellpath Connect the percentage of off-site specialty referrals managed on-site more than doubled, resulting in the near elimination of unnecessary off-site specialty consults and reduced use of agency transport staff.**

Once submitted, these requests are reviewed by our Wellpath Connect Providers for appropriateness. The referral is approved if the Wellpath Connect Provider is in agreement.



Concurrent Review. The Wellpath Connect RN assigned to the GDC will manage all off-site inpatient care on a daily basis. They will achieve this through daily contact with the hospital. Wellpath clinicians will use correctional guidelines and national criteria to evaluate inpatient services daily. The Site Medical Director will initiate a second review if standards are not clearly met. Additionally, Wellpath's Medical Director of Care Management holds clinical rounds via telephone twice weekly to ensure inpatient stays are appropriate and meet national guidelines (InterQual Criteria) for continued inpatient stay. The Wellpath Connect RN, Site Medical Director, and Statewide Medical Director will attend the clinical rounds discussion. As a result of this multidisciplinary approach, Wellpath ensures that inpatient stays are well managed and appropriate transitions of care are completed with improved accuracy.

Retrospective Review. The Wellpath Care Management team and site leadership retrospectively review emergency care. Wellpath uses a retrospective review process to resolve claims issues, determine appropriateness of care post-delivery, and perform focused reviews. We will also perform focused reviews at the request of the provider.

Emergency Services. We do not require prior authorization for emergent services. Medical personnel may make emergency off-site referrals based on established guidelines and their professional interpretation of a patient's need, as well as on-demand triage via Wellpath Now. Off-site medical services exceeding the scope of the initial emergent episode are not covered. Unrelated, non-emergent diagnostic services or treatment initiated in conjunction with an emergent event requires prior authorization.

Length of Stay Management. Wellpath Connect RNs will manage all off-site, inpatient care daily. Our Care Management team is notified of inpatient admissions at the time of admission. Wellpath Connect RNs and Medical Directors will use NCCHC standards, InterQual Criteria, and correctional guidelines to review inpatient services daily.

Discharge Planning. We engage in an active and constant discharge planning process which begins at inpatient admission. The Wellpath Connect RNs will work daily with the hospital provider to ensure effective and appropriate transitions of care are completed. Our Wellpath Connect RNs will also work collaboratively with our on-site staff to ensure appropriate transitions of care. This partnership will help us ensure that care continues from hospital discharge through return to the facility.

Chronic Care Management. Wellpath enrolls patients into chronic care programs which are designed to ensure the healthiest outcome for individual patients based on their health status. When possible, we bring specialty clinics on-site to increase efficiency and reduce costs associated with transporting patients off-site.

Documentation and Follow-up. Medical staff will see patients returning from a hospital stay for follow-up during the next provider sick call clinic and will document the follow-up in the patient's health record. All information and documentation returned with the patient will become part of the patient's health record, including a detailed discharge summary, along with a disposition and instruction sheet describing actions taken, orders written, and treatments performed.

Utilization Review Process

Our Wellpath Care Management system generates reports that allow us to analyze the utilization of off-site services on behalf of our clients. We will use this data to assess the need for additional on-site and off-site services, as well as the potential impact that systems such as telemedicine may have. We will continuously evaluate both the number of cases as well as the costs associated with transporting offenders in determining which clinics are held on site. Constant evaluation of specialty services will ensure the most cost-effective solution for clinics.

The Wellpath UM program provides, coordinates, and ensures the following:

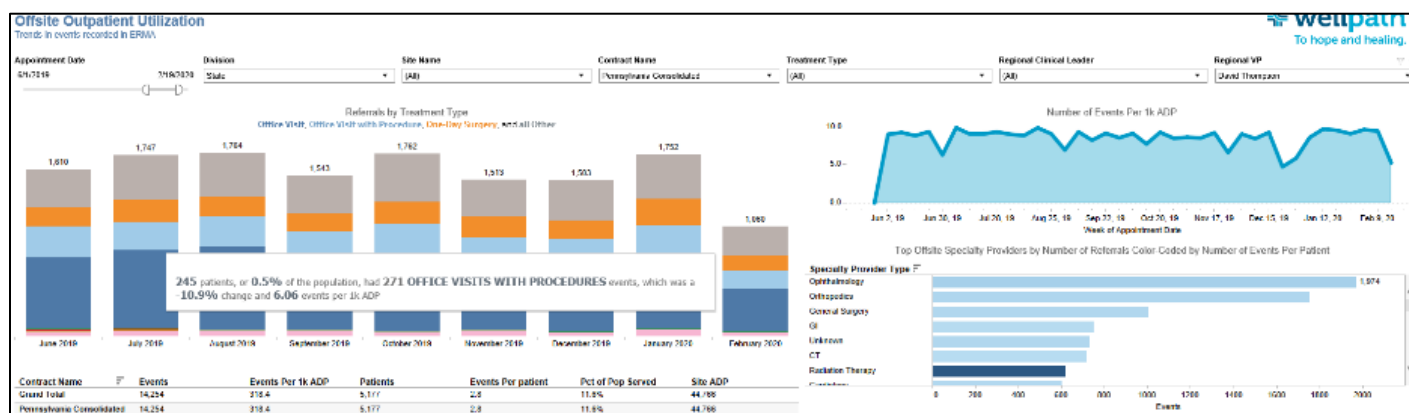
1. When an on-site provider determines that a patient may need community-based services, the provider will document and communicate the CM Consultation Request.
2. On a daily basis, the Wellpath Connect Provider will review requests and takes one of the following actions:
 - a. Authorize a specific diagnostic or therapeutic modality
 - b. Recommend an alternative treatment plan
 - c. Request additional information
3. If the Wellpath Connect Provider determines that the requested service is medically necessary, the request is approved, and an authorization number is established. The authorization number is provided to the site and to AWC.
4. Once the site receives an authorization number, the appointment can be scheduled. Authorization numbers are only valid for a specific time period. We communicate service approval to the community provider and requires pre-approval in order to assume financial responsibility for services rendered. Wellpath also verifies that all invoiced charges are appropriate. AWC reviews provider claims to ensure only authorized services are considered for payment.

5. If the GDC releases a patient prior to a scheduled appointment, Wellpath notifies the community agency that the GDC is no longer financially responsible, and Wellpath cancels the pending appointment.
6. Off-site hospital services are provided by a local licensed acute care hospital convenient to each institution and within the AWC Network.
7. Each Hospital will comply with all GDC policies and will coordinate security staff supervision of patients.
8. The Wellpath UM team will gather all patient information from the hospital and will ensure all appropriate information is entered into the GDC electronic health record, once implemented, including:
 - a. Discharge instructions immediately upon discharge
 - b. Discharge summary within 14 days from discharge
 - c. Complete copy of the medical record
 - d. Electronic media, if available
9. Upon release, patients will be seen by a provider for treatment review.
10. The Wellpath UM team will ensure the AWC team is provided authorization for payment of claims.
11. The AWC team will verify appropriateness of all claims and will pay as approved by Wellpath.

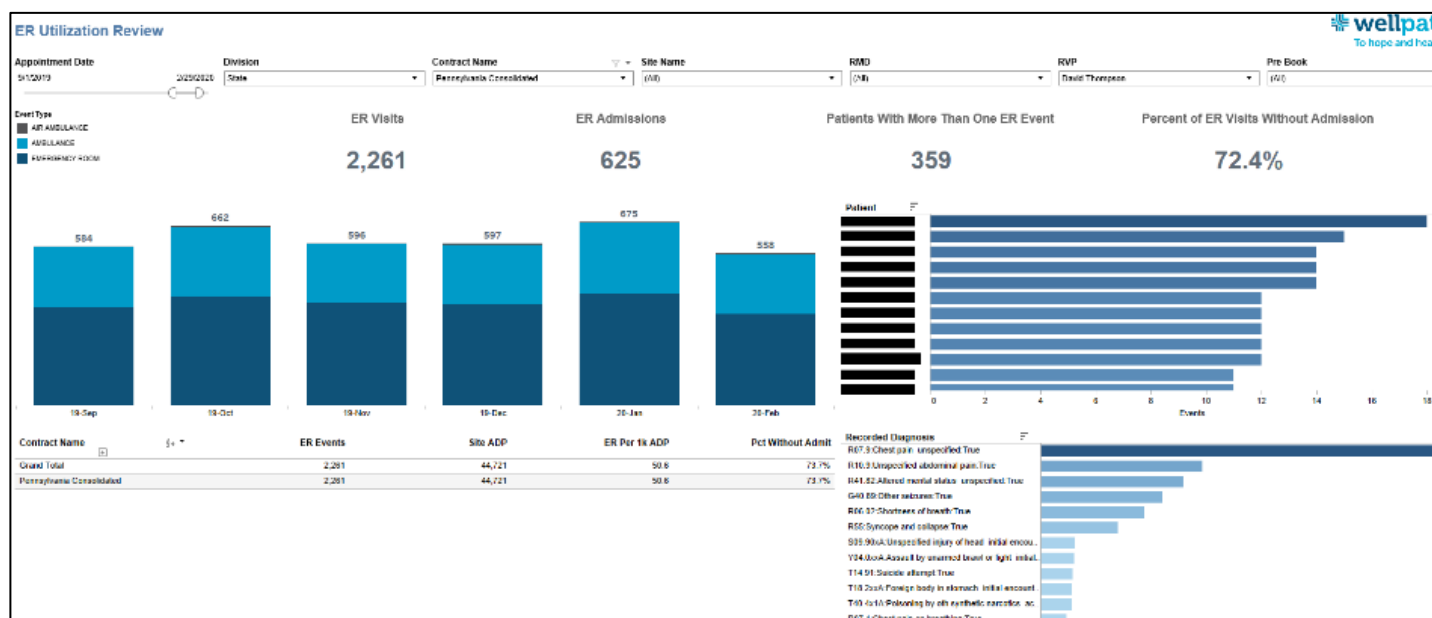
Our UM team uses Tableau for tracking, analyzing, and trending data through visual dashboards. Wellpath UM Dashboards allow us to compare historical data and to analyze, trend, and compare current data. Operational and outcome trending may include:

- Admits per 100/1000
- Admits by diagnosis
- Re-admission rates
- ER visits per 100/1000
- ER visits by diagnosis
- ER conversion rates
- Infection rates
- Non-formulary utilization trends
- Non-formulary lab trends
- Prior authorization turnaround times
- Prior authorization outcome rates
- Standard vs. expedited authorization requests
- Average Length of Stay (ALOS)
- Off-site trending graphs

The UM data we collect is used to develop Event Detail Reports. These reports provide statistics on off-site medical services for each facility, including ambulance trips, hospital admissions, ER trips, office visits, one day surgeries, etc. It also includes the dates of service, discharge dates, provider information, authorization #'s, Inmate #'s and other patient information. Our UM dashboards also allow users to produce snapshot reports, such as the following example dashboard tracking off-site care. This UM Dashboard allows the user to drill-down on off-site care and claims.



Similarly, the following UM dashboard tracks ER utilization and includes a detailed listing of all inpatient admissions and ER trips for the specified date range.



Enhanced Utilization Review

Wellpath will work in concert with our network provider, AWC, to ensure medically necessary patient care occurs in the most appropriate setting. We recognize that the techniques and methods used in medical management must consistently be updated, and decisions being made must be the most accurate in order to ensure that inmates are receiving appropriate and quality care. By partnering with AWC, Wellpath and the GDC will benefit from a supplemental utilization review that includes objective determinations of medical necessity, clinical oversight, and aid in the development of procedures and policies to ensure the highest quality of service in medical management.

Length of Stay. It is imperative that appropriate documentation is submitted with each patient admitted to the hospital so that an accurately estimated LOS, based upon the DRG code is determined. AWC Gatekeeper's will engage the treating physician and hospital case manager to advise of the maximum LOS per guidelines and ensure that it is documented and adhered to unless otherwise noted. Although the LOS is an estimate, it provides a goal to the treated physician. The actual LOS will depend on the condition of the patient and any other medical issues that may arise during their hospital stay. Through training, physicians will become more aware of procedures that may be administered on an outpatient basis, versus those procedures requiring inpatient care. **As a result, AWC has achieved a 30% reduction in Length of Stay within the first year of contracted healthcare services for our client, the Federal Bureau Prisons of Atlanta.** LOS is especially important in correctional healthcare as many contracts are written on a per diem basis. Each provider will receive and be required to familiarize themselves with the nationally recognized LOS guidelines.

Gatekeeper Oversight. AWC and Wellpath Healthcare Cloud offer synergistic solutions to maximize onsite care and limit low value offsite care while maintaining quality. This unique relationship allows for regional expertise with AWC care delivery and best practice learnings from the Wellpath enterprise to provide logic addressing total cost of care at benchmark quality. AWC's "Medical Gatekeeper" is a unique service designed specifically for the GDC and Federal Bureau Prison in Atlanta to decrease patient length of stay and reduce unnecessary testing in the hospital. This program serves as a mechanism to more effectively manage those patients that require focusing on length of stay, which is a significant (if not majority) cost in hospital related bills. An example of the program effectiveness for their client was **a 30% to 33% decrease in length of stay** for patients being treated within the hospital system, which resulted in a marked decrease in associated costs.

A physician is identified and contracted to provide Gatekeeper services for any patient that is admitted to that hospital facility. The physician is usually in the area of primary care or trauma-related services and will oversee the care of each patient from admission to discharge. It is the Gatekeeper's responsibility to make sure that the best specialist has been identified, having proper knowledge and adequate benchmark comparisons. As a result, the patients are receiving the best in quality medical care that reflects the standard of care, which leads to the decrease of complications and better outcomes.

AWC's Medical Gatekeepers interact closely with each medical specialist providing care to the patient in order to ensure efficient medical management and the best quality of care is being received. Further, the Gatekeeper's responsibility is to make sure that unnecessary tests are not being ordered, medications are not being over-prescribed, effectively managing the length of stay, making appropriate discharge when medically indicated, and that effective communication with all specialists is being maintained.

Medical Necessity Determinations. When a procedure is complex or for high dollar cases, the clinical information is forwarded to Wellpath Connect, which is a physician led clinical team that works collaboratively with AWC's Medical Director, for analysis and review of high cost care to ensure value. This action will be done routinely and includes procedures, surgeries, specialty referrals and high cost non-formulary pharmaceuticals. In selected complex cases, Peer Reviews are performed, and the physician will forward their request for utilization review. These cases are flagged with appropriate questions being answered regarding indications, diagnosis and expected outcomes. These cases can be referred to the MD and **Wellpath Connect** for further review for approval or to request clarification on the procedure. When necessary, this information is sent to a peer of the medical provider in the same specialty for an independent opinion to be sure that the standard of care is being met and that reasonable and necessary treatment is being provided. This approach is helpful in identifying and eliminating those marginal procedures where the medical community has deemed experimental or outliers that may lead to bad outcomes with major complications.

Denial Determinations. Whenever **Wellpath Connect** and the Medical Director believe that a procedure should be denied for clinical reasons, the review is forwarded to the requesting clinician with an alternative treatment recommendation; however, the clinician designating care will make the final determination.

Cost Containment Success Stories

In programs Wellpath designs and operates, our objective is to uncover all possible areas of economy without sacrificing quality. We demonstrate value through our cost saving initiatives, timely reporting, and overall improved quality of people, programs, and processes. By applying our *Savings through Value-Added Efficiency (SAVE)* initiative, we continually review "best practices" at all our sites to share success with each of our clients. Three areas of significant cost in any program are goods and services, staffing, and off-site trips for care. Wellpath generates efficiencies and savings in these areas through contract negotiations with providers, staffing level management, and utilization management.

At the Kentucky DOC for example, we consistently analyzed actual off-site medical trips to identify areas of improved efficiency as it relates to healthcare services in the state using our "best of breed" reporting solutions as part of Wellpath's UM strategy. **As a result, we reduced HIV medication costs in Kentucky by 40% and eliminated all off-site trips by working with the University of Louisville HIV clinic to provide telehealth and 340B pricing at all institutions.**

Our UM Team managed more than 840 inpatient cases across the Kentucky DOC in 2019. Our efforts resulted in an average inpatient length of stay of 5.7 days. This is consistent with the Wellpath national inpatient length of stay average of 5.6 days and is a testament to the skill of the Kentucky DOC UM team, especially considering the age and illness profile of the DOC patient population compared to the combined data that actually includes jail and DOC patients from across the country. Although 2020 saw an increase in inpatient length of stay due to COVID-19, Wellpath's performance in this regard remains strong.



Our passion for doing things the right way has led to phenomenal success not only in the quality of our care programs, but also in cost containment for our clients. By reviewing the specifics of each client's health care needs and maximizing facility and staff capabilities, we create efficiencies and cost savings. We form successful partnerships that help our clients contain costs and improve the quality of health care in correctional facilities throughout the country.

The table provided on the next page offers just a few examples of our proven success for the Department's consideration.

Wellpath Cost Containment Success Stories	
Program	Savings
Pennsylvania DOC	We have expanded on-site services to improve care while lowering the risk and associated costs associated with off-site trips. Wellpath has increased on-site clinics by 30% and decreased off-site trips by approximately 1,000 by implementing on-site programs for Audiology, Neurology, and Physical Therapy, as well as establishing Centers of Excellence for CT/MRI, and Oncology programs.
Kentucky DOC	Wellpath reduced HIV medication costs in Kentucky by 40% and eliminated all off-site trips by partnering with the University of Louisville HIV clinic to develop an HIV patient management program that includes tele-health at all sites and 340B pricing. Additionally, Wellpath has added Oncology, Chemotherapy, Cardiology, Audiology, Obstetrics and Orthotics to services provided within the 13 KY DOC institutions. These changes have significantly reduced KY DOC security trips by more than 50%.
Maine DOC	Since bringing SUD treatment services in-house in 2015, we increased the number of successful completions by 148% for the residential program and by 379% for the outpatient program. We also expanded the problem sexual behavior treatment program capacity from 30 to ~128 residents, tripled the resident program completion rate, and reduced program costs by 89%.
Massachusetts DOC	Wellpath has improved patient care through close collaboration with continuous quality improvement regarding the reduction of self-injury and suicide attempts, improved contract compliance with documentation completion, and elimination of the patient backlog with efficient distribution of psychiatry time and retention success since assuming operations. We achieved an overall reduction in self-injurious behaviors by 66% and outside hospital trips by 59% in the first six months upon assuming responsibility.
Arkansas DOC	Leveraging our COEs for the treatment of autoimmune/anti-inflammatory diseases, such as Crohn's and rheumatoid and psoriatic arthritis, Wellpath has worked with a 340B eligible entity to implement best practice programs specific to initiating therapy, the use of biosimilars, ongoing monitoring, vaccinations, and education: all while accessing 340B pricing, and with a savings of approximately \$500K in 2019 just over \$1MM in 2020 savings.
Davidson County Sheriff's Office (Nashville, TN)	With our Care Management system in place, the Davidson County Sheriff's Office saw their off-site trips cut in half within the first six months of our contract implementation, resulting not only in reduced hospital and community provider costs, but also in reduced transportation costs and officer overtime.

Wellpath Cost Containment Success Stories

Program	Savings
Wayne County (Detroit, MI)	During the first year of our management fee contract in Wayne County, we saved the County \$1.7 million dollars in total direct expenses compared to their budgeted costs. One significant area where we contained costs was off-site expenses, where we saved the County 15% off its off-site budget. In 2018, we saved Wayne County \$1.3 million in budgeted operating expenses.
Oakland County Sheriff's Office (Pontiac, MI)	During the first year of our management fee contract in Oakland County, we saved the County over \$1 million in total direct expenses compared to their budgeted costs. One significant area of savings was off-site expenses, where we saved the County 40% of its off-site budget. We also saved the County 25% of its Direct Expenses budget during the first year. We stabilized staffing and significantly reduced the jail's turnover rate. We also reduced outside dental appointments by over 80% by performing routine extractions (which the previous dentist referred to outside providers) on site.
Lexington County Sheriff's Dept. (Lexington, SC)	Upon transition of services in Lexington County, we implemented an ongoing quality improvement study regarding off-site emergency transports and evaluated each case for efficacy of care provided on site. In just three months, we dramatically decreased the number of emergency trips while ensuring total accountability regarding efficacy of care.
Will County Sheriff's Office (Joliet, IL)	Upon transition, we immediately made a positive impact on the County's bottom line with efficient staffing adjustments. We saved over \$120,000 in staffing costs after our first 90 days on the contract, savings which we reimbursed directly to the client. Our operating efficiencies have resulted in the refund of budgeted dollars to the County for each year of the contract. After year three, we were under the off-site Cap by \$1.4 million, which we refunded to the County.
Durham County Health Dept. (Durham, NC)	We helped stabilize healthcare costs in Durham County by reducing off-site trips and thereby overall program costs. We brought more services on site by expanding nursing services and opening an infirmary, significantly decreasing off-site trips and hospital stays. We were also able to improve by 50% the discount the County had with the local hospital provider. We reduced the County's per patient per day costs below what they were paying previously, and they have stayed that way under our management.
Mahoning County Sheriff's Office (Youngstown, OH)	We have significantly reduced pharmacy costs in Mahoning County through our partnership with the Ohio Department of Health, which allows us to obtain HIV medications through state funding. We can manage most healthcare needs on site through effective management of the Justice Center's infirmary, which reduces the need for off-site trips. We have also made improvements in staffing coverage and retention. We are proud to say that 100% of all positions in the staffing plan are filled with permanent employees , and four of the on-site nurses have more than 10 years of correctional service. The HSA has been there for 10 years and the Regional Director of Operations has been there for 7 years.

15. Claims Processing – Limit 2 pages

Instructions: The Supplier must provide a response to the requests below. No supporting documents shall be accepted.

- Supplier shall describe its qualifications, previous experience, and performance related to the processing of medical claims in a correctional setting.
- Supplier shall provide a clear picture of the supplier's approach to medical claims processing for GDC, in accordance with meeting the minimum basic requirements (C.3 of Attachment B – Scope of Services).
- This overview should include sources of distinctiveness in line with GDC's goals, which could include:
 - Approach to timely and accurate payments
 - Process for appeals management
 - Uses of technology to provide highest quality, lowest cost claims processing
 - Approaches to limit fraud, waste, and abuse
 - A detailed description of sub-contracting (if applicable)

Wellpath's response follows on the next page.

Wellpath will meet the individual requirements stipulated in **Attachment D. 15. Claims Processing** and **C.3 of Attachment B – Scope of Services**. Our organization will provide these services in accordance with established industry best practices and GDC policies and procedures. To address the significant impact that off-site hospital and physician claims (and on-site clinics) can have on our clients' budgets, Wellpath has an in-house team of experienced claims examiners who specialize in claims adjudication and third-party recovery, reporting, and determination of eligibility. We currently adjudicate **nearly \$500,000,000 annually in incarcerated patient medical claims**. Our claims quality control initiatives include:

- 10% of all claims audited monthly basis including 100% of claims greater than \$5,000
- Claim limits set to ensure multiple level reviews of high-dollar claims
- Fraud and duplicate claims detection through our advanced claims system
- Ability to receive EDI claims to facilitate delivery of claims from community providers
- Direct link between our Care Management program, scheduling, and claims to ensure pre-authorization and delivery of all appropriate care

In addition to managing claims for our local, state, and federal healthcare contracts (serving nearly 300,000 incarcerated patients nationwide), **Wellpath is also currently employed by over 200 institutions to solely handle claims management**. We provide our claims management-only sites with over \$5,000,000 in average annual savings. Wellpath uses a sophisticated electronic claims system that can handle a limitless number of provider contracts with varying methodologies, including Medicare DRG, Per Diem, and Percentage Discount from Billed Charges. Additionally, our system communicates with our scheduling program to ensure that claims only contain charges for services approved by the appropriate designee.

Claims Management. Through our subsidiary third-party administrator (TPA), Health Cost Solutions (HCS), Wellpath has more than 30 years of experience saving money for clients by preventing claims payment on non-compliant billing practices. As an industry leader and full-service TPA, HCS handles all aspects of claims adjudication, including patient eligibility verification, authorization management, claims editing, payment determination, and remittance/explanation of payment to providers. HCS provides a state-of-the-art claims payment system that includes:

- Dedicated program lead team and backup support teams
- Insurance standard auto adjudication rate
- Medicaid and Medicare rates, as applicable
- Customized monthly, quarterly, and annual reporting
- Dedicated customer service call tracking for clients
- HIPAA administration
- Utilization review and large claim management
- Electronic invoicing
- Claim cost management technology
- Internal daily claims audits of 10% of all claims (industry standard is 2%)
- Medical management on staff to negotiate directly with providers
- Claim edits, with fraud/abuse detection system used on 100% of off-site provider and outpatient facility claims
- Repricing and negotiation of out-of-network claims to obtain maximum benefits

Currently, our organization provide claims adjudication based on state specific Medicaid guidelines in:

- | | | | |
|--------------|------------|------------------|----------------|
| • Arizona | • Georgia | • Maine | • Pennsylvania |
| • California | • Illinois | • Maryland | • Texas |
| • Colorado | • Indiana | • North Carolina | • Wisconsin |
| • Florida | • Kansas | • Ohio | |

Processing and Payment. We currently adjudicate offsite claims in 15 states for both professional and institutional claims. Claims are adjudicated and paid, if applicable, within 30 days of receipt. Provider payments and associated remittance advices (both in a manual hard copy payment remittance process and in an electronic HIPAA compliant 835 remittance transaction format, using HIPAA-compliant ANSI standard claim adjustment reason codes and accompanying remittance advice remark codes, when appropriate) are provided so that they can be easily accessed by the provider in a secure portal allowing the providers the capability to access all information provided in the portal. In our experience, the most prevalent challenge when adjudicating offsite claims (based on specific states' Medicaid reimbursement methodology) is the timeliness of the individual state's publishing updates. To address this concern, we have established processes and procedures to monitor each state's activity regarding updates to published Medicaid pricing methodology.

Claims Status. We maintain a 24/7 self-service web-based portal that allows providers to access claim status, final adjudication determination information, explanation of payment, and detailed verbiage regarding claim denials. Based on previous experience, this advanced technology including detailed verbiage eliminates over 97% of appeals related to provider billing errors. Providers may access the system by simply registering with their tax identification number (TIN) and National Provider Identifier (NPI).

Customer Service and Support. Wellpath has a large customer service team to support our providers with best-in-class processes and technology. We have invested in our phone system technology to enable routing of calls to the next available customer service specialist or the system will save the providers place in line and call them back to eliminate wait times. Providers select a prompt from the menu and be routed to a dedicated team which will include a lead (Certified Coder) and customer service specialists. This core team is primary support for all providers for claims questions or appeals. In the event the entire team are handling other telephone customer service requests, the system will route the caller to the greater Wellpath customer support team to answer questions in an effort to reduce wait times for providers. Each call and/or appeal are logged into a ticketing tool which is monitored for status and any open tickets for aging to ensure timely resolution of provider issues or questions. We also perform a monthly analysis to identify trends or recurring issues with providers so they can be addressed proactively as needed. In addition, we have website functionality with current claims status so providers and/or facility team members can monitor claims status at any given time.

Oversight / Quality Assurance. As part of our oversight process, ten percent (10%) of correctional claims are randomly selected for audit. In addition, all claims over \$5,000 are audited by quality assurance (QA) auditors (who are also certified coders), to ensure accurate claim processing prior to payment being released. Any discrepancies are traced to root cause and rectified appropriately to avoid future reoccurrence. This process ensures high accuracy and reliability in the claims processing and payment process. We employ a dedicated full-time quality assurance team (QA auditors). This team performs full re-adjudication reviews of a 10% sample of all correctional claims processed. These reviews include an in-depth review for procedural as well as monetary accuracy. Any errors identified through this process are immediately communicated to the appropriate employee for correction and training purposes. The frequency of exceptions identified by the QA auditor is monitored by management monthly so that training issues can be identified and corrected on a timely basis. The QA auditor also serves in a performance improvement role. The causes of exceptions are also tracked, and if determined to be pervasive, management will use the feedback to adapt processes and internal controls to resolve the issues. In addition, an independent Service Organization Controls audit (SOC 1, Type II) is also conducted annually on our controls and operation.

Approach in Providing Services. We enter all claims into the electronic claims processing system which reviews them for accurate coding and flags any billing errors. This process helps to ensure that off-site services are accurately billed, and the appropriate fee schedule rates are applied, including the Medicare rate for eligible patients. Staff will match the claim received to the authorization to ensure that the correct payment is made only for the covered services and in accordance with the contract. Claims bundling programs are used to assure that the necessity and appropriateness of care guidelines are applied, and that fraud and abuse evaluations have been performed prior to a re-pricing document being assigned to a claim and returned for payment. Wellpath ensures that any claims received for re-pricing are completed accurately and timely. **Our organization processed nearly 300,000 claims in 2020, with over \$950M in total Billed Charges. Based on our expertise in negotiating contracts and building provider networks, the actual amount paid out was \$119M.** Our team of claims experts ensure we are taking advantage of all eligible discounts available under Medicare/Medicaid, as well as identifying unauthorized services or timely filing issues.

16. Outpatient Services and Patient Consults – Limit 2 pages

Instructions: The Supplier must provide a response to the requests below. No supporting documents shall be accepted.

- Supplier shall describe its qualifications, previous experience, and performance related to outpatient services and patient consults in a correctional setting.
- Supplier shall provide a clear picture of the supplier's approach to outpatient services and patient consults for GDC, in accordance with meeting the minimum basic requirements (A.2 of Attachment B – Scope of Services).
- This overview should include sources of distinctiveness in line with GDC's goals, which could include:
 - Pre-authorizing and scheduling outpatient services
 - Maximizing in-prison specialty consultations (e.g., through telemedicine)
 - A regional or centralized approach to consultations

Wellpath's response follows on the next page.

Wellpath will meet the individual requirements stipulated in **Attachment D. 16. Outpatient Services and Patient Consults, A.2 of Attachment B – Scope of Services, and Exhibit 5 – Sample Scope of Work**. We will provide these services in accordance with established industry best practices, NCCHC and ACA standards, and GDC policies, including *SOP 507.04.10* and *SOP 507.04.11*.

Our staff will arrange for the provision of off-site care within the local community for services we are unable to provide on-site. Our providers will request consultations and diagnostic or therapeutic procedures only when medically indicated and after other appropriate therapeutic measures have been implemented without satisfactory results. Each request will be submitted through SCRIBE and is subject to UM review and approval. Our organization strives to provide as many on-site medical services as possible to limit the number of patients who need off-site transport, while ensuring that patients receive medically necessary health care in the most appropriate setting. We are dedicated to reducing unnecessary costs and community risk associated with off-site care when it makes sense to do so. We analyze utilization statistics to develop on-site specialty clinics based on population needs. We will also use telehealth to the greatest extent possible to provide specialty clinics. **We will coordinate all off-site appointments with GDC security and transportation staff at each facility and provide a report on a daily, weekly, and/or monthly basis.**

Care Management and Offsite Management System

Our centralized care management platform, **Wellpath Connect**, has been developed to efficiently manage the entire offsite patient care lifecycle. Beginning from referral management and ending with claims adjudication and provider payment. Offsite referrals are reviewed by the **Wellpath Connect Providers**. They can also obtain specialty e-consults, schedule telemedicine visits, process pre-authorizations and otherwise manage requests for offsite treatments. If a patient ultimately is scheduled for an offsite visit, our Wellpath Connect care management system is integrated with our PPO network and sophisticated steerage algorithm that routes appointments to the closest high-performing provider and provides an electronic pre-authorization for treatment. Claims pre-authorizations are sent to our in-house TPA for claims processing. Complex authorization logic helps ensure that only ordered services are paid for.

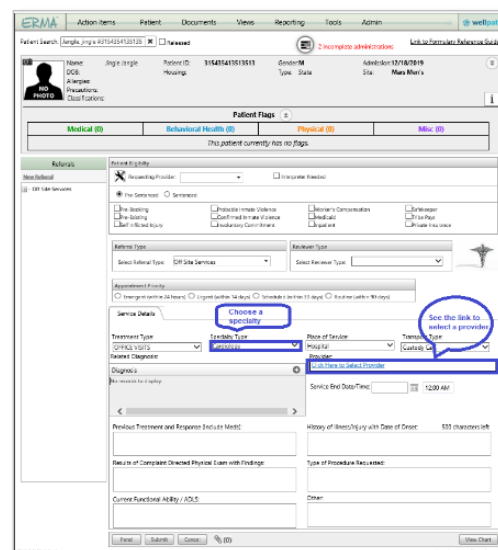
Gatekeeper Oversight. AWC's Medical Gatekeeper service, in coordination with Wellpath Connect, work synergistically to maximize on-site care and limit low value offsite care while maintaining quality. AWC's "Medical Gatekeeper" is a unique service designed specifically for the GDC and Federal Bureau Prison in Atlanta to decrease patient length of stay, reduce unnecessary testing, ensure medications are not being over-prescribed, make appropriate discharge recommendations when medically indicated, and maintain effective communication with specialists in the hospital. Today, AWC's Medical Gatekeepers interact closely with each medical specialist providing care to the patient to ensure efficient medical management and the best quality of care is being received. GDC will benefit from AWC's regional expertise with care delivery and Wellpath's best practice applications of logic to address total cost of care at bench-mark quality.

Wellpath Connect Preferred Provider Steerage

When the need for accessing the outside network occurs, our Wellpath Connect provider steerage algorithm drives appointments to the closest high value provider.

Completely integrated into our centralized care management platform (part of the Wellpath Healthcare Cloud), the system informs the appointment scheduler of the best providers in our network including the driving distance from their facility. This tool optimizes both transportation and utilization of Tier 1 providers in our network based on the services needed; enabling us to contain off-site costs and ensure that patients are seen by specialists who are established within our preferred provider network.

If a particular service requires the use of a non-preferred provider, because of the integrated nature of our systems, our network development team will step in and attempt individual case rates or other attempts customized reimbursements.



The screenshot displays the Wellpath Connect software interface. At the top, there's a navigation bar with tabs for Action Items, Patient, Documents, Views, Reporting, Tools, and Admin. Below this, a patient profile is shown for 'Jorge, Jorge' with various identifiers and a 'New Referral' button. The main section is titled 'Patient Flags' and includes tabs for Medical (B), Behavioral Health (B), Physical (B), and Misc (B). A 'Referrals' section on the left lists 'New Referral' and 'All Referrals'. The central area contains a 'Referral Details' form with fields for 'Referral Type' (Inpatient/Outpatient), 'Referral Status' (New/Existing), 'Referral Reason' (Medical/Behavioral/Physical/Misc), 'Referral Date', 'Referral Time', 'Referral Location', 'Referral Provider', 'Referral Notes', 'Referral Status', 'Referral Reason', 'Referral Date', 'Referral Time', 'Referral Location', 'Referral Provider', 'Referral Notes'. A 'Choose a provider' button is highlighted with a blue circle. A 'See the link to select a provider' button is also highlighted with a blue circle. The bottom of the form includes a 'Referral Summary' section with fields for 'Referral Type', 'Referral Status', 'Referral Reason', 'Referral Date', 'Referral Time', 'Referral Location', 'Referral Provider', 'Referral Notes'.

Wellpath Connect's eConsult Feature

We provide access to the eConsult system to our medical providers (at any time and for any reason), with a guaranteed response within 24 hours or less. The eConsult system provides access to 140 medical and mental health specialists in approximately 70 specialties, many of whom are affiliated with academic and major health systems.

 eConsult Services		
Addiction Medication	Hepatology	Ophthalmology
Allergy and Immunology	Hematology	Orthopedic Surgery
Cardiology	Infectious Disease	Palliative Medicine
Dermatology	Internal Medicine	Pulmonology
Endocrinology	Nephrology	Psychiatry
ENT	Neurology	Rheumatology
Gastroenterology	OB/GYN	Sleep Medicine
General Surgery	Oncology	Urology

Electronic consultation through the eConsult system provides access to a wide variety of board-certified medical specialists via telephonic telehealth. Near real-time consults between our on-site providers and a panel of eConsult medical specialists can confirm whether the patient should be sent to an off-site specialist or provide expert opinion to support the on-site management of the patient's condition—all at the discretion of the on-site provider. This will help ensure medically necessary services are provided in a timely manner and in the most appropriate healthcare setting.

All specialists are licensed practicing physicians who are board certified and fully insured practicing physicians with training and experience in telemedicine, technology, and corrections. Many have affiliations with academic and major health systems. They must undergo rigorous background checks and participate in ongoing quality monitoring. The consulting specialist either affirms the need for off-site referral or recommends on-site management of the patient's condition. Our provider then decides whether to send the patient off site. This reduces unnecessary off-site referrals while ensuring optimal clinical care. Our staff will document all eConsults in the patient's medical record. The result is better and safer care by bringing the expertise of medical specialists to the patient without ever leaving the facility.

The eConsult system is integrated with **Wellpath Connect** so providers can submit the consultation referral and view the specialist's response in one place. The system also includes robust analytics and dashboards that allow our clinical team to analyze referral data and identify opportunities to optimize the delivery of on-site care and further reduce unnecessary off-site trips.

For cases that have been referred to eConsult, we have been able to treat those patients on-site and eliminate the need for an off-site trip 70% of the time. The result is better and safer care by bringing the expertise of medical specialists to the patient without ever leaving the jail. The application includes robust analytics and dashboards that allow our clinical team to analyze data on all referrals to identify opportunities to optimize the delivery of on-site care and to reduce unnecessary off-site referrals.

17. Hospitalizations and Medicaid Enrollment – Limit 2 pages

Instructions: The Supplier must provide a response to the requests below. No supporting documents shall be accepted.

- Supplier shall describe its qualifications, previous experience, and performance related to hospitalizations and Medicaid enrollment in a correctional setting.
- Supplier shall provide a clear picture of the supplier's approach to hospitalizations and Medicaid enrollment for GDC, in accordance with meeting the minimum basic requirements (C.4 of Attachment B – Scope of Services).
- This overview should include sources of distinctiveness in line with GDC's goals, which could include:
 - Evidence-based protocols for appropriate clinical care setting and intensity decision-making, including decisions about hospital admission and length of stay
 - Reporting to track and monitor hospital utilization and readmissions
 - Metrics used to track and monitor Medicaid enrollment for eligible offenders

Wellpath's response follows on the next page.

Wellpath will meet the individual requirements stipulated in **Attachment D. 17. Hospitalizations and Medicaid Enrollment** and **C.4 of Attachment B – Scope of Services**. We will provide these services in accordance with established industry best practices, GDC policies, and national standards promulgated by the NCCHC and ACA.

All off-site emergent care will be authorized by an on-site qualified healthcare professional. We do not require prior authorization for emergent services. Medical personnel may make emergency off-site referrals based on established guidelines and their professional interpretation of a patient's need. Off-site medical services exceeding the scope of the initial emergent episode are not covered. Unrelated, non-emergent diagnostic services or treatment initiated in conjunction with an emergent event requires prior authorization. Medical Directors will authorize all emergent off-site care. An RN or LPN (if an RN is unavailable), will conduct an off-site return evaluation of each patient upon return from a hospital stay, emergency room visit, clinic visit, or off-site testing or treatment. Staff will enter any findings from the evaluation into the patient's healthcare record accurately documenting any services provided, medications given or ordered, and listing any follow-up orders or needed accommodations.

Wellpath uses a Centralized Care Management Service, **Wellpath Connect**, to manage patient hospitalizations and discharges. **Wellpath Connect** RNs assigned to the GDC will use correctional guidelines and national criteria to evaluate inpatient services daily. They will communicate regularly with our hospital partners and provide daily clinical updates to the respective facility's Medical Director regarding inpatient status and emergency room evaluations. The **Wellpath Connect** RN will notify the ASMP Medical Director when patients are eligible for transfer or discharge (if ongoing inpatient care is required).

When feasible, we will request hospital services through ASMP, including for appropriate surgical and ancillary services. Inpatient admissions to ASMP will be in accordance with *SOP 507.04.14*. In the event we use a local community hospital, Wellpath will report such admissions to the Medical Director of ASMP. Our Wellpath Connect RNs will communicate regularly with our hospital partners and provide daily clinical updates to the respective facility's Medical Director regarding inpatient status and emergency room evaluations. Our Wellpath Connect RNs will notify the ASMP Medical Director when patients are eligible for transfer or discharge (if ongoing inpatient care is required). Our Network Development Team will ensure the Site Medical Director and key personnel at each facility are familiar with hospital specific protocols. We will also develop facility specific procedures for hospital referrals, including:

- Identifying who has authority to make decisions to transport a patient to the ER
- The procedure for contacting the hospital by telephone or fax to arrange the admission or to notify the emergency room of an impending admission
- The staff responsible for copying or otherwise providing pertinent portions of the patient's healthcare record
- Specific material from the patient's healthcare record to be copied and provided to the hospital
- Specific forms containing pertinent current information, including the reason for referral
- The staff member(s) responsible for determining the appropriate method for transporting the patient to the hospital based upon the patient's condition
- Procedures for arranging the specific mode of transportation
- Provisions for documenting hospital referrals in the patient's healthcare record and designating the staff responsible for documenting the referrals

The Wellpath Connect RNs will work collaboratively with Site Medical Directors and on-site providers to ensure appropriate patient care is achieved in the appropriate setting. We will track each inpatient stay through the use of an Emergency Room Inpatient Report (ERIP) and Inpatient Census Report, including automated daily clinical updates that document the medical necessity of care. Wellpath Connect RNs will coordinate with the hospital to provide GDC required documentation of admission history and physical, a summary of the hospital course, and a discharge summary. Community hospital records will be entered into the patient's medical record, including discharge instructions and orders for medication or further treatment. Following return to the facility, a Wellpath physician will reprofile the patient, as needed. Our daily ERIP update includes the following data points:

- Demographic information

- Admitting dx/chief complaint
- Admission date
- Discharge date and patient disposition
- Daily clinical notes

Through our Care Management Service, **Wellpath Connect**, we will work with the GDC to facilitate any patient transfers to another institution when it is determined to be medically necessary. Transfers will be for institution inpatient unit care or local specialized hospital care within a certain community. Wellpath will work directly with security staff to arrange transportation and correctional officer coverage for all outside hospital admissions. Our Network Development and Care Management Departments will provide, coordinate, and ensure the following:

1. Off-site hospital services will be provided by a local licensed acute care hospital convenient to each institution.
2. Hospitals will provide vehicle parking, local telephone calls, and appropriate meals for correctional staff. Wellpath understands that any costs associated with these items will be paid by Wellpath.
3. Hospitals will work in conjunction with the GDC's security staff to arrange for the secure supervision of patients.
 - a. Wellpath will work to direct patients to secure wards when appropriate.
4. Hospitals will comply with GDC policies.
5. Medical records are available from the EHR via the Georgia Health information Network (GaHIN)
6. Wellpath will coordinate with the provider or hospital to ensure GDC is provided the following information following an emergency visit, inpatient stay, or outpatient medical or surgical procedure:
 - a. Discharge instructions immediately upon release
 - b. Discharge summary within 14 days from discharge
 - c. Complete copy of the hospital medical record within 30 days of discharge
 - d. Electronic media, if available

Medicaid Enrollment

Wellpath regularly identifies and assists in enrolling patients who satisfy current Medicaid eligibility requirements. Our staff are trained to ask offenders to sign an authorized representative agreement during the intake process, so if an uninsured patient requires hospitalization we can complete a Medicaid application on the patient's behalf. This is an important step and best practice to avoid later delays in the submission/approval process. Our staff also work with hospital navigators to complete Medicaid enrollment as soon as patients are admitted, so the hospital can bill Medicaid directly. Medicaid applications are approved or denied quickly because the hospital electronically submits the application to the state's eligibility and enrollment system.

We will work with the GDC to develop meaningful metrics to track and monitor Medicaid enrollment for eligible offenders. Suggested metrics include:

- Number of screenings submitted
- Number of applications submitted
- Number approved
- Cost avoidance due to Medicaid approval

Our organization participates in 22 separate state Medicaid programs and enrolls more than 400 inpatient admissions per month. Last year, we saved the DOC in Arkansas—a Medicaid Expansion State—nearly \$13.8M through Medicaid enrollments from 883 inpatient admissions spanning 5,511 inpatient days.



Wellpath participates in 22 separate state Medicaid programs and enrolls more than 400 inpatient admissions per month.

18. Electronic Health Record (EHR) – Limit 10 pages

Instructions: The Supplier must provide a response to the requests below. Additional supporting documents are acceptable and shall be provided as a document attached to the supplier's bid response titled "Mandatory Scored Question 18 (EHR) Attachment."

- Supplier shall describe its qualifications, previous experience, and performance related to EHR in a correctional setting.
- Supplier shall provide a clear picture of the supplier's approach to EHR for GDC, in accordance with meeting the minimum basic requirements (E.1 through E.7 of Attachment B – Scope of Services). The approach should include details around the following:
 - An overview of the EHR's core functionality, including any elements tailored to operating in a correctional setting
 - Clinical documentation (e.g., standard medical documentation routines, eMAR, history and physical, discharge planning)
 - Reporting capabilities, including reporting by facility, patient, and chronic care cohort and reporting on clinical trends, exceptions, and cost analysis
 - Configuration tools (e.g., appointment reasons, order definitions) and Interfaces (i.e., integration with SCRIBE as described in minimum basic requirements)
 - Data migration (i.e., path to migrate from paper-based system to EHR) and interoperability of data across other systems
 - Acquisition (i.e., pricing and licensing model, overview of options for GDC to purchase licenses or subscribe should the physical health contract end)
 - Minimum basic requirements for the proposed EHR solution (e.g., bandwidth, number of ports, system integration requirements) and any associated IT systems or solutions
 - A robust plan to operationalize/transition to the software solution (i.e., how the supplier will transition GDC's operating environment from paper-based to operations through EHR)
- This overview should also address sources of distinctiveness in line with GDC's goals, which could include:
 - Detailed description of automated and integrated views of offender population provided by EHR (e.g., details around sick calls, chronic care, in-prison vs. out-of-prison consults, etc.), including format results are provided in
 - Approach to share bi-directional health information between GDC and providers
 - Detailed approach to integrate EHR with GDC's offender management solution (SCRIBE), pharmacy solution, mental health solution, and dental solution

Wellpath's response follows on the next page.

Wellpath will meet the individual requirements stipulated in **Attachment D. 18. Electronic Health Record (EHR)** and **E.1 through E.7 of Attachment B – Scope of Services**.

Our organization has successfully implemented EHR systems covering over 96% of our patient population (nearly 300,000 patients). **These implementations include two DOC clients which Wellpath converted from paper-based systems after other vendors failed to implement an EHR system successfully.** The experience we have gained implementing these systems has allowed us to develop a series of “best-practices” for the setup and management of EHR systems. Many correctional healthcare companies will claim to have EHR experience, in most cases their experience is limited to inheriting systems implemented by DOCs or previous vendors. **No vendor has more EHR implementation and transition successes than Wellpath.**

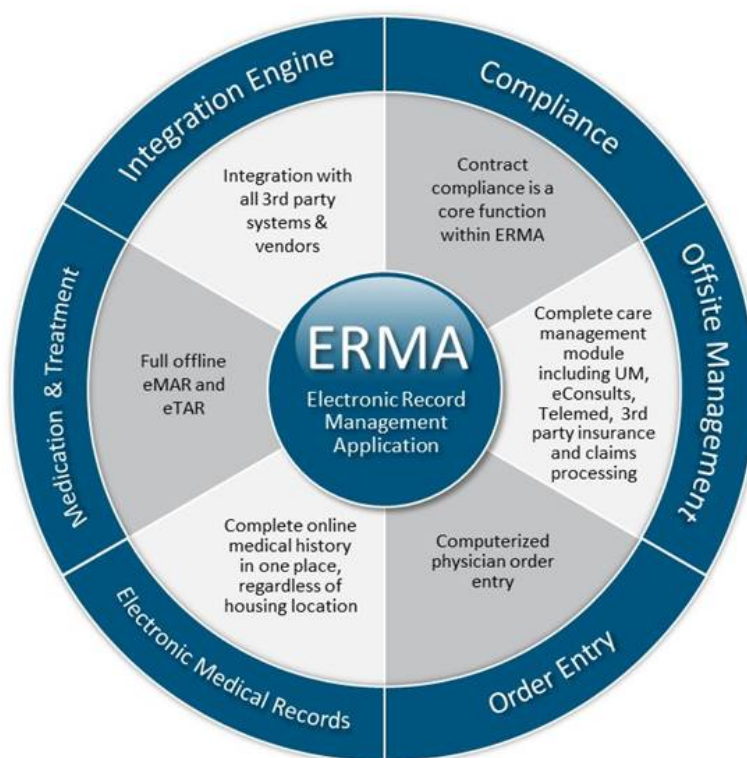
We developed our Electronic Record Management Application (ERMA®) to meet the needs of correctional healthcare systems and have implemented it for more than 100 current clients, including Departments of Correction in Maine and Massachusetts. This experience allows us to ensure on-time implementation and our proposal includes **a dedicated IT infrastructure that will facilitate implementation concurrent with contract activation for GDC.**

ERMA has a track record of successful implementations and bringing operational efficiencies to medical and mental health programs nationwide. We understand that implementation of ERMA will depend upon successful collaboration between Wellpath and the GDC. ERMA is preconfigured with our standard treatment pathways, forms, key operational reports, **and pharmacy and lab interfaces with all major vendors**, which reduces the number of customizations needed for a successful launch. ERMA is a cloud-based web application, eliminating the need for local data center(s) and on-site server support. Simple internet access to our website (port 443) allows ERMA to effectively function. Our unique two factor authentication eliminates the need for complicated and often unreliable VPN or terminal services infrastructure overhead.

An EHR improves care delivery by providing readily available access to health records and the medication administration record - consistent with the community standard of care. ERMA will ensure clinicians always have the health record available to them as this is essential to know a patient's current medications in order to avoid risk of prescribing a medication that might interact with something the patient is already taking and to understand other aspects of their healthcare that might be relevant to mental health issues. When there are paper records, medical services usually supersede behavioral health's needs if patients are scheduled on the same day. This leaves the clinicians without record review prior to seeing a patient. This proposal will make ERMA and our electronic Medication Administration Record (eMAR) available for the comprehensive and coordinated delivery of medical, dental, mental health, and pharmacy services at all GDC facilities.

ERMA is a multifunctional health record made up of distinct modules (as shown in the figure), that can be tailored to GDC's goals and requirements. Designed specifically to operate as part of a correctional facility's healthcare delivery system, ERMA is a fully customized EHR solution.

ERMA's features and benefits are summarized on the next page.



ERMA Modules. ERMA uses six distinct modules to efficiently manage healthcare services and patient care

ERMA Features and Benefits	
<i>Our Feature</i>	<i>Your Benefit</i>
Ease of implementation	Web-based system with no software to install, all Wellpath and client protocols and forms are prebuilt, making implementation easy compared to other systems.
Increased efficiency and improved patient care	Instant access to current and past patient records; immediate availability of health data for re-admitted patients; chronic care protocols are automatically repopulated
Hosted solution	Hosted on Wellpath servers in a private cloud infrastructure, which removes the burden of on-site hosting; ensures continuous access to records, even during a disaster
High-availability platform	Highly available and scalable; uses Microsoft technology, including SQL Server Enterprise and C#.net; load balanced across many web servers and hosted in two fully redundant data centers; client systems only need modern browsers on the desktops.
Enterprise architecture	Functions as part of the overall healthcare delivery platform to increase productivity and efficiency among all disciplines; secure connection provides access to patient data, regardless of housing location or movement within the facility
Immediate access to records from multiple locations	Secure remote access allows on-site healthcare staff to easily collaborate with specialists and other providers across the country; on-site providers can consult with regional and corporate physicians for patient care
System security as a priority	Two-factor authentication requires both the device accessing ERMA and the user to be pre-authorized; health information is stored on redundant servers within two separate data centers that are SSAE 16 certified (equivalent of NCCHC accreditation for IT security), ensuring adherence to HIPAA standards
Dynamic and static document capabilities	Flexibility to use both direct data and scanned paper entry to integrate workflows into a single patient chart; customizable dynamic documents allow capture and reporting of almost limitless data types
Physician order entry	Supports the integration of medication order entry and HL7 transmission to the pharmacy provider, lab and other providers, providing real-time prompting of contra-indications, duplicate therapies, and dosage
Automated tracking and reporting of metrics	Customized monitoring views track key events in the patient care lifecycle (e.g., annual health assessments, dental exams, chronic care visits, and any other site-specific protocols; consolidates metrics for comparison with other facilities
Automated problem tracking	Master problem list tracks chronic and acute, active and inactive problems by combining problem (for nurses) and diagnosis (ICD-10 for providers) codes
Patient fee tracking	Site-configurable to allow capture and reporting of pre-determined co-pays; easily creates list of approved charges for processing where applicable.
Integrated Care Management to maximize on-site services.	Distinctive care management capability gives utilization management teams a comprehensive view of the patient's medical history, including on-site and off-site care; Wellpath care management is part of the Wellpath Healthcare Cloud which brings tools and technology into the correctional environment to maximize on-site care.
Integrated Provider Steerage and Claims Processing	When a patient must be treated outside of the facility, ERMA insures the most appropriate preferred provider is used through our unique provider steerage algorithm. Our tool search for 3 rd party insurance and managed authorized offsite services through claims processing so that only otherized treatments are paid for.
Unique reporting capabilities	Designed exclusively for the correctional environment, with reporting features that support daily activities in correctional facilities.
Customizable queues	Customized queues give single-click access to patient populations for consistent monitoring (e.g., patients needing receiving screenings, health assessments, and chronic care follow-up)
More efficient use of nursing resources	Designed specifically for correctional workflows, allowing our staff to perform their jobs more efficiently; other EMR systems necessitate increased staffing due to accommodate longer process flows

Supporting Increased Compliance and Accuracy in Reporting

We will maintain up-to-date medical records at all times, consistent with NCCHC and ACA standards, GDC policies, community standards of practice, and all federal, state, and local laws. Each record will contain an accurate account of the patient's health status at the time of admission, all patient-provider encounters, and all on-site and off-site services provided. At a minimum, medical records will contain:

- Identifying information (i.e., name, number, date of birth, sex, photo)
- A master problem list containing medical and mental health diagnoses and treatments as well as known allergies
- Intake receiving screening and all health assessment forms
- Progress notes of all significant findings, diagnoses, treatments, and dispositions
- Clinician orders for prescribed medications and treatments with administration records for each
- Individualized multi-disciplinary patient care plans
- Reports of laboratory, X-ray, and diagnostic studies
- Flow sheets
- Consent and refusal forms
- Release of information forms
- Results of specialty consultations and off-site referrals
- Discharge summaries of hospitalizations and other inpatient stays
- Special needs treatment plans, if applicable
- Immunization records, if applicable
- Outside health records, **including integration with the Georgia Health Information Network**
- Place, date, and time of each clinical encounter
- Signature and title of each documenter



**GEORGIA
HEALTH
INFORMATION
NETWORK**

Document Imaging. ERMA supports dynamic (interactive data entry) and static (scanned) documentation. Scanned documents can be barcoded and rescanned, reducing the time required to attach the document to the patient's chart. Our flexible configuration allows custom workflows to be attached to all documents, including the capturing of electronic signatures from all types of users. For example, receiving screenings can be routed to nurses, physicians, and mental health providers for review, capturing electronic signatures at each step.

Dynamic Documents. Healthcare professionals can document patient encounters quickly and easily through ERMA's dynamic documents feature, which allows you to create a library of customized forms that are used for documentation. These forms, also known as "templates," are created through an administrative tool with strict business rules applied. Administrators determine requirements, options, explanations, and other useful elements to capture in the templates.

Patient Management Capabilities. ERMA organizes patient records to allow record indexing and retrieval by patient name, inmate number, date of birth, social security number, incarceration date, or other identifiable data elements. ERMA organizes data into a virtual medical chart sections customized to each client's needs, including:

- | | | |
|-----------------------|-------------------------|-------------------------------------|
| • Receiving screening | • Patient consent forms | • Dental |
| • Health assessment | • Sick call notes | • Off-site care |
| • Chronic care | • Provider orders | • Medication administration records |
| • Master problem list | • Mental health | • Lab results |

Patient Profile. Data flows easily between a dynamic document and the patient profile. If a nurse documents a problem found during a patient encounter, it will be automatically added to the patient's master problem list. Essential information such as allergies, diets, appliances, and special needs can be easily integrated with dynamic documents. By using dynamic documents to capture data, ERMA improves patient encounters and saves medical staff valuable time.

Sample Patient Profile in ERMA

Patient Search:



Name: John Jacob Jingle **Patient ID:** 12345678 **Gender:** M **Admission:** 08/16/2017
DOB: 03/30/1960 **Age:** 57 **Housing:** QBLK **Type:** State **Site:** Training Facility - Section 1
Allergies: Aspirin
Precautions:
Classifications: GENERAL - Repeat Offender

Patient Flags

Medical (4)	Behavioral Health (1)	Physical (1)	Misc (3)
HIV	Suicide Watch	Amputee	Bottom Bunk
Hepatitis			Assault on Staff
TB			Assault on Inmate/Resident

Active Patient Profile Items

Allergies						
Type	Allergy	Reaction	Added Date			
Allergy Items	Aspirin	Hives	1/18/2016			

Appliances					
Medical Appliance	Added Date	Start Date	End Date	Associated Problem	
CPAP Machines	10/28/2016	10/28/2016	N/A	Resp: 496 - Chronic Airway Obstruction Not Elsewhere Classified	
Eye Glasses	7/28/2015	7/28/2015	N/A	META: DM: 250 - Diabetes Mellitus	
Walker	12/30/2014	12/30/2014	N/A	Operations on Musculoskeletal System: 84.10 - Lower Limb Amputation Not Otherwise Specified	

Type	Category	Problem	Code	Added Date	Confirmed
Chronic	Infectious Disease	Human immunodeficiency virus (HIV) disease	B20	10/17/2017	Yes
Chronic	Psych	Bipolar Disorder, Unspecified	296.80	10/12/2017	Yes
Acute	Supplementary	Carrier or Suspected carrier of Methicillin Resistant Staphylococcus Aureus (MRSA)	V02.54	6/2/2017	Yes
Chronic	Infectious Disease	Pulmonary Tuberculosis Not Otherwise Specified	011.9	11/7/2016	Yes
Chronic	Infectious Disease	Acute Hepatitis C without mention of Hepatic Coma	070.51	10/28/2016	Yes
Acute	Psych	Alcohol Abuse Unspecified	305.00	10/20/2016	Yes
Acute	Operations on Musculoskeletal System	Lower Limb Amputation Not Otherwise Specified	84.10	7/28/2015	Yes
Chronic	CARDIO: Hypertension	Hypertension Not Otherwise Specified	401.9	12/1/2014	Yes
Chronic	PSYCH: Substance Abuse	Drug Withdrawal	292.0	12/1/2014	Yes

Orders					
Order Date	Item Type	Instructions	Start Date	End Date	
11/01/2017 10:12 AM EST	Medication	insulin regular human 100 unit/mL injection solution: give 20 unit SC Diabetic AM for 90 days.	11/02/2017 05:00 AM EST	01/31/2018 04:59 AM EST	
10/11/2017 07:05 PM EST	Medication	Tylenol (Acetaminophen) 325 mg tablet: give 3 tablet PO BID AM & HS for 90 days.	10/11/2017 08:00 PM EST	01/09/2018 07:59 PM EST	

Problem Lists. ERMA complies with the problem-oriented medical record standards and format. The ERMA master problem list contains both acute and chronic care problems. Problems are typically identified by nursing staff and are later confirmed by a provider. Problem lists are maintained using a dynamic form or entered directly by the provider. ERMA also supports the use of ICD-10 and DSM diagnosis codes.

Master Problem List in ERMA

Patient Profile - #464046-P.A

Problem Type: **CARDIO: CHF** Observed Date: **9/29/2014** Associated Chart: **01/25/2013**

Problem: **428.0: Congestive Heart Failure Not Otherw**

Problem Status: **Confirmed** Confirmed By: **Sweedler, Julia (Provider)**

☒ Medical Notes ☐ System Notes

Added Date	Added By	Note
9/29/2014	jsweedler	Patient has a five year history of CHF, compliant with current treatment.

Problems

Chronic	Acute	All	Problems	Active	Inactive	All
Category	Problem Type	Problem	Code	Observed Date	Status	
Chronic	CARDIO: Hypertension	Hypertensive Heart Disease	402	9/29/2014	Confirmed	

Problems

Type	Category	Problem	Code	Observed Date	Confirmed	
Acute	DENTAL: Dental Caries	Diseases of Hard Tissues of Teeth	521	10/6/2014	Yes	details
Chronic	CARDIO: Pacemaker/AICD	Cardiac Pacemaker In Situ Status	V45.01	10/6/2014	Yes	details
Chronic	CIRC: DVT	Venous Embolism and Thrombosis of Deep Vessels of Lower Extremity	453.4	10/6/2014	No	details
Chronic	CARDIO: Hypertension	Hypertensive Heart Disease	402	9/29/2014	Yes	details

Computerized Physician Order Entry (CPOE) ERMA features a complete CPOE order entry module that will handle all formulary and non-formulary medications and treatment orders. When ordering medications, ERMA uses data from a nationally recognized provider, First Databank, for real time contra-indications and potential allergic interactions. The GDC formulary will be built into the system and off formulary orders will follow specific workflows for approval. Medication orders are automatically assigned to the appropriate med-pass schedule and follow the patient when they move between or within facilities. **ERMA facilitates ordering medications and treatments with real time decision support and the minimum number of 'clicks' to get the job done.**

Order Entry

Search Patient: **John Jacob Jingli** ☐ Include Released

Demographics **Flags (18)** **Allergies (1)** **Problems (6)** **Orders (5)** **Diets (1)**

Gender: **M** Status: **Admitted** Precautions: **Positive for cough** Alerts: **Note two patients with same name**

Admission Site: **08/02/2016 Training Facility - Section 1** DOB: **03/28/1988** Housing: **QBLK**

Order Type: **Medication** Provider: **Dietrich, Patricia Regional Medical**

Order Details **Additional Information**

Medication: **Isinopril 20 mg tablet**

Dose: **1** Unit: **tablet** Route: **by mouth**

Frequency: **Q PM** Schedule: **All Facility: Q PM**

Start Date: **03/02/2021 16:00** Duration: **Days**

Transcribe Method: ☒ Written ☐ Verbal/Phone ☐ ORV

Assignment: ☐ Court Ordered ☐ Irreversible Decline ☐ Emergency Harm

Type: ☒ Routine ☐ Immediate ☐ Bridge

Do Not Send Med ☐ KOP ☐ PRN ☐ Per Nursing Protocol ☐ This medication is used for a psychiatric diagnosis ☐ No Reorders ☐ First Dose Administered

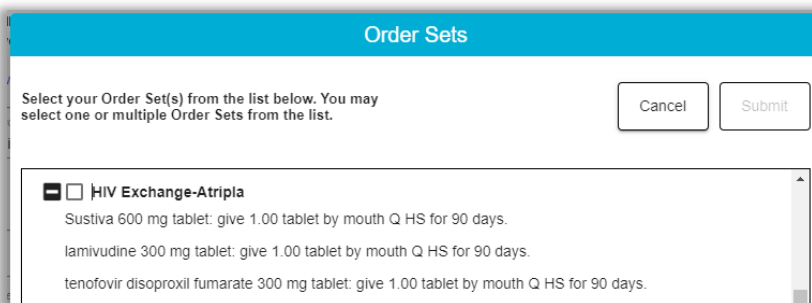
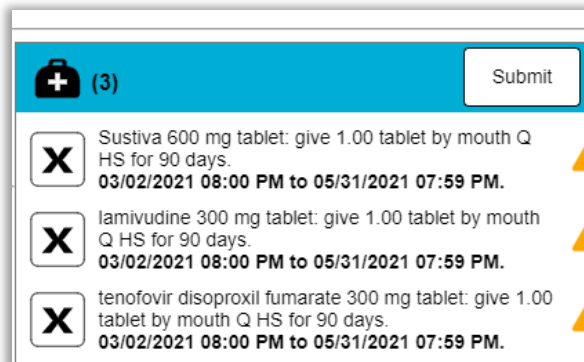
Deliver To: **Training Facility - Section 1**

Body Part:

Submit

Scheduling **Statistics** **Print Blank eMARs** **Housing** **Task Center** **Order Entry** **Change Password** **Logout**

The use of system-wide order sets within ERMA aids in insuring consistency of treatments throughout the system. Order sets follow peer-reviewed clinical guidelines established by Wellpath Clinical leadership and that are regularly updated. Order sets are as simple as one-click regardless of complexity. Order sets are highly valued by providers and improve the timeliness and consistency of care.

Electronic Medication Administration Record (eMAR) and Electronic Treatment Administration Record (eTAR).

Our robust eMAR and eTAR will provide an additional level of performance and delivery with the medication and treatments management system and is part of the Wellpath plan for EHR transition. Our eMAR and eTAR offers a professional, easy-to-use system that will track administrations and treatments from order placement to patient administration, eliminating the current paper process by providing a completely paperless medication administration system that allows users to work both on and offline.

eMAR and eTAR Features and Benefits	
<i>Feature</i>	<i>Benefit</i>
Quickly, accurately, and conveniently orders new medications	Reduces paperwork and delays in patients starting new medications
Operates Offline	Downloads medication and treatment orders for administrations done in areas of the facility that do not have connectivity or Wi-Fi.
Reorders medications	No delays in patients receiving their needed medication
Allows for viewing of patient profiles and medication histories	Instant access to patient information
Maintains patient profiles	Records are updated in real time
Creates change orders	Changes are recorded in real time
Monitors self-medication status	Allows for an easily monitored Keep-on-Person (KOP) program
Instant notification of non-formulary orders	Controls costs by ensuring that only approved medications are prescribed
Prints utilization data	Allows for easy analysis of statistics for review and planning purposes
Administrative and management reporting	Allows for easy analysis of statistics for review and planning purposes
Prints paper copies of prescriptions and activities for patient charts	Allows for the transfer of patient information to hard copy if necessary

Wellpath provides written systems and processes for the delivery and administration of medications and treatments based on the facility layout and procedures. We tailor administration pass for each facility to ensure the timeliness and accuracy of the process, coordinating with security staffing and mealtimes to ensure accurate and effective medication administration. Medications and treatments are documented at the time of administration through the wireless Wellpath Point of Care Companion (POCC) and do not require Wi-Fi or special infrastructure to operate. Personnel with appropriate state licensure administer medications, including over-the-counter medications. We conduct medication pass at least twice a day in general population and as needed for patients in medical housing or observation per the physician's orders.

Health Information Exchange (HIE). Wellpath has contracted with HI-BRIDGE HIE, **part of the Morehouse School of Medicine** and previously known as Georgia Health Connect) to provide fully integrated HIE capabilities through ERMA. We have worked with HI-BRIDGE since 2017 to bring this advanced capability to our local correctional partners in Georgia. The HIE features are integrated within ERMA so that each record is queried automatically through HIE at intake and records are available in the HIE when a patient receives services outside of the GDC or when released from GDC.



The HIE data will streamline the transfer of medical records from patients that were previously incarcerated in local jails or receiving treatment with participating entities throughout Georgia. The downflow of patient data from HI-BRIDGE also includes medication history to allow for care continuity at a critical time for the patient. This HIE record creates a longitudinal patient record by aggregating data from all participating entities and uses a federated approach to query data from GaHIN. HI-BRIDGE HIE is a member affiliate of Georgia's state HIE, Georgia Health Information Network (GaHIN) which enables **bi-direction data exchange statewide**, as well as through the national eHealth exchange and the veteran's administration. **Since Wellpath has already integrated its systems with HI-BRIDGE HIE, this data will be available in ERMA as soon as the EHR is put in use with no additional development time needed.**

Wellpath Point of Care Companion. When administering medications or treatments, nursing staff uses an off-network laptop—the Point of Care Companion (POCC) system—with a cart (if mobile), marking and electronically signing off on the administration of medications. If a patient does not receive needed medication for any reason, we note it in the system during medication pass and follow up appropriately. Once the nurse returns to the medical unit, the laptop is docked and the information from the administration pass is synchronized within ERMA, so administration records are immediately up to date. This ability to synchronize data provides increased flexibility for nursing staff by allowing them to use the system in facilities where Wi-Fi or mobile internet connectivity is unavailable. This also allows medication and treatments to continue even if the facility loses internet connectivity. Since the laptop is battery-powered, loss of power does not affect its use.



Wellpath POCC

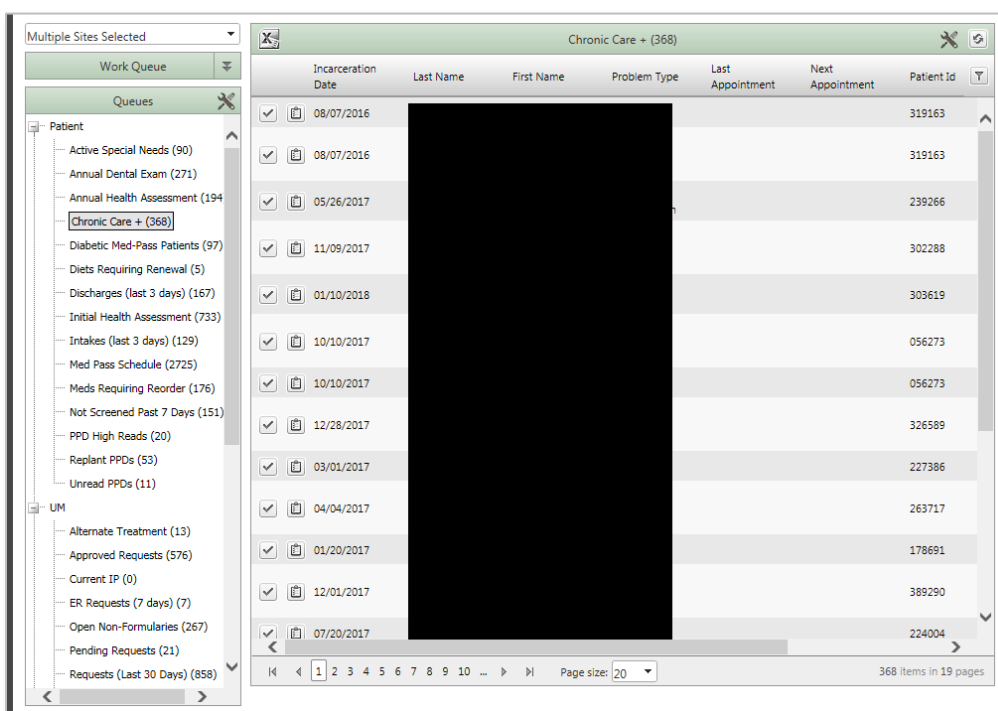
Medical Forms. ERMA's dynamic documents and templates capabilities allow all types of encounters and protocols to be implemented that other systems may treat as separate modules. All of the Wellpath clinical pathways and protocols, nursing pathways, dental treatments, and medical and mental health forms come standard with ERMA. Individual, site-specific customizations can easily be added. ERMA comes with more than 100 templates, including but are not limited to:

- **Nursing Pathways**
 - Abdominal pain
 - Dental complaints
 - Gastrointestinal complaints
 - Headache
 - Musculoskeletal
 - Pregnancy
 - Self-injurious behavior
- **Mental Health**
 - Psychiatric provider initial evaluation
 - Columbia Suicide Severity Rating Scale
 - Initial mental health evaluation
 - AIMS
 - Medication consent forms
 - Suicide watch assessment
 - Treatment plans

- **Flow Sheets**
 - Diabetic flow sheet
 - COWS for opiate withdrawal
 - CIWA-Ar for alcohol/benzodiazepines
 - Therapeutic restraint flow sheet
- **Dental**
 - Annual dental exam
 - Dental instructions
 - Dental extractions

Reporting and Work Queues. ERMA allows us to create customized, site-specific reports and work queues. Reports can be sent to correctional staff to ensure prompt and accurate communication of movement needs. Integration with Microsoft SharePoint Services allows reports to be scheduled and delivered automatically. Report automation is often used to notify third parties such as food service vendors or correctional staff of special needs and medically ordered diets. Healthcare staff can also quickly review and reschedule any missed appointments.

Sample Chronic Care Work Queue in ERMA



Incarceration Date	Last Name	First Name	Problem Type	Last Appointment	Next Appointment	Patient ID
08/07/2016						319163
08/07/2016						319163
05/26/2017						239266
11/09/2017						302288
01/10/2018						303619
10/10/2017						056273
10/10/2017						056273
12/28/2017						326589
03/01/2017						227386
04/04/2017						263717
01/20/2017						178691
12/01/2017						389290
07/20/2017						224004

Automatic Tracking. ERMA allows automatic tracking of key events in the patient care lifecycle, including receiving screenings, health assessments, chronic care visits, and other activities. ERMA has customized queues that give healthcare staff instant access to patient populations, allowing for consistent monitoring. For example, patients needing receiving screenings or health assessments and patients with special needs can be grouped in queues for single-click access.

Health assessment compliance is managed via queues titled “initial health assessment” and “annual health assessment.” These queues provide the information needed to determine when a patient’s health assessment must be completed to maintain compliance, including:

- Patient first and last name
- Patient number
- Location
- Site
- Custody date
- Days in custody

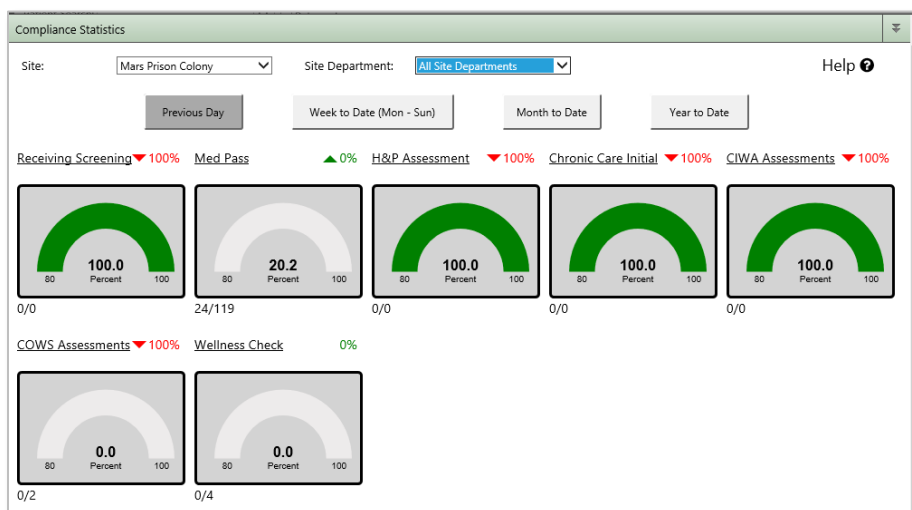
ERMA also contains additional queues not related to compliance. It will remind nurses of patients that should be checked on, queues showing patients who have refused either their initial or periodic health assessment once, and the “Extra Mile” queue, which shows patients who have refused two consecutive health assessments and may require special attention from medical staff.

Results Capturing and Reporting. ERMA can generate statistical reports and identify outliers beyond agreed-upon periods. The ERMA report library contains more than 100 standard reports that can be customized to meet specific requirements. The following sample reports show the amount of time between a patient’s booking and preliminary medical screening, number of health assessments completed within the required timeframe, and time between chronic care visits.

Sample Receiving Screening Statistics Report in ERMA

Receiving Screening Statistics Report					
				Compliance Duration: 4 Hrs.	
				11:59PM	Page 1 of 1
Report Description: This report displays compliance-related statistics for patients who have completed the Receiving Screening process. Detailed line items represent patients who fall outside the statistical boundary for the chosen compliance duration. Results may include released patients.					
Selected Site Department(s): DAVIDSON CJC					
Number of Patients Who Received Screening:				595	
Avg. Length of Time (in hours) from Booking to Screening:				1.45	
Number of Screenings With a Wait Time More than 4 Hours:				20	
Percentage of Screenings Within 4 Hours:				96.64%	
Patient No. ↓	Booking No. ↓	Incarceration Date ↓	DOS Receiving Screening ↓	Release Date ↓	Booking to Screening (in hours) ↓
Davidson County Jails					
Davidson CJC					
		9/30/2014 2:54 AM	10/1/2014 2:31:23 PM	10/2/2014 6:30 PM	35.82
		10/2/2014 8:07 PM	10/3/2014 3:35:31 AM	10/3/2014 4:40 PM	9.47
		10/4/2014 12:04 AM	10/4/2014 7:39:57 AM	10/4/2014 9:10 AM	7.58
		10/2/2014 10:35 PM	10/3/2014 5:24:43 AM	10/3/2014 5:40 PM	8.82
		10/1/2014 2:10 AM	10/1/2014 8:58:27 AM	10/1/2014 1:00 PM	8.80
		10/2/2014 5:31 PM	10/2/2014 11:58:45 PM	10/3/2014 12:40 AM	8.42
		10/1/2014 12:22 AM	10/1/2014 8:39:43 AM	10/1/2014 7:20 PM	8.28
		9/29/2014 1:49 AM	9/29/2014 7:57:51 AM	10/3/2014 12:30 PM	6.13
		10/4/2014 2:37 AM	10/4/2014 8:42:40 AM	10/4/2014 4:00 PM	6.08

Sample Compliance Statistics Dashboard in ERMA



Integration and Interfaces

Wellpath ensures seamless and secure communication between ERMA and our contracted vendors. Vendor systems are integrated into ERMA through a bi-directional interface. Following completion of the integration, ERMA will be the sole repository for information regarding all patient services. This allows for medication and treatment orders and test results to be reviewed and managed quickly and efficiently.

Laboratory Interface. Our laboratory provider, LabCorp, interfaces with ERMA to automatically upload test results into patient medical records. All lab results imported into ERMA are placed on the medical provider's action list for review and sign off. Where preliminary results are available, they are presented for medical review. All non-critical laboratory results are reviewed within 24-48 hours (72 hours for weekends and holidays). Abnormal results are flagged to alert the medical staff that expedited review is necessary. The medical provider is notified immediately to review all STAT lab reports and any abnormal test results, which are displayed in red to alert the provider. If test results indicate a critical value, the provider also receives a telephonic alert.

Pharmacy Interface. Wellpath has worked successfully via electronic interfaces with Correct Rx for over 10 years. ERMA supports the integration of medication order entry and HL7 transmission to the pharmacy provider. This integration gives the pharmacy immediate access to medication orders and the ability to provide any medication substitutions to the on-site staff. ERMA is also integrated with *First Databank*, a national provider of drug interactions and warnings. This integration gives ordering providers real-time prompting of contra-indications, duplicate therapies, allergies, interactions, and dosage warnings. **Formulary compliance is also integrated into ERMA.** If orders are placed for off-formulary medications, an off-formulary request is automatically generated and sent to the Medical Director for approval. Once approved, the order is expedited through electronic transmission to the pharmacy.

System Transition

Upon conclusion of our contract with GDC, health records will remain the property of the Department, and Wellpath will work to ensure a smooth transition of records. All licenses and portals will be provided for archive retrieval and maintenance. Wellpath offers the following two options for transitioning electronic health records:

1. Wellpath will provide a complete SQL Server data dump of all records and fields. This will allow you to merge these into a new system if one has been chosen. This will be done at no cost.
2. The Department will also have the option to continue to use ERMA via a licensing agreement with Wellpath. We will maintain all storage of the records with the same safeguards that exist today inclusive of duplicate systems running in two separate SAS 70 data warehouses located in separate cities. Any programming requests or report creation, if necessary, will be billed at a negotiated hourly rate. Software costs include two consecutive days of training support per year. Any additional training requested by the Department will be negotiated separately, although typically a train-the-trainer program works to minimize costs.

Document Storage. The transition from paper records can vary greatly depending on the needs of the GDC and the local facility staff. We use hi-speed scanners to support the transition from paper records into ERMA. Wellpath staff will transcribe key data elements, such as medications, problem lists, appointments, allergies, special needs, etc. during the final month of the contract transition period to ensure this data is captured in an electronic form in addition to the scanned images during the paper transition. Typical paper document transitions are limited to individuals currently housed in a GDC facility and will transition paper documents going back up to 12 months.

Onboarding and Training. Our ERMA onboarding process is divided into multiple phases based on the contract transition timeline and our initial discovery. Most of the training will occur in advance of our scheduled "go-live." The onboarding journey follows these basic tenets:

1. Awareness – During Contract Transition Period
 - Informational posters and emails about ERMA and its capabilities
 - Staff briefings to help manage expectations
 - Establishment of an EHR committee to champion and guide the onboarding process

- Identification of EHR onboarding champions at each location
- 2. Introduction to ERMA – During Contract Transition Period
 - Introduction of the ERMA Overview video with some basic functions
 - Online training made available through the Wellpath academy
- 3. Systems Training – 4 hours of training before Go-Live
 - Onsite – Instructor-led live classroom training in facilities or scheduled offsite locations
 - Printable manuals to guide staff through typical workflows and best practices
- 4. Development of Basic Abilities – Prior to Go-Live
 - Employees will be provided a link to practice ERMA in a test environment
 - Continued availability of online and in-person training and the introduction of webinar training
- 5. Practice and Troubleshooting – 7 days on-the-job training after Go-Live
 - Concurrent with go-live, employees will be supported through the onsite Wellpath trainers. Trainers will include representatives from all job functions
 - Users will work their primary workflows and be encouraged to challenge themselves and ask questions
 - Daily adoption reports will be distributed, based on critical compliance metrics, such as med pass completeness and timeliness of service delivery
- 6. Full Competency – After Go-Live
 - Full competency is developed over time. Wellpath trainers will provide continuous feedback on the journey to competency. Site leaders will receive daily and then weekly reports on their facility's progress
 - Ongoing webinars and onsite training will be provided

In addition to the Wellpath Corporate IT Training team, over 45 certified Wellpath trainers will support the onsite transition. Our staffing plan includes five full-time trainers in our Georgia regional office to provide support onsite when needed throughout all GDC facilities.

Fully Functional EHR

All modules available for the ERMA platform are included in our proposal to GDC, including but not limited to:

- Full on-site and off-site patient care management functions
- Full integration with network steerage algorithm and claims processing
- Computerized Physician Order Entry (CPOE)
- Electronic medical administration record (E-MAR) / electronic treatment administration record (E-TAR)
- Patient Scheduling and Appointment Management
- Scanning and Chart Import Capabilities
- Compliance Management Tools
- All Electronic and Static Document Management
- Full integration with Georgia HIE (Health Information Exchange) through Hi-BRIDGE HIE
- Full integration with your Offender Management System, SCRIBE
- Full integration with Correct Rx and LabCorp

Our proposal includes all systems administration, change management, upgrades, custom report development, and data analysis for the life of the contract. Our price also includes all new functionality that may be developed over the life of the contract.

ONC Certification

The Medicare and Medicaid EHR Incentive Programs, established by the Center for Medicare and Medicaid Services (CMS), provide financial incentives for the meaningful use of certified EHR technology (CEHRT) to improve patient care. To receive an EHR incentive payment, providers have to demonstrate that they are meaningfully using their EHRs by meeting thresholds for a number of objectives. First, the provider's EHR system must be certified as being capable of providing the features and functionality that can lead to this meaningful use. Qualifying CEHRTs are certified for meaningful use by the Office of the National Coordinator (ONC) HIT Certification Program.

ERMA qualifies as a CEHRT and has been certified for meaningful use by the ONC. Wellpath was re-certified September 28, 2020.



19. IT Systems – Limit 6 pages

Instructions: The Supplier must provide a response to the requests below. Additional supporting documents are acceptable and shall be provided as a document attached to the supplier's bid response titled "Mandatory Scored Question 19 (IT Systems) Attachment."

- Supplier shall describe its qualifications, previous experience, and performance related to IT systems, including in a setting(s) similar to corrections (if applicable) and experience in transitioning from a paper-based system to an electronic health record.
- Supplier shall provide a comprehensive overview of its proposed approach to IT systems for GDC, in accordance with meeting the minimum basic requirements (F.1 through F.6 of Attachment B – Scope of Services). This overview should include, but is not limited to, the following:

Core systems, processes, and network environment

- Recommended end-user solution (e.g., personal computers, thin clients, laptops, tablets, mobile devices, scanners, printers) and rationale for selection of these devices, including mobile enablement (if applicable). Supplier will provide all necessary equipment which include but are not limited to desktops, laptops, and printers.
- Description of end-user workflows and optional workflows enabled by the solution (if applicable), including system loading and processing times.
- Operations in online/offline environments, including support and integration with current pharmacy solution. Downtime must be described thoroughly to include network outages, software, non-availability and other possible obstacles.
- Operations in a paper-based medical record system, including support of CPOE and eMAR.
- Procedures and protocols for recovery and compulsory downtime for software upgrades and or disruptions in service or connectivity; planned service credit for unplanned downtime driven by an issue on the supplier's side.
- Customer service and support to resolve IT issues with the systems and expected detailed service levels.
- Hardware and software cost models (GDC staff will conduct a site assessment with the successful vendor after the award)

Wellpath's response follows on the next page.

Wellpath will meet the individual requirements stipulated in **Attachment D. 19. IT Systems** and **F.1 through F.6 of Attachment B – Scope of Services**. Our organization has implemented and supports the design approach being proposed here at state Department of Corrections systems and over 100 large prisons, jails and hospitals. Our objective with this design approach is to provide an exceptional end user experience, through robust enterprise grade computing solution for our employees without requiring our clients to support our employees, applications, or computing infrastructure. Wellpath is proposing to implement the end user equipment at the GDC locations immediately and conclude within the first 30 days of the contract. The initial features of the EHR application set will be introduced on day one of the contract and additional features will be implemented over the following months until full EHR functionality is in place within 90 days after contract start.

Recommended End-User Solution (F1). Wellpath provides enterprise grade end user hardware and software to ensure optimal performance and productivity for our employees. Using our standard hardware and software allows us to provide better SLA's for deployment, warranty management, repair and replacement. Each endpoint is built using standard images including hard-drive encryption, standard Wellpath applications and drivers for standard hardware. Our hard-drive encryption is managed through Bitlocker leveraging the TPM modules integrated on the SSD hard drives.

All images are thoroughly tested and approved through our Change Approval Board before being released for production. Wellpath will provide full lifecycle support including procurement, installation, 24/7 end user support, configuration management, security management, hardware repair services, and asset disposal at the end of the device lifecycle. Devices will be replaced with new equipment every 36 to 48 months based on device type, duty cycle, and state of repair.

Our standard end user computers are identified below.

Specifications	Laptop	Desktop (AIO)	Rugged Laptop
Manufacturer	HP	HP	Panasonic
Model	EliteBook 840 G7	ProDesk 400 G6 Desktop Mini PC	FZ55
Operating System	W10PX64	W10PX64	W10PX64
Processor	i5-10310U	i5-10500T	i5-8365U
RAM	8GB	8GB	8GB
Hard Drive	256GB SSD	256GB SSD	512GB SSD

All computers include the following software and security tools.

Software/Security Tool	Manufacturer	Product
Full Disk Encryption	Microsoft	BitLocker
Antivirus EndPoint Detection and Response	CrowdStrike	Falcon Enterprise
Office Productivity	Microsoft	Office Standard 2019 or O365
Web Browsers	Google Microsoft	Chrome Edge
PDF Viewing	Adobe	Acrobat Reader

Network Services. Wellpath will place all networked end user equipment on the GDC enterprise network. We request that our systems be placed into an isolated “Medical” VLAN that will segment Wellpath’s and user equipment and communications traffic from the rest of GDC. We understand from the GDC Q&A response that the current Tele health VLAN can be used for this purpose. Wellpath requests that the isolated medical VLAN be routed through the private network circuits that Wellpath will provide to Wellpath’s data centers. This will provide optimal access to Wellpath applications and the best possible Application performance. If it is necessary for Wellpath personnel to access any application systems provided by GDC, we request that the medical VLAN have controlled routed access to the GDC application servers required.

Windows Domain and Computer Configuration Management. Wellpath prefers that the Windows computers that we provide and place on the Medical VLAN be members of the Wellpath Active Directory domain. Placing these computers in the Wellpath Active Directory domain provides the following benefits:

- Wellpath employees can sign onto the computer using their Wellpath Active Directory account, which is their single sign-on account to all Wellpath applications.
- This eliminates the need for GDC to issue and support GDC login accounts for all Wellpath personnel.
- This enables our 24/7 help desk to provide full support of the Windows computers, users, and user login accounts without having to involve GDC in the support of Wellpath end users or their equipment.
- This enables Wellpath to perform all patching, security management, and configuration management of the Wellpath Windows computers, eliminating the need for GDC to maintain Wellpath’s computers.

Our intention with this design is to **provide full equipment and user support**, eliminating the need for GDC to provide any support of Wellpath’s computers and users. GDC’s only IT support requirement will be to provide network access on the Medical VLAN. Placing the Wellpath PCs on the Medical VLAN provides network segmentation enabling GDC to assign all security management responsibility and risk to Wellpath while segmenting Wellpath computers from the GDC enterprise network.

Application Services. Wellpath provides all application capabilities required by our employees. We will not rely on GDC to provide software or services of any type other than connectivity to the medical VLAN. The software we provide for our employees includes:

- Email for all employees using Microsoft Exchange accessible via WebMail or Microsoft Outlook
- An employee portal based on Microsoft SharePoint allowing access to corporate Department and team information
- Collaboration capabilities using Microsoft SharePoint & Microsoft Teams.
- Employee HR self-service and time keeping services using UKG’s platforms.
- Online training via the Wellpath Academy portal
- File storage services on a Wellpath file server for team, site, and home share file storage
- Printing services will be provided via direct IP printing from the windows computers to the IP printers. Printers will be assigned to the computers via GPO based on the computer location.

User Type and Capacity. Our enterprise systems are able to accommodate the addition of the capacities and concurrent users outlined above. Our systems support over 16,000 employee users today and are monitored using a variety of tools to ensure user satisfaction and acceptable response times. The user base outlined above would represent about a 10% increase in utilization of all users were concurrently use the systems. Our applications are web-based applications hosted on VMWare Enterprise servers. We have a history of adding additional users at rates that substantially exceed the volume represented by this procurement and expect to scale seamlessly during the term of the contract.

Our architecture requires minimal but reasonable bandwidth at the end user site. Our applications are browser-based web applications on top of Microsoft Enterprise SQL server. They do not require VPN, RDP, Citrix or other specialty protocols. The answer to Question #90 from Round 1 Q&A indicated the current-state network has a 40 mg bandwidth average per facility with a minimum bandwidth of 9 mg and that the state is working to expand the network at each location. Typically,

bandwidths of 50-250Mbps at each facility would be ideal for Telemedicine and EHR. Overall user experience will depend on variables such as current bandwidth utilization % and number of staff at an individual location.

We will provide a set of requested white-list domains to allow priority access through firewalls and content filters. We have found that these whitelists remove unnecessary latency to secure known internal domains. We will work very cooperatively with the GDC on all acceptability and performance issues. Below are current outputs from New Relic providing examples of current systems response times.

Enterprise Services

Weekly Apdex: 0.98_{0.5} (Excellent)

	9/13	9/20	9/27	10/04
Requests millions	2.53	2.76	3.19	3.14
Error rate	0.001	0.003	0.0064	0.012
Resp. time ms	86.1	88.7	81.9	120
Apdex	0.98	0.98	0.98	0.98
% Satisfied	96.5	96.3	96.9	97.1
% Tolerating	3.2	3.4	2.8	2.5
% Frustrated	0.3	0.3	0.3	0.3

Web

Weekly end user Apdex: 0.98_{7.0} (Excellent)

	9/13	9/20	9/27	10/04
Page views millions	2.3	2.41	3.11	3.27
Load time sec	2.23	2.19	2.19	2
Apdex	0.97	0.97	0.98	0.98
% Satisfied	95.2	95.2	95.8	96.3
% Tolerating	4.4	4.5	3.9	3.5
% Frustrated	0.4	0.3	0.3	0.2
Requests millions	39.5	41.3	51.4	52.6
Error rate	0.154	0.123	0.0953	0.102
Resp. time ms	327	317	362	345
Apdex	0.91	0.91	0.9	0.91
% Satisfied	84.6	84.6	83.6	83.9
% Tolerating	12.7	12.8	13.5	13.6
% Frustrated	2.7	2.7	2.9	2.6

Browser Support. Wellpath's applications support Google Chrome, Microsoft Edge, and Microsoft Internet Explorer. Internet Explorer is reaching end of life with Microsoft and most commercially available applications no longer fully support it. Wellpath has taken the steps necessary to remove Internet Explorer completely at the appropriate time. We will work with the Department on remote access to GDC hosted systems where necessary for the provision of health care. These instances would relate to the use of telemedicine, access during natural disasters, access for purposes of remote audit and other health services requirements.

Change Management Process. Our organization maintains a rigorous change management process around technology infrastructure and software applications. An integral part of the change management process is effective communications. During onboarding, we will work with the Department to meet its change management communications needs and integrate them into our change management process. Typical communications occur throughout the technology lifecycle with ample warning of upcoming changes, periods of concurrency, beta testing, user acceptance testing and go live transition communications.

We work closely with our client partners in implementing suggested improvements and features in future releases. Through the duration of our partnership, all suggestions and system improvement ideas will be submitted and considered for functionality in future software releases. Prior to each development cycle all enhancement requests are pulled into a report, and ranked by how often they have been requested, and this forms the basis of the initial list of enhancements to be considered.

Database Structure. Wellpath will provide all system and database administration services for ERMA. The system operates on Microsoft SQL Server and all documents, indexes, and data elements are contained within the SQL Server Database. ERMA is built on a Microsoft Server platform and can exchange data in a variety of formats, including XML, HL7, CSV, Web Services, and others. We support multiple encryption models to ensure that data is exchanged reliability and securely.

Web Platform. ERMA is a browser-based internet application, so no VPN is required. Our authentication model eliminates the need for complicated firewall or internet configurations. Our unique two-factor authentication only allows ERMA access on devices that have been pre-approved, thereby securing ERMA to the device level. New devices can be quickly authorized with the proper approvals.

Network Components and Architecture. Wellpath is focused on the security and accessibility of health records. All data is maintained in a secure and redundant environment to ensure accessibility and continuous maintenance of all patient information, despite natural or man-made catastrophes. We guarantee that all health information is stored on redundant servers within two separate data centers. These data centers are audited and certified in accordance with (SSAE 18) SOC 1, SOC 2, HIPAA and HITEC standards. Our data centers offer the following features:

- Two redundant geographically diverse data centers (Colocation)
- Design includes redundancy, load balancing, and automatic failover
- Built with Cisco, HP, 3PAR, and Palo Alto Hardware
- Protected with Zerto replication and CommVault Simpana Backup
- Leverages Amazon AWS for tertiary offsite backups

Technical Support. Wellpath provides the highest level of technical support programs in the industry. The Information Technology (IT) Department, located in our Nashville Home Office, is under the direction of our Chief Information Officer. Our IT specialists are available 24/7 to troubleshoot any software or hardware problems that occur at any of our contracted facilities. The IT Department provides a helpdesk hotline for ERMA support during normal business hours. After-hours emergency support is provided via live escalation from our 24/7 IT Helpdesk. We monitor ERMA 24/7 and will respond to all outages. Our proposal includes 4 remote IT technicians that will be stationed around the Georgia to provide on-site technical support for hardware and other IT issues. We think this level of support is necessary to minimize disruptions to EHR utilization and patient care impacts.

Updates. Wellpath will be responsible for all maintenance and scheduled upgrades of ERMA and other systems. We will work closely with the Department through implementation of the system and thereafter to provide continued, uninterrupted support. Following completion of the ERMA implementation, Wellpath will provide operational support consisting primarily of system maintenance and upgrades. We will also provide repairs for any programming issues. Wellpath continually strives to make our care delivery systems better through process and technology. We release monthly updates to resolve any existing issues, and we release quarterly updates for new feature additions. No installation is required. Wellpath will provide a thorough training plan and documentation for all new system changes.

Integration with Scribe (F2). Wellpath has extensive systems integration experience with Offender Management Solutions. We have over 100 active Offender Management System integrations in place. Our integration engine can provide data in a bi-directional format as needed. We use modern technologies such as WebAPI and web services. We also support legacy formats such as XML, CSV, etc.

Wellpath will be responsible for all maintenance and scheduled upgrades of the ERMA system and interfaces. We will work closely with the GDC throughout implementation of the system and thereafter to provide continued, uninterrupted support.

Intuitive User Interface. Wellpath strives to simplify the user experience and user interfaces as much as possible. Many of our functions require minimal training. However, effective use of any EHR system is dependent on staff to understand the workflows and work processes. Because of the simplicity of our user interface, our training program (described elsewhere) focuses on nursing and provider workflows and documentation requirements.

Wellpath IT Support (F4). Our organization maintains a diverse array of established systems of technical and medical support, including an IT Help Desk which triages incoming calls to support our staff across the nation on a 24/7/365 basis. The helpdesk support platform is ServiceNow, one of the most recognized service management (ITSM) platforms used. Within ServiceNow we maintain a full knowledge base for resolving issues that may arise. All calls are logged into the system and follow an automated SLA compliance escalation process. Our helpdesk is organized into three tiers:

- **Tier 1** addresses the most common support tasks including troubleshooting operational and software issues, password resets, hardware failures and other routine IT issues.
- **Tier 2** support team members have more specialized skills for specific support areas. Our Tier 2 support has specialists in Clinical Technology Systems, Telemedicine, Communications and Network Support, Desktop Support and Mobile applications. Our Tier 2 technicians have full dispatch authority. They will dispatch and/or coordinate with local resources to resolve physical issues via local IT support, regional IT support or local subcontractors.
- **Tier 3** consists of system owners or very senior resources within Wellpath. Tier 3 can escalate issues with vendors, re-deploy other resources to problem resolution or make any high-level commitments to resolve issues.

Our Incident Response policy lays out formal process for incident management and escalation. The MIRP (Major Incident Response Policy) covers incident prioritization (P1-P5) based on impact to operations and scope of the impact. The MIRP identifies the response team responsibilities as follows:

- If an incident meets any major incident criteria, the individual who is currently working the issue is responsible for promoting the incident to a major incident in ServiceNow and communicate the need for approval to their immediate manager.
- If their manager is not available, it is the responsibility of the “candidate creator” to escalate up and/or across the IT Leadership team until the major incident candidate is promoted.
- The member of IT Leadership that approves the promotion of the Major Incident is responsible for all facilitation and will remain the “Facilitator” until the incident scope is determined, and a decision has been made to transfer the responsibility to another member of the IT Leadership Team who may be better suited to handle the incident.

The Major Incident Response Team (full team or subset) is responsible for defining the actual scope of business impact. If the determined priority differs from the initial major incident priority, the facilitator will be responsible for updating the major incident in ServiceNow. Depending on the priority, the approach in which we assemble the MIRT may differ:

- **P1** – Conference Bridge assembly information is to be communicated to the MIRT within 15 minutes of Major Incident promotion at which point all MIRT members must be relieved of any other assigned duties
- **P2** – Conference Bridge assembly information is to be communicated to the MIRT within 30 minutes of the Major Incident promotion at which point all MIRT members must be relieved of any other assigned duties
- **P3>P5** – The need for a conference bridge will be at the Facilitator’s discretion

The MIRT contributors will engage any necessary 3rd party vendor support for assistance with incident triage if no resolution is determined in a reasonable time:

- **P1** – Contact Support Vendor within 30 minutes of MIRT assembly
- **P2** – Contact Support Vendor within 1 hour of MIRT assembly
- **P3** – Contact Support Vendor within 4 hours if applicable

 <p>wellpathSM To hope and healing.</p>		IMPACT				
		"Critical"	"High"	"Medium"	"Low"	"Monitoring"
URGENCY	"Critical"	All Locations or All Users	Multiple Locations or Multiple users (Same issue)	Single Location or Single User	Redundant systems, Non critical reporting	Monitor P1 - P4
	1. Any Business Critical System or Service is impacted and NO IT work around exists (Clinical Apps, Exchange, Sharepoint, POCC sync) 2. Patient Care is critically impacted with no ability to leverage a work around (life threatening) 3. Inability to perform any Job duties	P1	P1	P2	P4	P5
	"High"					
	1. Any Business Critical System or Service is impacted but an IT work around exists (Clinical Apps, Exchange, Sharepoint, POCC sync) 2. Ability to perform primary job duties is significantly impacted but users can work 3. Patient Care is significantly impacted (non-life threatening) 4. Some Business Critical Systems or Services are impacted and no work around exists	P2	P2	P3	P4	P5
	"Medium"					
	1. All Business Critical systems and Services are functional but not optimally 2. Patient Care is moderately impacted (non-life threatening) 3. Ability to perform all critical Job duties 4. Impact is related to a redundant system or service	P2	P3	P3	P4	P5
	"Low"					
	1. All Business Critical systems and Services are functional 2. Patient Care is not impacted 3. Ability to perform all critical Job duties 4. Impact is related to a redundant system or service	P3	P3	P4	P4	P5
	"Monitoring"					
	1. All Business Critical systems and Services are functional	P5	P5	P5	P5	P5

Wellpath believes our support structure can meet the GDC uptime requirements and would be happy to discuss a service credit structure if required.

Section 508 Compliance (F5). Through the use of third party products such as Dragon NaturallySpeaking and other tools Wellpath can provide compliance with Section 508 as described in the RFP.

Service Requirements (F6). Wellpath agrees to the requested service requirements and is open to discussion with the GDC the form and function of service credits related to the stated SLAs

Agreed to Service Requirements	
Service Requirement	Measurement
Problem Response Time – High	Average Response Time for High Priority Problems
Problem Response Time - Normal	Average Response Time for Normal or Low Priority Problems
Problem Resolution Time - High	Resolution Time for each High Priority Problem
Problem Response Time – High	Average Response Time for High Priority Problems
Problem Response Time - Normal	Average Response Time for Normal or Low Priority Problems
Problem Resolution Time - High	Resolution Time for each High Priority Problem
Notification of Security Incident	Notification of a Security Incident within 60 minutes of occurrence
Security Incident Reporting	Security incident reporting requirement in 60 minutes or 1 hour
Escrow Update	Update escrow within 14 days of a change.

20. IT Security – Limit 6 pages

Instructions: The Supplier must provide a response to the requests below. Additional supporting documents are acceptable and shall be provided as a document attached to the supplier's bid response titled "Mandatory Scored Question 20 (IT Security) Attachment."

- Supplier shall describe its qualifications, previous experience, and performance related to IT security in a correctional setting.
- Supplier shall provide a clear picture of the supplier's approach to IT security for GDC, in accordance with meeting the minimum basic requirements (G.1 through G.12 of Attachment B – Scope of Services).
- This overview should also address sources of distinctiveness in line with GDC's goals, which could include:
 - Approach and prior experience with deploying an encrypted cloud-based solution
 - RACI chart showing supplier's assumptions

Wellpath's response follows on the next page.

Wellpath attests to understating and accepting of the stated IT Security Requirements. We will meet all of the individual requirements stipulated in **Attachment D. 20. IT Security** and **G.1 through G.12 of Attachment B – Scope of Services**. Our cybersecurity program protects the confidentiality, integrity, and availability of data by leveraging security baselines, security best practices, and modern technologies. Wellpath systems adhere to various compliance requirements and customer requirements such as Health Insurance Portability and Accountability Act (HIPAA) by implementing administrative, physical, and technical controls including but not limited to:

- | | |
|--|---|
| ✓ Compliance with NIST 800-53 framework | ✓ Need-To-Know/Least Privilege |
| ✓ FIPS 140-2 Database Encryption | ✓ Customer Notification of Breach |
| ✓ Regular Access Account Reviews | ✓ Next-Generation Firewalls |
| ✓ Tier 3 Data Center | ✓ Intrusion Detection System |
| ✓ Biannual Disaster Recovery Testing | ✓ Centralized Audit Logging |
| ✓ Dedicated Information Security Team | ✓ Annual Security Training Requirement |
| ✓ Role-based Access Controls | ✓ Periodic Phishing Tests |
| ✓ Site/facility-based Access Controls | ✓ Periodic Security Awareness Training |
| ✓ Risk Management Program | ✓ Replication of Server Data in Real-time |
| ✓ Corporate Compliance Program | ✓ Automatic Backups |
| ✓ Vulnerability Management Program | ✓ Comprehensive Set of Cybersecurity Policies |
| ✓ Privacy Officer | ✓ Annual Financial Audit of IT Controls |
| ✓ Information Security Officer | ✓ Regular HIPAA Assessment |
| ✓ Automatic System Timeouts | ✓ External Penetration Test |
| ✓ Host and client-based AI type Anti-Virus | ✓ Need-To-Know/Least Privilege |
| ✓ Internal Penetration Test | |

Cybersecurity in a Correctional Setting. Our Cyber Security Team is responsible for the implementation and active management of our security program. Our technologies and services are all designed to comply with local, state and federal security requirement typical of the correctional healthcare market. Our team insures security controls are included when planning or designing products, networks, upgrades and other systems. We seek to use the latest and best tools to say ahead of today's rapidly changing cyber risk landscape. We use market-leading products from vendors such as:

- Palo Alto Networks – Firewall/Intrusion Detection System
- Crowdstrike – Anti-Virus/Host Based Security
- Splunk – Log Collection and Aggregation
- Cisco AnyConnect – Secure VPN (Virtual Private Network)
- Absolute – Endpoint Visibility/Quarantine Hosts/Remote Wipe
- Mimecast – Email Security
- Bitlocker – Host-based Encryption
- Rapid 7 – Vulnerability Detection
- Microsoft Endpoint Manager Configuration Manager – Vulnerability Remediation

Our EHR and corresponding support systems (timekeeping, intranet, webmail, etc.) are also specifically designed to provide security in a correctional healthcare market by leveraging internet-based designs, secure transportation protocols, and ensuring remote connectivity in isolated or physically secure environments. Security Assessments and HIPAA assessments are conducted by nationally recognized firms and summaries are provided to our clients upon request.

Incident Response. The Wellpath Security Incident Response Team (SIRT) is made up of senior management personnel, and experienced individuals from different divisions including but not limited to the Director of Information Security, the Chief Information Officer, and the Chief Compliance Officer. The SIRT team will bring in additional members

or additional expertise as warranted by specific circumstances of the incident. The SIRT team is responsible for the entire incident response lifecycle to provide rapid response and recovery to security incidents based on NIST guidance and compliance requirements.

- **Preparation:** Wellpath leverages a documented and updated Incident Response Plan that has built-in communication requirements, customer notifications, incident types, and escalation procedures. Wellpath performs an annual test of the Incident Response Plan.
- **Detection and Analysis:** Wellpath leverages market-leading technologies to create a defense-in-depth strategy to identify suspicious behavior and analyze the potential impact.
- **Containment, Eradication, and Recovery:** Wellpath leverages market-leading technologies to mitigate and remediate security incidents. The SIRT lead is the subject matter expert that specializing's in investigating, containing, and remediating incidents from a technical standpoint.
- **Post Incident Activity:** Wellpath documents incidents thoroughly including the completion of an incident response form, creation of a lesson learned documentation and tracking of key metrics such as time to detect/remediate.

Breach Response. The SIRT team is responsible for appropriate communication of incident response to consumers, employees, third parties, and the relevant customers regarding an incident (as needed) under the direction of Wellpath Senior Management. The SIRT team will promptly notify the appropriate public jurisdiction identify contact and ensure that commercially reasonable measures are taken to address the data breach in a timely manner. Wellpath carries a full Cyber Risk Insurance policy to assist in the case of any major incidents. Security Assessments and HIPAA assessments are conducted by nationally recognized firms and summaries are provided to our clients upon request. Wellpath also carries a full Cyber Risk Insurance policy to assist in the case of any major incidents.

RACI Chart. The following chart details the responsible, accountable, consulted, and informed responsibilities of Wellpath and GDC for cybersecurity:

Security Activity	Wellpath	GDC
HIPPA Compliance	Responsible	Informed
Data Security and Privacy Standards Compliance	Responsible	Consulted
Breach Response Remediation - Local Network	Responsible	Responsible
Breach Response Remediation - EHR/Wellpath	Responsible	Informed
Notification to Public Jurisdiction of Breach (1 Hour)	Responsible	Informed
Provision of HL7 Interface and Adherence to FHIR Protocols	Responsible	None
Continuous Monitoring - Local Network	Informed	Responsible
Continuous Monitoring - EHR/Wellpath	Responsible	Informed
Network Security - Local Network	Informed	Responsible
Network Security – EHR/Wellpath	Responsible	Informed
Adherence to State Security Policies	Responsible	Consulted
Backup and Retention of Data	Responsible	None
Endpoint Security	Responsible	Consulted

Protection of PHI & HIPAA. Our EHR platform and all PHI will be maintained and transferred (as needed) in a secure manner consistent with the confidentiality and security requirements of the facility and in conformance with HIPAA, HITECH, NCCHC, and DAM protocols and all other applicable laws, rules, and regulations and GDC policies and procedures. Our organization ensures that all Cyber Data, including Healthcare Records, are managed and maintained within a network that uses DAM protocols and is HIPAA and NCCHC compliant.

We conduct annual SOC 1 and SOC 2 audits of our data center including completion of a HIPAA risk assessment.

21. Data Backup and Storage – Limit 4 Pages

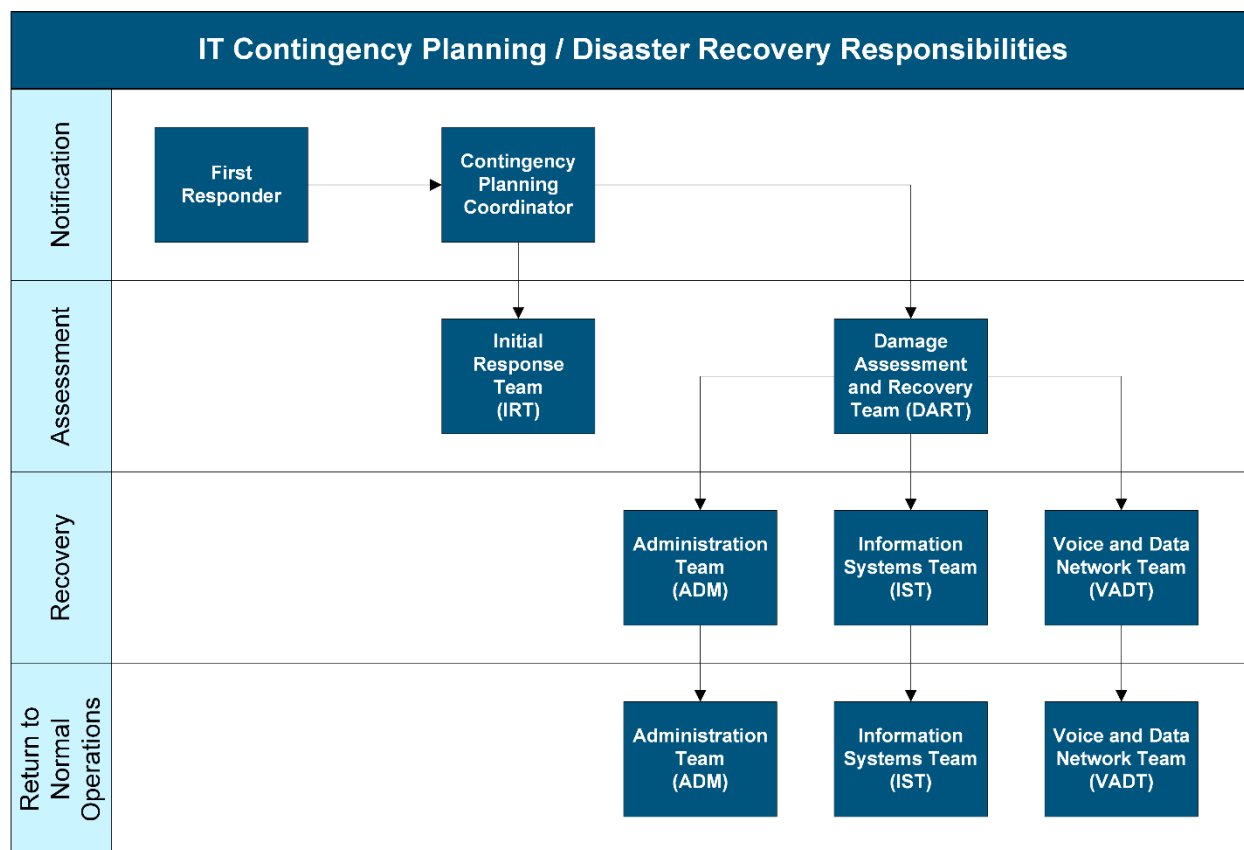
Instructions: The Supplier must provide a response to the requests below. No supporting documents shall be accepted.

- Supplier shall describe its qualifications, previous experience, and performance related to data backup and storage, in a correctional setting.
- Supplier shall provide a clear picture of the supplier's approach to data backup and storage for GDC, in accordance with meeting the minimum basic requirements (H.1 through H.3 of Attachment B – Scope of Services).
- This overview should also address sources of distinctiveness in line with GDC's goals, which could include:
 - Frequency and timing of data backup and storage
 - Provision for data retrieval using industry standard interfaces for reporting and integration with other suppliers/solutions

Wellpath's response follows on the next page.

Wellpath will meet the individual requirements stipulated in **Attachment D. 21. Data Backup and Storage** and **H.1 through H.3 of Attachment B – Scope of Services**.

The Wellpath **Information Technology Contingency Plan** establishes procedures to recover IT systems following a disruption. Objectives are established to maximize the effectiveness of contingency operations through a phased process consisting of Activation, Recovery, and Reconstitution. Resources are identified ahead of time and trained in carrying out the plan. The plan attempts to coordinate the resources of Wellpath to respond in emergency or disaster recovery situations.



Wellpath's backup strategy is more than a simple back up copy of data. All data from our Primary Data Center is replicated in real time as required in H.1. We maintain a RPO (recovery point objective) of no more than 10 seconds and an RTO (recovery time objective) of less than four hours. Our fail over and recovery plan is tested regularly through disaster recovery drills.

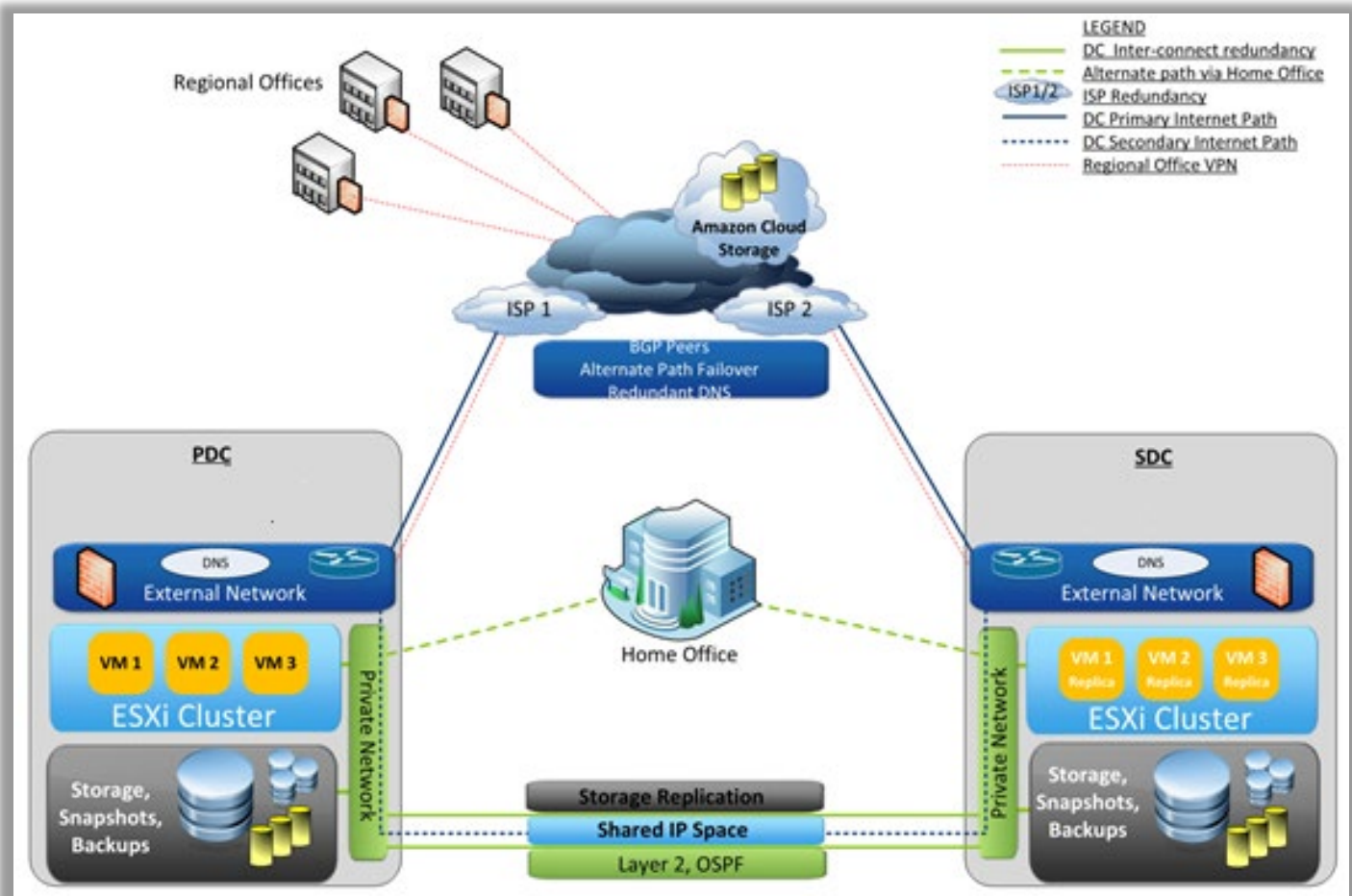
All data is maintained in a secure and redundant environment to ensure accessibility and continuous maintenance of all patient information, despite natural or man-made catastrophes. We guarantee that all health information is stored on redundant servers within two separate Tier 3 data centers at all times as required in H.2. These centers are (SSAE 18) SOC 1 and SOC 2 certified, ensuring that security and HIPAA standards are met. Our data centers offer the following features:

- Two redundant data centers (Colocation)
- Realtime date replication (~10 second RPO)
- Redundancy, Load Balancing and Fail Over
- Cisco, HPE, 3PAR, and Palo Alto Hardware
- Zerto Replication and CommVault Simpana Backup
- Amazon AWS tertiary offsite backup

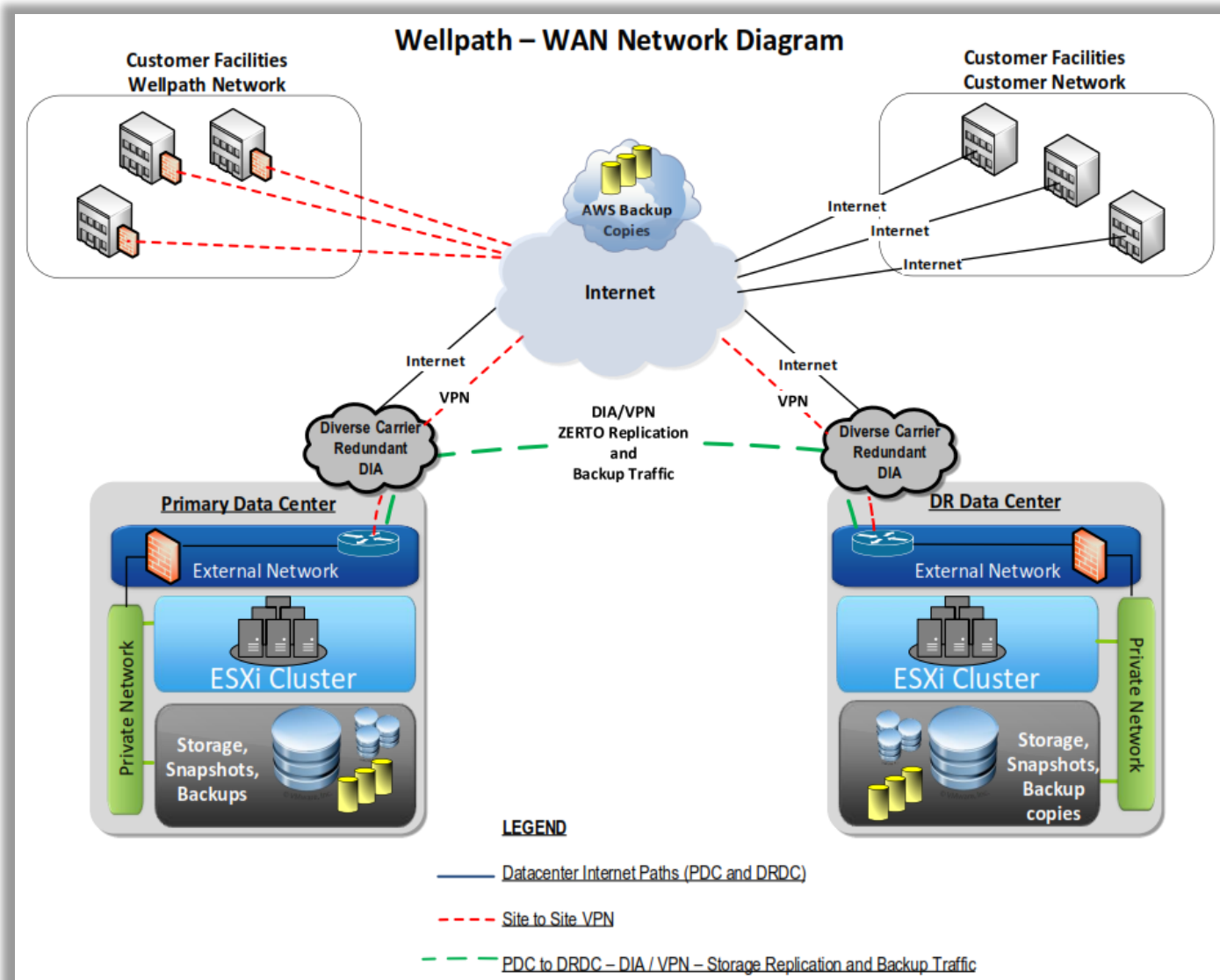
Wellpath's primary data center is co-located in a Tier 3 data center located in Franklin, Tennessee. The Tierpoint data center is designed to ensure critical IT systems, applications, and data are safe from tornadoes, hurricanes, earthquakes, fires, floods and other natural or man-made disasters. The data center contains state-of-the-art infrastructure designed to meet the highest level of reliability. This facility is audited under SSAE 18 SOC 2 Type II, PCI-DSS, GLBA and HIPAA standards annually and is ITAR and EU-US Privacy Shield registered.

Data is replicated in real time to a similarly equipped SDC (secondary data center) in Atlanta, Georgia with an RPO of approximately 10 seconds and an RTO of less than four hours. The SDC is equipped with capacity similar to that of the PDC and fail over is tested semi-annually. Data is replicated between data centers via DIA (dedicated internet access) with appropriate dedicated bandwidth and SLAs. We use Zerto and other technology to ensure our customer's data is safe, secure and always available. Replication is monitored 24x7 to provide quick response and restoration in the case of any outage, disruption or increased latency.

We use CommVault Simpana software in the secondary data center to create a third backup of critical data to the Amazon AWS S3 cloud. SQL server transaction logs are backed up multiple times per hour. Our design is solid and reliable, it is reviewed annually through 3rd party audits and consistent with best practices.



A WAN Network Diagram follows on the next page.



All data is stored in the United States as described above.

Wellpath always respects the ownership of customer data and does not make any records available to others except as approved by the client. With client permission, Wellpath will prepare de-identified statistical analysis reports for industry groups and others. We never share PHI (protected health information) except as allowed under HIPAA. We maintain strict compliance with HIPAA and secure Business Associate Agreements with all 3rd parties that potentially could come in contact with PHI.

22. IT Implementation and Migration – Limit 8 pages

Instructions: The Supplier must provide a response to the requests below. Additional supporting documents are acceptable and shall be provided as a document attached to the supplier's bid response titled "Mandatory Scored Question 22 (IT implementation and Migration) Attachment."

- Supplier shall describe its qualifications, previous experience, and performance related to IT implementation and migration in a correctional setting.
- Supplier shall provide a clear picture of the supplier's approach to IT implementation and migration for GDC, in accordance with meeting the minimum basic requirements (I.1 through I.6 of Attachment B – Scope of Services).
- This overview should also address sources of distinctiveness in line with GDC's goals, which could include:
 - A RACI chart must be provided to assign roles and responsibilities for each task, milestone or decision on this project
 - Implementation of the supplier's scope and upload of proposed medical record necessary for migration of any existing data into the new system, including timeline and user training.
 - Approach to customizations for integration for both initial implementation and future transition.

Wellpath's response follows on the next page.

Wellpath will meet the individual requirements stipulated in **Attachment D. 22. IT Implementation and Migration** and **I.1 through I.6 of Attachment B – Scope of Services**.

We believe no one has more experience in successfully implementing technology into a statewide DOC environment. Our most recent DOC implementation was with the Massachusetts Department of Correction. The Department had tried unsuccessfully to implement an EHR with their previous vendor for five years.

Our implementation for the Massachusetts DOC included the following (not exhaustive) major accomplishments:

1. A Statewide medical WAN (for EHR and telemedicine) operational on day one of the contract. This included delivery of over 17 WAN d-Marcs to each of the DOC facilities
2. Implementation of Medical LAN – including FW, switching, and cabling to over 450 devices at all DOC facilities, including the prison hospital, in 72 hours (first three days of the contract – Friday, Saturday & Sunday)
3. Deployment of 450 PCs and laptops and accessories, in 72 hours (first three days of the contract – Friday, Saturday & Sunday)
4. Deployment of the EHR for offsite transports and referrals to all facilities with “Go-Live” on day one of the contract
5. Full operational transition to the EHR at all facilities with all features including pharmacy integration, lab integration, CPOE, eMAR, eTAR during first 90 days. Over 900 employees trained. **No major use of paper records by day 91.**

Our GDC IT Implementation and transition plan is built on the following important objectives.

1. Minimal impact to the day to day operation of the medical units.
2. Full transparency and approval of design by GDC.
3. Complete ownership and responsibility for the implementation and transition by Wellpath.
4. Ensure proper training and go live at start of the contract.
5. Consistency and standardization of workflows and processes across the system.

Our experience has taught us to creatively solve implementation and operational transition challenges faced when installing sophisticated systems in State institutions. **Our implementation program places most implementation responsibilities on the Wellpath team, including end user equipment deployment, 3rd party integration, training, operations, and disaster recovery.** We will work closely with GDC and all invested parties for early understanding and approval of design. We communicate throughout the process to ensure a smooth, successful transition of the EHR and compliance with local security policies and practices. We will facilitate meetings and status updates as needed.

Our process follows an industry-recognized methodology fine-tuned over many years and hundreds of successful implementations, including many new contract starts during the COVID-19 pandemic. We start with careful planning on the front end, performing a detailed analysis of the physical plant and identifying key infrastructure needs, operational workflows, important data capture elements and information flows. Out of the planning process, we deliver a detailed statement of work (SOW) that documents key decisions and plans for the implementation and transition.

Next we “develop” (i.e. configure) the EHR application to meet the requirements identified in the Scope of Services. These customizations are already integrated and interface with lab, pharmacy and other vendors with which Wellpath has established services and/or national contracts. Any additional interfaces with new vendors will be completed in less than 90 days. The ERMA interface will be completed with GDC’s Offender Management Solution (SCRIBE) within the 90-day transition period and ready at the start of the contract.

Because ERMA is a web-based system, there is no software to install. Implementation is simple, allowing sites to benefit from the solution right away.

We can minimally require the following from the GDC:

- A simple data extraction from SCRIBE so we can build the interface between the two systems, allowing us to initiate the medical record at intake and quickly exchange important information with correctional staff, such as medical orders for a bottom bunk or PREA directives
- High-speed internet connectivity and access to wireless service (if available) and electrical outlets in areas where medical services occur

Testing and validation are conducted throughout the development process to ensure not only proper customizations but to identify any items that may have been missed during discovery.

Our actual implementation (or operational transition process) begins with staff pre-training. This training is performed online and gives staff the opportunity to learn key aspects of the application and begin to be prepared for the transition. Wellpath will then bring trainers on-site to conduct role-specific training. Many of our trainers are nurses who have worked in similar institutions during their careers and therefore more easily relate to and build rapport with the on-site staff. This rapport is important as we “go-live” with the EHR; the trainers will stay at the facility and provide support and on-the-job training for several weeks after the go live. We work with every staff member individually on every shift to ensure that not only the EHR is performing as needed, but that the staff reaches a reasonable comfort level.

Committed Local Resources

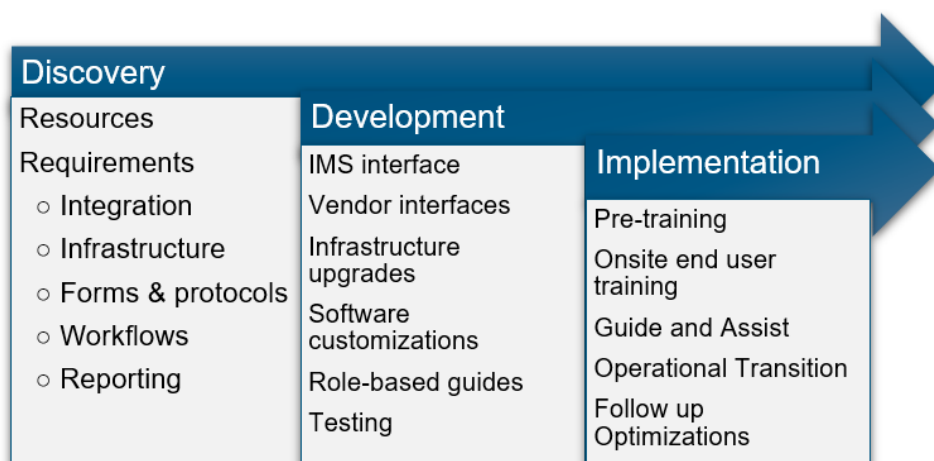
Included in our staffing proposal is a full IT Department dedicated to GDC's needs. Fourteen IT resources will be located throughout the state and provide virtual and on-site training, support, and project management throughout the contract.

Wellpath GDC Dedicated IT Staffing	
Role	FTEs
IT Director	1
IT Project Manager	1
Support Manager	1
Level 2 Site Support	4
Application/Reporting Manager	1
Analytics/Reporting/Data	1
EHR Training/Support	5

In addition to on-site staff, we will provide 24/7 technical support through the home office help desk in our Nashville home office. When individuals call, they are supported by Wellpath-trained technicians who can provide basic training or solve most issues remotely. They can and are encouraged to escalate training issues to our EHR training team for additional event specific training or additional on-site training and support. The home office IT staff will work seamlessly with the local Wellpath team and use our ServiceNow ITSM ticketing systems. These support measures will enable Wellpath to successfully deliver an effective EHR and other technology to the GDC.

Wellpath will begin by implementing our EHR and other technology as soon as notice is given of award. We expect to fully manage offsite referrals, IP and OP care management, medication orders any many system features day one of the contract aligned with GDC priorities. We will complete implementation of the full ERMA system on a mutually agreed upon schedule as close to contract start as possible.

We will divide the full ERMA implementation into the three phases described in the following graphic for each regional grouping of facilities. Each phase will require completion of the previous phase. This ensures a smooth transition from paper records and creates less disruption for on-site healthcare staff as they continue their daily responsibilities.



Phase 1: Discovery: In the discovery phase, we will determine ERMA/SCRIBE interface needs and network requirements, and define ERMA application, reporting, and workflow requirements. We will analyze current operational and clinical processes to develop a standardized approach for ERMA integration and make recommendations for ERMA utilization associated with these processes, including the use of forms related to specific workflows. We also will identify user responsibilities and compliance indicators in this phase.

Activities

- Identify key operational and clinical workflows
- Identify forms and customization
- Document workflows
- Identify users and roles
- Identify compliance indicators – NCCHC/ACA
- Develop statement of work

Deliverables

- Scope of work
- Customization requirements
- Forms, workflows, and chart definitions
- Implementation schedule
- Training plan overview

Phase 2: Development: In the development phase, we will establish the ERMA/SCRIBE interface and install required hardware. We also will make site-specific customizations to ERMA during this phase.

Activities

- Configure document types
- Configure treatment types
- Configure chart sections
- Customize paper forms
- Create new dynamic forms
- Create form signature workflows
- Document clinical workflows (standard and site-specific)
- Document operational workflows (standard and site-specific)
- Identify user roles and responsibilities
- Create standardized operational and clinical processes
- Create training materials
- Create training plan and schedule

Deliverables

- Standardized clinical and operational workflows
- Site specific documentation and training material

Phase 3: Implementation: In this phase, we will implement the software at each facility and establish a go-live date. Before implementation, we will conduct on-site training to familiarize users with the system and answer questions. We will

load test the system to ensure communication resources are adequate to support the efficient use of the system. On the date chosen to go live, we will provide resources for support during the critical first 72 hours of the implementation process.

Activities

- Prepare training plan
- Provide initial training to on-site staff
- Develop go-live plan
- Perform go-live cutover
- Follow-up and adjustments
- Implementation/mastery of each module

Deliverables

- Training plan
- Go-live plan
- Wellpath resource support for training and go-live dates

The following graphic provides an overview of the critical path and responsible parties for ensuring a successful implementation. In the event that approval by the Department is delayed, the milestones will be adjusted accordingly and may result in a longer implementation timeframe.

Proposed EHR Implementation Plan			
Milestone	Due Date	Wellpath	GDC
Discovery			
Begin on-site and virtual IT discovery	12 weeks pre-start	Responsible	Consulted
EHR design collaboration with GDC	8-12 weeks pre-start	Responsible	Consulted
Order WAN Circuits	11 weeks pre-start	Responsible	Consulted
Complete / approve network design	10 weeks pre-start	Responsible	Approver
Complete ERMA / SCRIBE Interface Requirements	8 weeks pre-start	Responsible	Consulted
Define ERMA Application, Reporting, and Workflow Requirements	8-10 weeks pre-start	Responsible	Consulted
Complete IT Requirements and Design Document (ITRD)	8-10 weeks pre-start	Responsible	Consulted
Approve IT Requirements and Design Document (ITRD)	8-10 weeks pre-start	Informed	Approver
Complete EHR Statement of Work	8-10 weeks pre-start	Responsible	Consulted
Approve EHR Statement of Work	8-10 weeks pre-start	Informed	Approver
Development			
Create SCRIBE output file	6-8 weeks pre-start	Consulted	Responsible
Begin EHR and interface configuration	6-8 weeks pre-start	Responsible	Consulted
Initiate end user equipment procurement	6 weeks pre-start	Responsible	Consulted
Complete standardized clinical and operational workflows	4-6 weeks pre-start	Responsible	Consulted
Complete training materials	4-6 weeks pre-start	Responsible	Consulted
Complete Training Plan and Schedule	4 weeks pre-start	Responsible	Consulted
Implementation			
Implement network interconnection	2-4 weeks pre-start	Responsible	Consulted
Install end user equipment	4-0 weeks pre-start	Responsible	Consulted
Begin end user pre-training / training	4 weeks pre-start	Responsible	Consulted

Proposed EHR Implementation Plan			
Milestone	Due Date	Wellpath	GDC
Interfaces operational	1-week pre-start	Responsible	Informed
Complete cutover and go-live plan	1-week pre-start	Responsible	Consulted
Final medication load from CorrectRx	0-1-week pre-start	Responsible	Informed
ERMA EHR Care Management, Provider Steerage, and Medication Order Entry live	Day 1	Responsible	Informed
Additional Value-Add Functions Implemented			
Create site-specific custom EHR workflows	1-4 weeks post-start	Responsible	Consulted
eMARs at top 5 sites live	4 weeks post-start	Responsible	Consulted
Regional training of electronic charting and remaining eMAR sites	Monthly starts finalizing 6 months post-start	Responsible	Consulted
Post implementation support	Ongoing	Responsible	Consulted

Implementation Successes

Wellpath's ERMA implementation record is outstanding:

- Wellpath has completed more than 200 successful EHR implementations from start-to-finish and over 100 ERMA implementations.
- For the past three years, on average, we have delivered ERMA within four days of the promised date, **often earlier**.
- We have completed more than 150 successful Offender Management System (OMS) interfaces and bi-directional OMS interfaces with nearly 40 different OMS vendors. We can develop interfaces **in as little as two weeks** from receipt of clean data.
- No one in the industry has implemented more EMR systems than Wellpath. **We have more ERMA implementations than our competitors have customers.**

Successful Implementation with MA DOC Ensures Ability to Deliver Services

"Wellpath also proposed to implement their electronic health record, ERMA, to replace our paper record system. Wellpath worked collaboratively with us to implement ERMA at 16 institutions and their regional office on schedule and within 90 days of contract activation. Since ERMA was implemented, we have improved the overall quality of our health record documentation, increased contract compliance, and expanded our accountability and reporting capabilities throughout the DOC."

-Commissioner Carol Mici, Massachusetts DOC

Training

Other EMR systems require intense training sessions that leave staff feeling overwhelmed and unsure of how to work the system into their everyday processes. ERMA's user-friendliness will allow medical personnel to become competent beginner users in 30 minutes. Wellpath will train medical personnel to integrate ERMA into their workflow to capture data as close to the time of service as possible. We will uniquely provide on-site training and transition support resources, as well as HSA mentoring, throughout the transition. **Training on ERMA is provided for the life of the contract at no additional cost.**

The operational transition process will begin with staff pre-training. This training is performed online and gives staff the opportunity to learn key aspects of the application to begin preparing for the transition. Our training team is made up of Wellpath Employees that only do EHR implementations. The training team is supplemented by our Wellpath Warriors (described in **Section 26. Contract Implementation and Transition Management**), who will be on-site to conduct role-specific training and who have been specifically trained on Wellpath Systems and Processes. Wellpath Warriors complete a rigorous qualification and training process and are tested prior to graduating to “Warrior” status. Most of our trainers and warriors are correctional nurses who easily relate to and build rapport with the on-site staff. This rapport is key as we launch the ERMA system.

All trainers will be provided by Wellpath employees. The employees will all be fully COVID-19 vaccinated to prevent viral spread and limit the risk of outbreak at GDC facilities. They will stay at the facility and provide support and on-the-job training for several weeks after the go-live date. Trainers work individually with every staff member on every shift to ensure that ERMA is performing as needed. We also make sure the staff reaches a reasonable comfort level using the application and attain full competency.

When employees at our client facilities call the IT helpdesk, they will be supported by Wellpath employees trained to support our clinical technology platform. They can provide basic training or solve most issues remotely. Site leaders are encouraged to escalate training issues to our ERMA training team for additional event-specific training or additional on-site training and support. These support measures allow us to successfully deliver effective EHR technology to our client partners.

Data Migration

Our organization has extensive experience with data migration (including the back scanning of paper records) from a plethora of systems. Our internal Enterprise Data team will be responsible for end to end data migration. We have a number of custom and commercially available tools that assist with successful migrations. We evaluate historical data governance and identify specific data owners and data stewards. We seek to understand how data governance has been applied previously and gaps that may have existed. Our migration approach consists of four phases, Discovery, Development, Implementation, and Audit.

1. Discovery: During the discovery phase we seek to “know the data”. Source data sources are identified and validated for data quality and completeness. We evaluate both physical and logical data models and how they may affect migration efforts. During validation we seek to understand, early, any integrity issues that are likely to be found and strategize possible remediation activities. We will identify the data model used, identify lookup tables or related data that makes core system data complete. It is not unusual for us to find this accessory data to require clean up during a transition. Understanding this early in the process helps ensure that downstream loads are not impacted. During discovery we will also identify how integrity will be maintained during the transition. Strategies will be developed for control totals including record counts, sum totals and other controlling mechanisms may be developed.

After we have a solid understanding of the data and issues that may arise, we begin the mapping process. During mapping we identify source data, destination data and any data transformations that may be required. Data cleanup questions will be resolved and where cleanup is required it will be approved by the data owner. Mapping is documented into a template mapping document and quality check by destination data owners. Lastly, during the discovery phase a data migration strategy and schedule will be developed. Real time OLAP systems may require multiple migrations as data may be changing in real time; other historical systems may be migrated in a single effort.

2. Development Phase: During the development phase our team will implement strategies to extract data from source systems. Depending on system requirements we have a variety of tools if the source system does not have built in tools. We have experience with all forms of data base management systems including most relational and non-relational database systems. Based on the mapping document and source system requirements an ETL (extract-transform-load) process will be developed. We seek to test with production data whenever possible. We find this approach allows us to see various data integrity scenarios that may not previously been identified.

During the development phase we make sure that data integrity checks are put in place and that through each test run data integrity is validated between source and destination systems. Destination data will be loaded into a testing or QA environment in the destination system. The QA environment will be reset between migration test runs to ensure integrity to the testing process. Before moving to the next phase the migration plan is reviewed by our CAB (Change Approval Board), which may include our client partner. The CAB is responsible for validating the migration plan and organizational change management plan, testing plan, validation plan and schedule.

3. Implementation Phase: By the time we reach the implementation phase the data migration plan should be perfected. As much as possible the life migration should be automated. Migration communications plan is executed on, the data will go through the ETL processes and loaded into the destination system. Once complete will do a complete pre-production check out. Validate that actual and expected results are achieved and remediate any issues that arise. Before the destination system is put into production sign off will be obtained from the data owner.

4. Audit Phase: After the destination system is put not production, we will continually monitor the outputs of the system as new data is added. Audit will include both audits at the data layer as well as in the application layer. Compliance reports will be run, validated and checked. Audit will continue typically for 14-30 days or until complete confidence in the migration is achieved.

23. Performance Management – Limit 3 pages

Instructions: The Supplier must provide a response to the requests below. No supporting documents shall be accepted.

- Supplier shall describe its qualifications, previous experience, and performance related to performance management in a correctional setting.
- Supplier shall provide a clear picture of the supplier's approach to performance management, in accordance with meeting the minimum basic requirements (K.3 of Attachment B – Scope of Services).
- This overview should also address include sources of distinctiveness in line with GDC's goals, which could include:
 - Timeline to resolution for customer service issues

Wellpath's response follows on the next page.

Wellpath will meet the individual requirements stipulated in **Attachment D. 23. Performance Management** and **K.3 of Attachment B – Scope of Services**. We will provide these services in accordance with established industry best practices, GDC policies, and national standards promulgated by the NCCHC and ACA.

Our approach to performance management uses evidence based CQI modalities and advanced technologies to manage and improve all aspects of the health care we provide. We leverage technology to hardwire improvements, making easy to do the right thing and hard to do the wrong thing. Our use of a “white board” methodology to manage high-risk patients, for example, is rooted in Six Sigma and Lean approaches to critical event reduction techniques. We also use data from patient safety events and monitoring to inform and improve clinical forms, clinical protocols, electronic workflows, and nursing pathways to increase both the effectiveness and efficiency of care provided to patients. Our use also of the PDCA framework (Plan-Do-Check-Act) for major initiative implementation has been very successful in achieving improved outcomes within our contracts. **Using the PDCA model, we successfully reduced the amount of narcotics used for chronic pain in our Pennsylvania DOC Health Services contract to less than 2% (one of the lowest rates in the nation) while maintaining quality patient care.**

Our CQI plan supports the systematic organization-wide approach to plan, design, measure, assess, and improve overall performance. This includes developing and implementing programs and strategies that improve preventive and chronic care, enhancing healthcare operations, and assuring responsible management of offsite services. We consistently use site level data to ensure the highest level of evidence-based treatment services to our patients in a safe and secure setting. Our quality improvement activities are evaluated on an annual basis, and as needed, to assess for effectiveness, relevance, and compliance with local, state, federal regulations. The CQI team is led from our Home Office by Dr. Mashekia Jones-Slack, **VP of Continuous Quality Improvement & Risk**. Team members include **Patient Safety Officer** Dr. Judd Bazzel, CCHP, and **six CQI Program Managers**. The team is supported by our **CQI Coordinator**.

We look forward to working with the GDC to develop a comprehensive CQI plan that fully supports the Department's performance objectives and goals. During transition, our CQI Program Manager and Medical Director will meet with the incumbent's provider staff and appropriate GDC personnel to identify performance goals and metrics, as well as current baselines and deficiencies specific to each facility. Once established, we will work with the GDC to ensure that all on-site operations are run in accordance with industry-best expectations, GDC policies, and ACA and NCCHC standards. **Our staff will participate in any statewide QI initiatives, committees, meetings, reviews, and audits as appropriate.**

The CQI plan includes audit and medical chart review processes that comply with ACA standards and addresses elements of structure, process, and outcome. Individual sites will collect and provide CQI data to our CQI Corporate Office, who can then demonstrate evidence of monitoring results, coordinate discussions of findings, conduct comparisons for trending and for the analysis of outcomes, and assist in the development of necessary action plans. We will establish additional audit frequencies in collaboration with GDC, as required. All appropriate parties will receive communication regarding relevant findings, to facilitate planning for change and improvement. We mark all CQI activity records as peer-protected and confidential, and information collected as a result of the plan are not for duplication or outside review. **We will collaborate with the GDC to submit joint corrective action plans to address identified deficiencies and facilitate improvement through education and completion of agreed upon corrective actions.**

Scope of CQIP. We will develop a written GDC specific plan that defines the QI review process and meeting format. We will coordinate with the GDC to integrate our program with the quality assurance initiatives currently in place, and as identified by the GDC. Through deployment of CQI process and outcome related studies, we will be responsible for monitoring relevant areas for quality improvement, including accreditations, credentialing, environmental inspections, emergency drills, nursing, intake, medication management, specialty services, and ancillary services. Study topics will be selected for their overall impact on patient health whether quantitative, qualitative, or fiscal. Each site will complete CQI studies as outlined in an agreed upon Wellpath CQI Calendar, plus at least one ad hoc screen annually to evaluate any site-specific issues presenting challenges.

Quality Improvement Committee (QIC). Our CQI plan defines a multidisciplinary QIC, which directs QI activities. The QIC performs monitoring activities, discusses the results, and implements corrective actions as indicated. Our QIC establishes acceptable minimum thresholds for evaluation of the quality and appropriateness of care. Additionally, the QIC

works to identify areas where problems may exist, conduct studies, and to develop and implement improvement plans. Generally, the QIC meets quarterly to review significant issues and changes and provide feedback for the purpose of improving processes or correcting any deficiencies.

Review of High Risk and Critical Incidents. Our organization maintains a robust CQI process related to the review of high-risk and other critical clinical events (CCEs). Our processes are focused on identification of root causes, with recognition of areas of improvement as well as areas of best practice. We take a multidisciplinary approach to event reviews and foster an open and supportive approach to clinical care reviews and identification for areas of improvement. A multidisciplinary committee is responsible for reviewing CCEs, identifying and addressing all contributing factors, to improve health care services and prevent reoccurring events. The committee will meet on a quarterly basis and when indicated and focus on critical events, including but not limited to:

- Patient deaths
- Suicide attempts
- Use of medical restraints
- Hospital admissions for detox, skin infections of DKA
- Medical emergencies
- Other events designated by our Chief Clinical Officer

CQIP Reporting. We will provide accurate Health Services Report numbers on a monthly basis to the CQI Committee. A quarterly summary of all CQI activities will also be provided. The summary includes compliance thresholds, problem tracking reports, and corrective action plans. Quality Improvement records are maintained at each facility and at the statewide administrative office. The corporate office staff is responsible for identification of statewide trends in health care compliance and will incorporate corrective action planning in the CQI program.

Risk Management Information System (RMIS). Our web based RMIS collects, manages, and analyzes information for the purpose of quality improvement and patient safety. RiskQual provides a state-of-the-art RMIS that has been specifically tailored for our healthcare and behavioral healthcare use in forensic hospitals. Our RMIS system manages full event lifecycle from event reporting, corrective action, CQI and corrective action tracking.

Outcomes Evaluation. Wellpath evaluates patient outcomes, treatment efficacy, and practitioner performance on a regular basis through on-site clinical oversight, annual peer reviews, and ongoing CQI efforts. At the site level, each mid-level clinician will have a collaborative on-site Medical Director who will conduct daily meetings including safety huddles and white board reviews to ensure ongoing oversight and decision support. Triage support will be available daily to the mid-level as well and be provided by the on-site physician. In addition, we conduct annual peer reviews of our licensed primary care providers, including Physicians and mid-level providers, in accordance with requirements set by regulatory bodies (ACA, NCCHC, etc.) and the GDC. The purpose of these peer reviews is to provide feedback regarding practitioner performance and assure the clinical practice of the primary care provider is competent and congruent with the practice guidelines set forth by Wellpath and the GDC.

When significant opportunities for improvement are identified, our peer reviewer will work with the practitioner to develop a performance improvement plan. The peer review will then be scheduled for follow-up at a date that is reflective of the magnitude of improvements to be made by the primary care provider. All peer review findings will remain confidential and follow strict procedural safeguards. A peer review “log,” providing the names of the primary care providers and the dates of their most recent reviews, will be maintained by the HSAs at the respective facility, whereas the actual reviews will be maintained at the Wellpath Home Office.

Ongoing CQI Reviews. CQI data will also be provided from each facility to the State Quality Assurance/Quality Improvement (QA/QI) Director who will conduct comparisons for trending and analysis of outcomes with special focus on the following:

- Maintenance, documentation, and transfer of health records
- Emergency care and services

- Management of chronic diseases
- Patient health education
- Review and follow-up of diagnostic testing
- Access to health care
- Reception screening
- Transfer medical clearances
- Inpatient area procedures
- Preventive care and clinical care guidelines
- Credentialing
- Infection Control
- Risk Management
- Utilization Review
- Specialty referrals and implementation of specialists' recommendations
- Other problems identified by sources within or outside the healthcare system

On an annual basis, reviews will include access to care, intake screening, health appraisal, continuity of care, infirmity care, nursing care, pharmacy services, diagnostic services, emergency care, disaster drills, hospitalizations, environmental inspections, patient grievances, risk management, policy and procedure review, utilization management, safety and sanitation, infection control, seclusion and restraint, adverse patient occurrences, and all mortalities.

Quality Assurance Program. We will support and establish site-specific Quality Assurance Programs (QAPs) in compliance with ACA standards that include audit and medical chart review procedures. The site-specific QAP for GDC will be based on and defined by the scope of care provided and current processes. Generally, the multi-disciplinary committee will meet at least once per quarter and consists of the Medical Director, a psychiatric provider, QA/QI Director, and appropriate GDC and/or facility representative(s). The committee reviews significant issues and changes and provides feedback so any deficiencies or recommendations may be managed.

Grievances Process. Wellpath recognizes that our first responsibility is to our patients, to allow them access to care, and to provide treatments sufficient to meet their mental health needs. Our record of reduced grievances and excellent litigation history are indicative of the care and effort that Wellpath team members provide. The Wellpath grievance process is a component of our CQI program and will be consistent with all applicable NCCHC and ACA standards and GDC policies and procedures. Our staff will work with appropriate GDC personnel as may be required in the investigation, follow-up, and timely resolution of complaints. When necessary, we will conduct a face-to-face follow-up with the patient in order to assess the matter and resolve concerns if possible. **We will provide written responses within the timeframe specified by the request. Typically, we respond to grievances within 72 hours of receipt.** We will categorize complaints and grievances and report specifics as a part of the monthly health services report to the GDC. This report will contain a description of the grievance or complaint, an explanation of the circumstances surrounding the grievance, and all actions taken to investigate and resolve the grievance. Grievances will be tracked and trended to identify potential areas of concern and to determine if patterns exist or trends develop.

Commitment to Quality Care and Responsive Client Partner

"Wellpath's commitment to providing the best possible care and their responsiveness in doing so makes this an extremely successful partnership."

- Deputy Director Rory Griffin, Arkansas DOC

24. Transparency and Reporting – Limit 4 pages

Instructions: The Supplier must provide a response to the requests below. No supporting documents shall be accepted.

- Supplier shall describe its qualifications, previous experience, and performance related to transparency and reporting in a correctional setting.
- Supplier shall provide a clear picture of the supplier's approach to transparency and reporting for GDC, in accordance with meeting the minimum basic requirements (K.1 of Attachment B – Scope of Services).
- This overview should also include sources of distinctiveness in line with GDC's goals, which could include:
 - Formatting and frequency of providing standard reports to GDC, including the ability for GDC to access reports through a self-serve capability
 - Ability to provide reports with one or more additional helpful metrics beyond GDC's minimum requirements
 - Ability and timeline to provide ad hoc reports that include tailored analysis per GDC request

Wellpath's response follows on the next page.

Wellpath will meet the individual requirements stipulated in **Attachment D. 24. Transparency and Reporting** and **K.1 of Attachment B – Scope of Services**. Our organization seeks to provide the best on-site and off-site care possible while being fully accountable to our clients. We expect to be measured by our performance, including reduced medical grievances; accountability as evidenced by operational and financial reporting; reduced staff turnover; and fewer off-site referrals. These are our goals and we will share the details of our performance by providing regular operational and financial reports on these criteria. Our staff will provide GDC all required reports within stipulated timeframes. We will also use these reports to continually review the effectiveness of our program and improve overall program quality and efficiencies.

Excellent Care with Accurate and Thorough Reporting

“Since July 1, 2012, Wellpath has maintained a record of providing excellent care while achieving improved efficiencies within the state correctional facilities. The MDOC notes improved patient satisfaction and decreased costs. Wellpath provides accurate and thorough monthly reports, assisting the MDOC in validating both operation and financial performance.”

- Commissioner Randall A. Liberty, Maine DOC

Our organization typically provides more clinical and operational reports than any other company in the industry.

We maintain an extensive logging system for collecting data and statistics to analyze trends in the utilization of healthcare services. Demonstrating accountability through transparent reporting is one of our core competencies. In all healthcare operations, but especially in the corrections environment, it is essential to keep detailed, accurate records that are readily available and easily accessed. Our reporting capabilities are based on having an appropriate interface with GDC systems. We work with our client partners during the contract startup period to establish those connections and would develop sample reports for review and approval by GDC.

Our clinical and operational leadership teams use powerful business intelligence software, such as Tableau®, to ensure efficient delivery of services. Tableau tracks key indicators, such as off-site referrals; inpatient/ER utilization; claim details; pharmacy utilization; labs; filled/vacant FTEs; and overtime. These tools allow us to identify trends as they emerge. We have reporting capabilities that outline important events of day and night shifts, such as:



- Transfers to off-site hospital emergency departments
- Communicable disease reporting
- Suicide data (i.e., attempts and precautions taken)
- Report of status of patients in local hospitals
- Report of status of patients in the infirmary
- Staffing roster changes
- Completed medical incident report copies
- Completed medical grievance report copies
- Receiving screenings performed
- Health assessment status report

Additionally, we have statistical reporting capabilities regarding the operation of the healthcare program, staffing fill rates to demonstrate compliance with the contracted staffing plan, and financial reports to aid with future budgeting efforts. These reports can include:

- Patient requests for various services
- Patients seen at sick call

- Patients seen by physician
- Infirmiry admissions, patient days, and average length of stay
- Off-site hospital and emergency room admissions and cost
- Medical specialty consultation referrals and cost
- Intake medical screenings
- 14-day history and physical examinations
- Diagnostic studies
- Report of third-party reimbursement, pursuit, and recovery
- Percentage of patient population administered medication
- Patients testing positive for TB, STDs, HIV, or HIV antibodies
- Patient mortality
- Number of hours worked by entire medical staff and compliance with contract staffing levels
- Other data deemed appropriate by the designated GDC authority

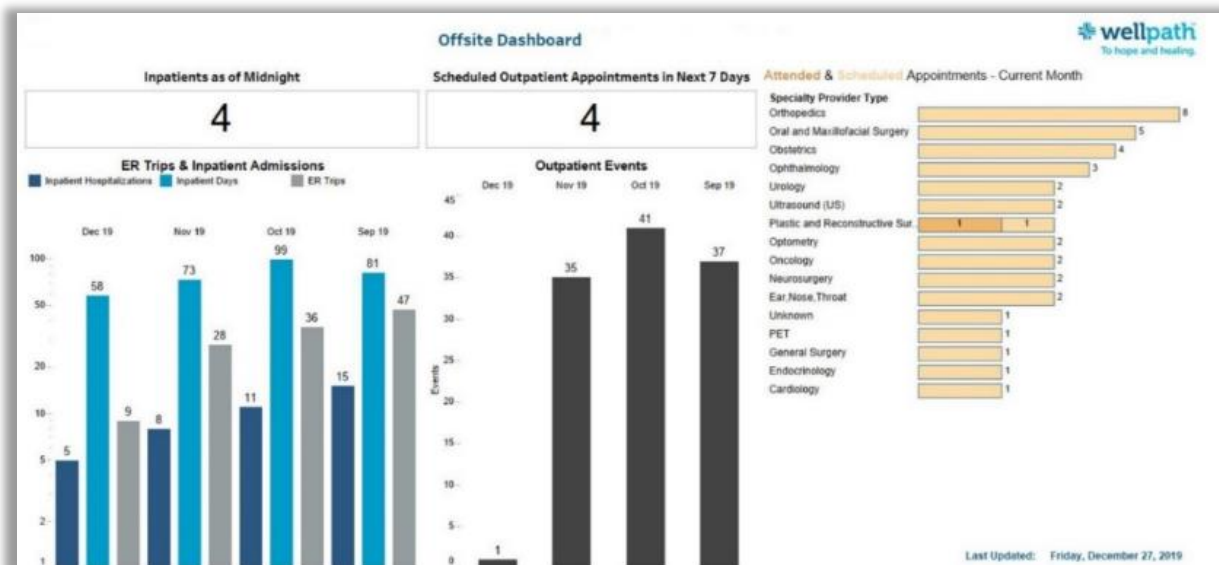
We also have the capabilities to provide quarterly reports which include summaries related to progress toward agreed-upon objectives for the healthcare program and the status of personnel-related activities. We can also provide an annual report based on the contract year, giving a comprehensive review of the statistical and program reports and examining significant trends and issues. Annual reports typically include utilization statistics and a narrative summary of our accomplishments for the year, as well as recommendations for changes in health care procedures and/or protocols.

Wellpath Portal. Our organization continues to be on the cutting edge of correctional healthcare technology. One of our innovations, the Wellpath Portal, is a secure digital gateway for shared communication and information that can be accessed by GDC via web browser or mobile app, giving the Department access to **near real-time reporting** on statistics related to care, such as intake screenings completed, staffing hours provided, and more. Additionally, GDC defined metrics and reporting can be delivered and accessed through our portal.

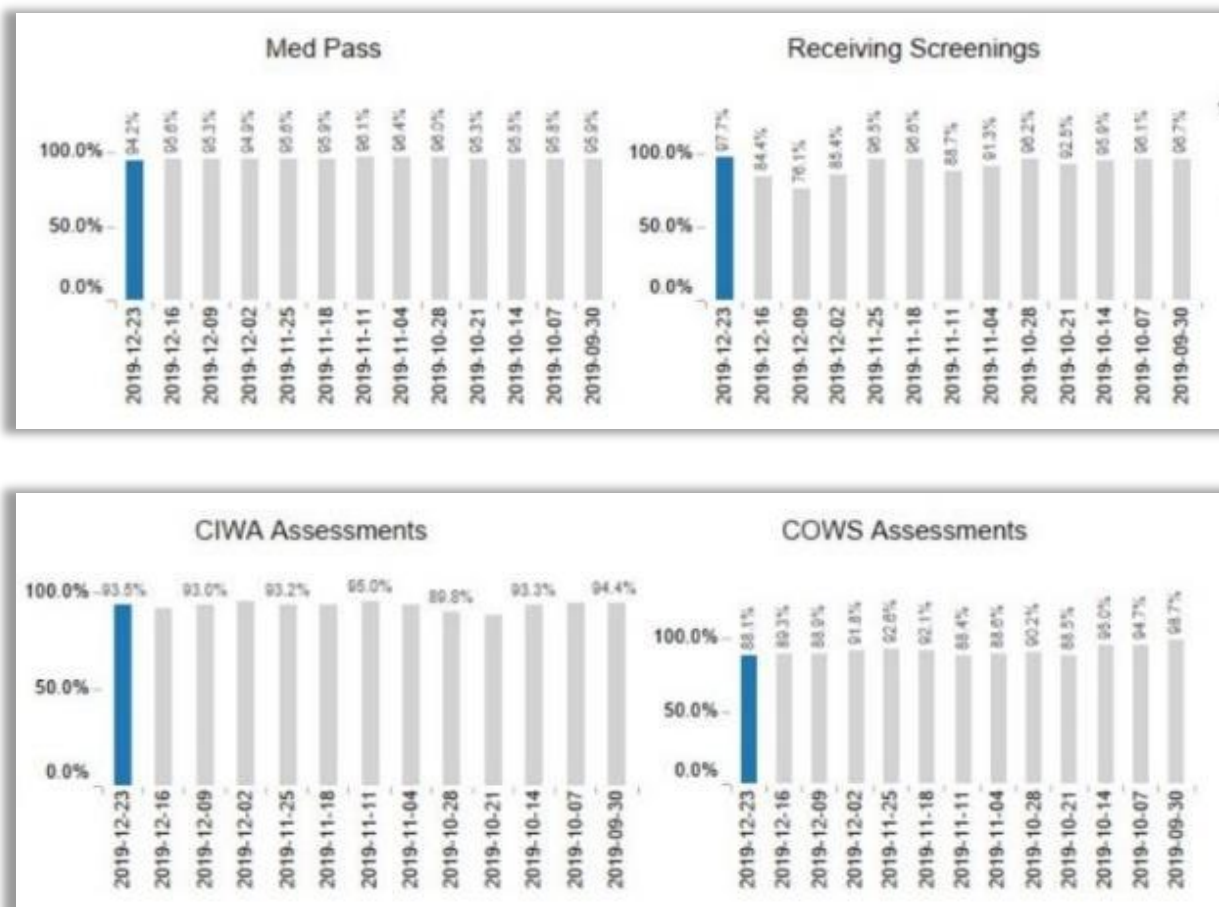
Client Portal – FTE Trending



Client Portal – Offsite Dashboard



Client Portal – Compliance Dashboards



Description of Data Driven Reports

Wellpath produces various statistical utilization reports on a daily, weekly, monthly and quarterly basis in order to review and analyze the data received from contracted facilities. Additionally, we maintain comprehensive utilization data for all patients. As a result, we can monitor costs, track trends, make recommendations, and, if necessary, intercede early where action might be required to contain costs.

The following provides a brief description of a sampling of the reports that can be provided:

- **Budget Projection Report:** Provides a clinical analysis of medication utilization review patterns, standards of care, Cost Per-Client-Per Month, year over year cost analysis, and generates a projection of facility budget in the upcoming year. This can serve as a vital tool for the GDC management team in setting accurate facility budgets and tracking goals throughout the year.
- **Clinical Recommendation Report:** Continually provides PBM-scale clinical recommendations for formulary guidance and drug utilization patterns. Along with each recommendation is an associated cost savings from using alternative treatment approaches. The clinical recommendation report tracks provider adoption of recommendations and cost-savings captured over time. This tracks the success of clinical pharmacy programming as well as opportunities for additional savings capture.
- **Monthly Statistical Report:** This report shows 12 months of data by stating costs of Formulary versus Non-Formulary usage, HIV costs, Hepatitis C Medication costs, OTC costs, non-patient specific, Medication costs, Emergency Back-up costs, Credits, Total number of prescriptions, Number of clients on meds, Number of prescriptions per client per month, Percentage of clients on medical meds, Percentage of clients on psychotropic meds, Cost Per-Client-Per Month. It also includes cost per disease state per month. The reports show trends in cost spending by facility and prescriber.
- **Utilization Review Reports:** Provides utilization review reports including comprehensive patient drug use evaluations that permit the review of the patient medication profiles. These utilization reports are routine contents of the Pharmacy and Therapeutics Committee agenda. This includes service date, prisoner, patient full name, patient date of birth, prescriber full name, identifier, Rx number, Rx start date, Rx stop date, generic name, strength, form, frequency, count, bill order quantity, price per unit, charges, directions, GPI#, and NDC#.
- **Monthly Chronic Disease Report:** The report lists utilization/statistical data for chronic diseases: Asthma, Hypertension, Hyperlipidemia, Seizures, Diabetes, HIV, HCV, Psych and Dialysis. This report shows total cost per client per month and by disease category. This report includes the previous month for a comparison without having to search previous data allowing for an assessment of trends or spikes in usage by disease.
- **Patient Profile:** This report allows medical staff to effectively respond to prisoner/family complaints by providing data that displays policy compliance by on-site staff. This is one of the ways we work collaboratively to ensure success and enhance patient care. The report provides the patient's name, ID#, drug name, prescription number, start and stop dates, prescriber's name, directions and where and when the medication was dispensed.

Customized and Ad Hoc Reports

We provide reports based upon the needs of our clients and accommodate requests when a different format is preferred, or additional information is needed. Our proposed staffing plan includes two resources dedicated to creating Ad Hoc reports and performing data analysis—ensuring GDC requests are responded to quickly and accurately. Typically, Ad Hoc Report requests can be completed within 24 hours.

Our organization strives to provide data needed in the best format possible to facilitate meaningful decisions that **improve processes, positively impact patient care, and contain cost. Our goal is to provide the most relevant data in the most user-friendly format. Wellpath will provide a full set of operational reports that can be customized to meet the specific needs of the GDC.**

25. Collaboration in a Multi-Supplier Environment – Limit 6 pages

Instructions: The Supplier must provide a response to the requests below. No supporting documents shall be accepted.

- Supplier shall describe its qualifications, previous experience, and performance related to collaboration in a multi-supplier environment in a correctional setting.
- Supplier shall provide a clear picture of the supplier's approach to collaboration in a multi-supplier environment for GDC, in accordance with meeting the minimum basic requirements (K.2 of Attachment B – Scope of Services). This overview should include an approach to partner with the contracted pharmacy supplier.
- This overview should also address sources of distinctiveness in line with GDC's goals, which could include:
 - Attendance and participation in provider education around in-prison and out-of-prison utilization trends (e.g., % of services/costs provided on-site vs. off, the average length of stay in hospital), outcomes from disease management programs, and review of new therapeutic interchanges (in collaboration with the pharmacy supplier)
 - Transparency, engagement, and communication with other suppliers, including:
 - Participation in continuous quality improvement activities and monthly P&T Committee meetings

Wellpath's response follows on the next page.

Wellpath will meet the individual requirements stipulated in **Attachment D. 25. Collaboration in a Multi-Supplier Environment** and **K.2 of Attachment B – Scope of Services**. We will provide these services in accordance with associated GDC policies and industry-best practices.

Our organization has extensive experience in ensuring collaboration and consultation occurs for patients regardless of whether we are providing comprehensive healthcare services or working with various other provider partners. We understand the importance of multidisciplinary coordination for GDC patients, and our team members will regularly engage in multidisciplinary treatment team reviews of patient progress, issues, and concerns; daily safety huddles; whiteboard team reviews; and patient case conferences. Our staff are also well versed in collaborative discharge planning, appropriate and timely mental health referrals, participating on P&T committees, addressing critical clinical events, and in coordinating ongoing care during a pandemic. **Assigned primary care providers will participate in all aspects of team-based care at their respective facilities.**

We also believe in the connection between a secure and safe facility and the delivery of quality health care. Our approach to team-based care includes correctional staff in multidisciplinary meetings and open lines of communication when patient medical and/or mental health concerns may present a security concern. We will provide timely communication with GDC transport staff regarding any special precautions, medications, or treatment needed while on route.

The Wellpath Whiteboard Method. We use “whiteboard” reviews on a daily basis to ensure high risk/high need patients are discussed and their needs addressed in a clinically timely manner. These reviews provide an interactive communication system for all disciplines to address the status and needs of the most concerning patients for that day. The whiteboard is divided into categories that serve as the foundation for operational and clinical discussions that take place during daily morning briefings and provides an accurate snapshot of high-priority medical cases, infection control statistics, hospitalizations, etc. This approach is especially important for patients in restrictive housing or specialized mental health units, including those diagnosed with gender dysphoria or who present a chronic and high risk for suicide, as well as any other areas of focus relevant to the intersection of medical and mental health care and security. **Use of the white board to manage high risk patients is rooted in Six Sigma and Lean approaches to critical event reduction techniques. We believe GDC will benefit from the implementation of whiteboard reviews that include mental health, dental, and correctional staff.**

Illustration of a Functioning Whiteboard

<u>Pregnant</u> Doe, Jane - 5 mos	<u>Hospital</u>	<u>Screening Exceptions</u>	<u>On Call</u> Supervisor: Cassandra HCP: Stanton Mental Health: Patrick
<u>I-Pod</u> 1) Doe, John 2) name 3) name 4) name	<u>Appointments</u> 1/1/2017 Doe, Jane - OB/GYN	<u>CIWA</u> Doe, John	
	<u>Special Needs</u> Doe, John - Deaf	<u>COWS</u>	
	<u>Mental Health</u>	<u>Medical Alerts</u> Coumadin: Doe, John	
<u>Dayroom</u> Doe, John - no Appointments			

We will ensure timely consultation, collaboration, and coordination between our medical staff and other relevant providers and GDC correctional staff regarding patients with co-morbidities. Our medical practitioners will strive to work hand-in hand with GDC contracted mental health, dental, and pharmacological providers to ensure continuity of care. Fostering our continued and open communication, wardens, deputy wardens, and key correctional staff are invited to attend these daily meetings. To further ensure timely communication, each Site Medical Director will communicate directly with the warden or deputy warden as needed.

Daily Safety Huddles. Wellpath has also implemented safety huddles, as an established best practice. At the beginning of each shift, we gather on-site staff from all disciplines (medical, mental health nurses, security staff, etc.) for five or 10 minutes to discuss relevant safety, philosophy, and policy topics, as it relates to their specific site and areas of concern. We will work with the GDC and other relevant providers to implement multidisciplinary safety huddles.

Our staff will regularly engage in multidisciplinary treatment team reviews of patient issues and concerns via whiteboard team reviews and daily safety huddles. Clinical issues discussed will be placed on the whiteboard and documentation of coordinated care recommendations will be made in the medical record. Each day, individual patient care and concerns will be updated via discussion and follow up until issues are resolved. We also conduct a number of weekly multidisciplinary meetings to meet patient needs and provide clinically indicated consultation. Of particular importance is working collaboratively when patients are newly diagnosed with serious medical conditions and may be struggling with their reaction to the news. Chronic medical conditions may also begin to weigh heavily on patients, such as those patients undergoing dialysis, and inclusion of a mental health team member as part of that patient's treatment team may be beneficial.



Whether through whiteboard reviews and safety huddles or other GDC preferred collaborative processes, Wellpath practitioners will provide timely and meaningful consultation and collaboration with contracted mental health, dental, and pharmacy providers.

Multidisciplinary Treatment Plans. Our staff provide multidisciplinary treatment plans and customized treatment and case management programs for all patients in need of special accommodation to help ensure proper placement, necessary care, and continuity of care throughout incarceration. Our multidisciplinary treatment planning and treatment team approach is shown below.



Our multidisciplinary approach to care management will ensure timely consultation, collaboration, and coordination with GDC contracted mental health and dental providers regarding pertinent aspects of each patient's care. We will engage as needed with these providers in person or via videoconferencing to ensure coordinated and appropriate care. This proven approach to care management will benefit the Department and patients by:

- Providing a seamless continuum of care for patients
- Functioning as a cohesive multidisciplinary team
- Enhancing positive working relationships
- Establishing effective communication
- Maintaining efficient operations
- Developing holistic health plans

As a result, our care management plans will be based on the psychiatric, medical, and psychosocial needs and strengths that have been identified during the assessment process and throughout each patient's incarceration. Treatment teams will work collaboratively with patients to develop individualized care management plans based on the findings of their assessments and the patients' needs and interests.

We will also conduct multidisciplinary clinical case conferences with our mental health counterparts to review the discharge needs of each individual with respect to housing, medical and mental health treatment, substance use treatment, education, employment/job development, and transportation arrangements. We use multidisciplinary treatment team meetings to ensure all relevant patient care stakeholders are involved in transfer decisions, and collaborative communications occur between the team transferring the patient and team receiving the patient. The outcome of these meetings is documented in the patient's health record. **Our medical practitioners will also provide any needed consultation and/or collaboration with the mental health team upon request, including participation in case conferences to address the comprehensive health needs of each patient as needed.**

Wellpath has a history of successfully working with other medical and mental healthcare providers, including GDC's contracted mental health provider. **We currently partner with Centurion to provide medical and mental health care for both state and county clients at multiple locations, including the Pennsylvania DOC.** The coordinated and collaborative oversight our organizations provide in concert will ensure patients receive high-quality comprehensive care led by multidisciplinary treatment teams engaged in established channels of open and frequent communication.

Mental Health Referrals. Our staff will work hand-in-hand to provide comprehensive, coordinated care to GDC patients including all appropriate referrals, as clinically indicated. We have developed protocols and guidelines for mental health referrals specifically focused on patients who are experiencing crisis events to ensure that mental health staff are appropriately involved in such cases. All team members receive training and education on identification of symptoms, issues and concerns that require such referrals.

Mental health referrals can be initiated at any time throughout the patient's incarceration. We encourage referrals from any staff member who has a concern about a patient, and we take all referrals seriously. Such referrals may be related to concerns about the patient receiving negative news or having a bad visit, a mental health crisis, suicidal threats and behavior, or any concern at all. Patients may also self-refer through use of the sick call process. Sick calls are triaged daily and assessed for urgency, from emergent, to urgent, to routine. Mental health referrals for assessment and evaluation can occur at any time during the patient's incarceration and may come from a variety of sources including:

- Receiving screenings
- Health assessments
- Sick call encounters/self-referrals
- Individuals such as correctional staff, legal representation, friends, and family

Individuals in crisis (including suicidal threats/behaviors), displaying signs or symptoms of mental illness, prescribed psychotropic medications, currently receiving mental health treatment, and/or those identified as having a history of

mental illness or chronic substance use will be immediately referred for care and emergent steps will be taken to ensure the safety of patients who present an imminent risk of self-harm or inability to function adequately due to acute symptoms of mental illness. We will immediately notify on-site or on-call mental health staff to coordinate care, including initiating suicide interventions such as direct constant observation of the patient until a mental health evaluation can be completed, and an appropriate disposition determined.

Our organization's prevailing guideline is **"when in doubt – make the referral!"** Our team members are encouraged to refer on for further assessment if there is concern about a patient's presentation or response to assessment questions. Our staff will ensure any referrals made are documented in the patient's healthcare record.

Pharmacy Services. Wellpath understands that CorrectRx will be GDC's contracted provider of pharmaceutical services. **Our two organizations work collaboratively to provide healthcare services for more than 52,000 patients in over 135 facilities.** CorrectRx is our national pharmacy partner and we have worked successfully with them to provide quality pharmaceutical care for our patients since our inception. This partnership has facilitated implementation of quality clinical programs including:

- **Biosimilar Medication Strategy** – Wellpath and CorrectRx worked collaboratively to track approval of biosimilar medications and implement training programs that resulted in formulary conversion to biosimilar agents. Together, **we achieved significant medication cost savings with no impact on patient care.**
- **CorrectRx serves as a 340b Contracted Pharmacy to our Covered Entity Partner** – CorrectRx serves as a 340b contracted pharmacy to our national covered entity partner. This allows for full continuity of pharmacy services for patients that participate in Wellpath's Centers of Excellence.
- **Continuous Quality Improvement Programs** – Our two organizations have a track record of working successfully together on joint CQI initiatives at the facility and statewide level to ensure high quality, medically necessary, cost-effective healthcare is available to all patients, and that protocols developed are followed.

In addition to the above examples, Wellpath and CorrectRx work collaboratively on disease management pathways including diabetes, anticoagulation therapy, COPD, and psychiatric disease, as well as programs specific to medication compliance, regulatory compliance, improved therapeutic outcomes, on-site pharmacy management, automation, and other cost savings strategies. **The success of our long-term partnership has as its foundation our shared guiding principle of quality patient care.**

P&T Committee Meetings. Wellpath clinical staff will participate in P&T Committee Meetings as appropriate. Our State Medical Director, Regional Medical Director, and Site Medical Directors or physician designees will attend these meetings as needed and/or upon request. We strongly believe participation in P&T committee meetings is a vital component of cost-avoidance and effective formulary management. These meetings also provide an excellent forum for physicians, psychiatrists, and pharmacy team members to:

- Review overall medication costs and utilization
- Review the costs and proper usage of non-formulary medications
- Review inspection findings
- Review compliance with regulatory standards
- Focus on traditionally high-cost therapeutic categories such as HIV, Hepatitis C, injectable psychotropics, factor products, immunologicals, limited distribution, and specialty medications
- Discuss industry news that may have an effect on your facility operations and overall pharmacy program management
- Present evidence-based research and disease-state management protocols and updates

The Wellpath Pharmacy and Therapeutics (P&T) Committee is a Sub-Committee of the Medical Executive Committee. The State of Georgia-Wellpath DOC P&T Committee will be co-chaired by the Wellpath State Medical Director and the contracted pharmacy's State Director Pharmacy. The committee will consist of representation from the medical staff, nursing, the contracted pharmacy clinical and operation staff, operations and staff from the states' Department of

Corrections. The P&T committee is responsible for the approval of all items listed in the Formulary and Pharmacy Resource Manual.

The P&T Committee will have regularly scheduled meetings to review issues of safety, efficacy and cost around medication utilization. Based on the needs of the GDC, the availability (or lack thereof) of medications due to shortages and recalls, the introduction of new treatments, as well as, notifications from federal agencies regarding medication safety and efficacy information, the GDC-Wellpath P&T Committee will update the formulary as often as necessary to meet the specific needs of GDC's patients.

Wellpath staff will also participate in any statewide and facility specific CQI initiatives, committees, meetings, reviews, and audits as appropriate, including monthly meetings to review physical healthcare operations with GDC Health Services multidisciplinary staff and interdisciplinary team meetings with GDC's Office of Health Services leadership.

Key Performance Indicator (KPI) Reviews

Wellpath creates contract specific key performance indicator (KPI) dashboards to measure clinical and administrative performance consisting of lead indicators (compliance with programs, actions – e.g. percent of patients enrolled in Wellpath Now consult for ED transfer considerations) and lag indicators (outcomes – e.g. percent of patients transferred to ER). These are defined organizationally through various departments (clinical, finance, administrative) in collaboration with our home and regional offices and communicated by regional and facility leadership to on-site staff through clinical huddles, town halls, and general and discipline specific team meetings to ensure the field has up to date information regarding in-prison and out-of-prison utilization trends and outcomes from disease management programs. We will also collaborate with GDC's pharmacy provider to conduct reviews of new therapeutic interchanges, as needed. An overview of the process follows below.

1. KPI Dashboard – Clinical and Administrative Performance

- a. Lead indicators
- b. Lag indicators

2. KPIs Defined that Best Reflects Clinical Care and Contract Performance

- a. Clinical Team defines Quality Measures (described in our Cost Proposal Narrative) and manages training of key team members
- b. Administrative Team defines Contract Performance Measures and manages training of key team members

3. Hierarchy of Oversight

- a. President and Chief Clinical Officer
- b. Executive Vice President and Associate Chief Clinical Officer
- c. Vice President and Executive Medical Director
- d. Regional Director Operations and Regional Medical Director
- e. HSA and Site Medical Director

4. Cadence of Reviews

- a. President and Chief Clinical Officer – at minimum quarterly
- b. Executive Vice President and Associate Chief Clinical Officer – at minimum several times monthly
- c. Vice President and Executive Medical Director – at minimum weekly
- d. Regional Director Operations and Regional Medical Director – at minimum 2-3 times weekly
- e. HSA, Site Medical Director, and On-Site Healthcare Providers – on a daily, weekly, monthly, quarterly, and annual basis, as needed.

26. Contract Implementation and Transition Management – Limit 10 pages

Instructions: The Supplier must provide a response to the requests below. No supporting documents shall be accepted.

- Supplier shall describe its qualifications, previous experience, and performance related to contract implementation and transition management in a correctional setting.
- Supplier shall provide a clear picture of the supplier's approach to contract implementation and transition management for GDC, in accordance with meeting the minimum basic requirements (L.1 through L.5 of Attachment B – Scope of Services).
- This overview should also address sources of distinctiveness in line with GDC's goals, which could include:
 - Supplier shall describe the transition plan details both for beginning services, should the supplier win the contract, and for the transition of services to new supplier, should the contract be terminated. Transition plan details should include:
 - A sample transition plan outlining pivotal steps in the process to ensure that services are not disrupted
 - Proposed timeline, including the length of time required for transition activities
 - Vendor must explain how implementation could be impacted by COVID-19 and outline a contingency plan for COVID-19 impact
 - Approach to changing legacy business processes to meet workflow needs for the supplier's solution

Wellpath's response follows on the next page.

Wellpath will meet the individual requirements stipulated in **Attachment D. 26. Contract Implementation and Transition Management** and **L.1 through L.6 of Attachment B – Scope of Services**. Our organization has a solid track record for successfully transitioning statewide DOC healthcare systems and we are confident in our ability to deliver a seamless transition of physical healthcare services even in a pandemic. We have the necessary experience, commitment of resources, and expert capabilities for a very successful partnership with the GDC. **Our team has led multiple transitions and implementations over the past 35+ years, ranging from jails to DOC systems to full-service operations of residential treatment centers and state hospitals.**

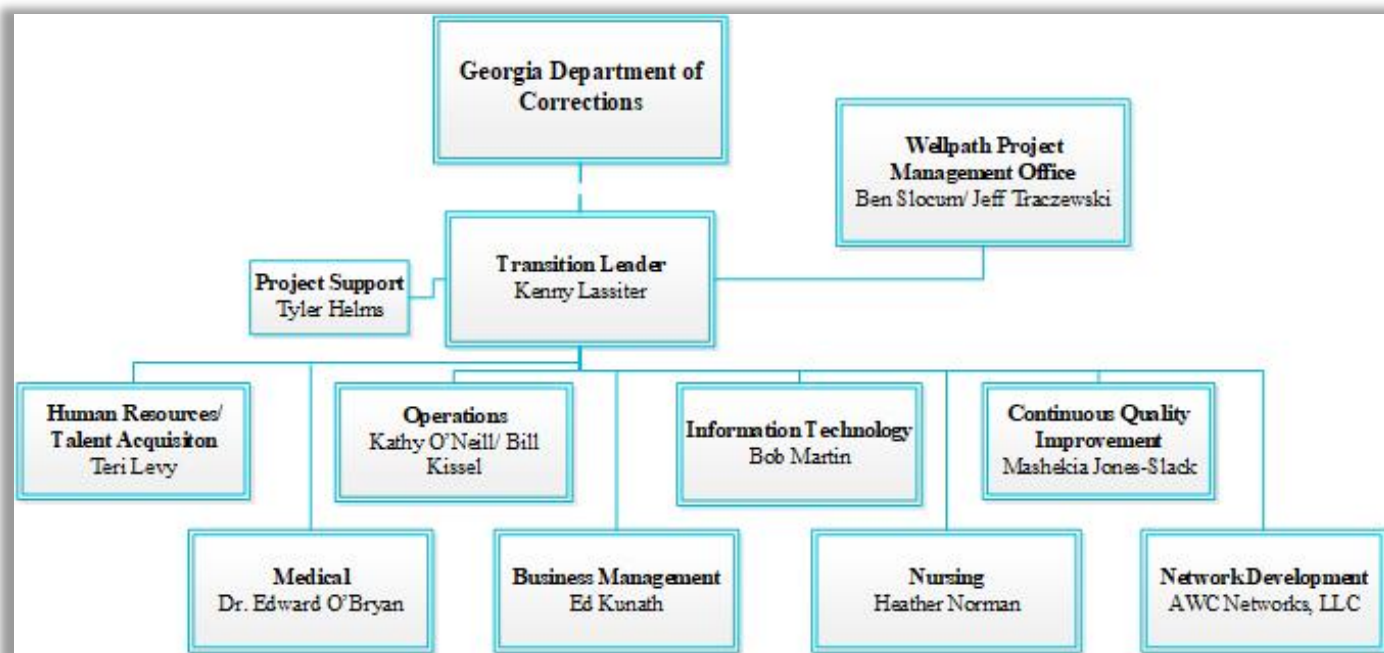
We, like you, learned a lot over the past year and have adapted to ensure our business processes and delivery of care remain on track even during a pandemic. To ensure an uninterrupted transition of services we incorporate zoom calls, virtual training, and COVID-19 testing of staff on a regular basis. Wellpath's success partnering with our DOC client partners throughout the COVID-19 pandemic to ensure uninterrupted services as well as staff and patient safety is both well documented and a point of pride.

Our GDC project team is established and organized to set standards, provide governance, enforce accountability, and successfully manage the project to transition services by December 1, 2021

Our organization will not make change for the sake of change, nor will we accept the status quo where improvements can be made that will benefit patient care or provide cost savings for the GDC. The key to successfully managing our contracts lies in transparency and continuous program development. We will work cooperatively with current on-site healthcare staff, other GDC contracted providers, and GDC administrative personnel to encourage a fully integrated healthcare program that is seen as a success throughout the state.

Our implementation efforts will be led by **Kenneth Lassiter, Proposed Regional Vice President** in collaboration with **Bill Kissel, Proposed Regional Director of Operations** and **Kathy O'Neill, Senior Vice President of Operations**. Bios for Mr. Lassiter and Kissel are included in **Section 1.L** of our response. Our designated project management team incorporates an established governance structure, frequent and scheduled communication between team members, regular reporting of project status, and multiple functional work streams including HR/Talent Acquisition, Operations, Medical, CQI, Business Management, and IT to ensure functional coordination, accountability, and speed. The following organizational chart outlines our GDC Transition Team.

Overview of Wellpath's GDC Physical Healthcare Services Transition Team



Each of the following team members will be responsible for ensuring that services are in line with contractual requirements, GDC policies and procedures, and industry standards.

Kathy O'Neill – Senior Vice President of Operations


Ms. O'Neill joined Wellpath in 2018 and has nearly 20 years of clinical and healthcare administration experience. She previously held positions as the Director of Behavioral Health and the Assistant Deputy Commissioner of Clinical Services for the Massachusetts Department of Correction. Ms. O'Neill also held several roles in the private sector including Executive Director of Psychiatric Services at Carney Hospital and also Corporate Vice President of Operations for Diamond Healthcare. She holds bachelor's degrees in both psychology and special education from Boston University and a Master of Social Work degree from Boston College. Additionally, she has deferred her acceptance to the Harvard Kennedy School of Government pursuing a master's degree in Public Administration.

Edward O'Bryan, MD, MBA, CPE – Associate Chief Clinical Officer (CCO) and EVP of Medical Affairs


Dr. O'Bryan partners with our CCO to develop Wellpath medical strategy for DOCs and to implement programs that address quality, costs, and the patient/people experience. Prior to joining us, he served as the Chief Medical Officer for Business Health at the Medical University of South Carolina (MUSC) where he oversaw business relations, clinical quality, growth, and programs. He is the cofounder and Chief Medical Officer of One World Health, which serves 250,000 hospital patients a year in Uganda, Nicaragua, and Honduras. His correctional medicine experience includes 12 years of clinical work in the Charleston County Detention Center and the South Carolina DOC where he implemented telemedicine for specialty and emergency care and oversaw peer reviews. He attended Davidson College, received his Doctor of Medicine from MUSC and his master's in business administration from the University of Tennessee.

Bob Martin – Executive Vice President & Chief Information Officer


Mr. Martin joined Wellpath in 2003. He has over 40 years of information technology experience, including 30 years in the healthcare arena. Mr. Martin is responsible for overseeing technology services and coordinating major project management activities. He has overseen hundreds of electronic health record (EHR) transitions from paper systems and other EHRs. His team supervises the daily production and development of our internal systems and networks, as well as external IT needs, including various electronic health records products. Mr. Martin has a bachelor's degree in engineering with an emphasis in computer science from Michigan State University.

Heather Norman, MSN, RN, NE-BC, CNL – Chief Nursing Officer


Ms. Norman has more than 20 years of leadership experience in the healthcare industry and is board certified as a nurse executive and clinical nurse leader. As Chief Nursing Officer, her primary responsibility is ensuring that our patients across the organization receive quality nursing care that is both competent and compassionate through a unified approach to care. She works with other clinical leaders to coordinate evidence-based care that promotes quality, cost-effective care with a focus on the patient experience. She earned a Master of Science in Nursing degree with a major in Clinical Nurse Leadership from the University of Virginia and will soon complete an executive Master of Business Administration degree from the University of North Carolina in Wilmington.

Mashekia Jones-Slack, DNP, RN, BSN, MHA – Vice President of Quality & Safety


With more than 25 years of healthcare experience in nursing practice and quality leadership, Dr. Jones-Slack has designed and operationalized innovative solutions to meet the ever-increasing demands for safe, effective, and efficient healthcare systems. At Wellpath, she leads the CQI team, developing and implementing strategic quality improvement initiatives with our Chief Clinical Officer and other operational and clinical leaders across the organization. She earned her bachelor's in nursing from the University of Tennessee, a Master of Healthcare Administration from the University of St. Francis, and a Doctor of Nursing Practice degree from Texas Christian University.

Teri Levy, PHR – Director of Talent, Transition, and Recruiting


Ms. Levy joined Wellpath in 2016, and has more than 20 years of experience in talent acquisition, including 10 years in healthcare. Ms. Levy has expertise in sourcing and the ability to activate high-volume recruiting plans to meet specific business needs. As an active member of the Society for Human Resource Management, she has earned the respect of her colleagues and often serves as a resource for information affecting the correctional healthcare industry. Ms. Levy coordinates the transition of new clients to talent acquisition services for all start-ups and transitions. Her team of talent acquisition consultants and recruiters participate in assigned markets and are experienced in all levels of recruiting. She holds a bachelor's degree from Lipscomb University.

Ed Kunath– Vice President, Finance and Accounting


Mr. Kunath joined Wellpath in June 2018 as Divisional Vice President of Finance and Accounting. He leads the finance organization supporting the State and Federal businesses. Mr. Kunath has industry experience in manufacturing, property management, and healthcare where he provided leadership in business analysis, FP&A, accounting, auditing, and operations management. He is a licensed CPA in the state of Tennessee and an active CMA and CIA. Mr. Kunath holds a bachelor's degree in business administration from the University of Tennessee.

We use this model to allow business leadership to focus on operations while guiding the overall transition effort. The Steering Committee will provide overall strategic direction while the Project Management Office (PMO) will be solely dedicated to providing project leadership and management of transition activities. The PMO will coordinate and monitor the implementation plan, milestones, budget and required deliverables to ensure a smooth activation. The work stream leads will liaise with the PMO regularly to provide status reports, escalate potential issues or barriers, and report on task completion. In addition to Kenneth Lassiter, the following individuals will be a part of the PMO.

Ben Slocum – Chief Operating Officer


Mr. Slocum has nearly four decades of experience in the healthcare industry, including executive leadership roles in consumer, employer, government, and provider settings as well as a proven track record of innovation with the patient in mind. Prior to joining Wellpath in 2020, he served as CEO of WebMD Health Services, CEO of United Healthcare, Northern California, and CEO of Lovelace Health Plan. He has also served on the board of directors for The New Mexico Health Insurance Exchange (Governor appointed), The Association of Commerce and Industry of New Mexico, LCF Research Institute, The American Association of Preferred Provider Organizations, Contra Costa County Council, and Big Brothers and Big Sisters of America.

Jeff Traczewski – Divisional President


Mr. Traczewski has more than 25 years of experience as a healthcare executive, with more than 20 years of experience managing healthcare teams and continued growth within Wellpath. Prior to joining Wellpath in 2009, he held positions with several healthcare companies, including Executive Vice President for Cardinal Health, Strategic Director of Women's Healthcare for HCA, and Oncology Product Manager for Zeneca Pharmaceuticals. He also served as the Regional Vice President of Operations for the Kentucky DOC for five years. He earned a Bachelor of Science degree in business administration from the University of Louisville and a Master of Business Administration degree with a focus on marketing from Western New England University.

We also use the support of our Achieving Clinical Excellence (ACE) team dedicated to providing client partner support. This team assists with transitions to develop standard operating procedures and workflows, develop site-specific programs, monitor risk factors, train and mentor site leadership, educate staff on best practices, assist with root cause analyses and corrective action plans, and identifying trends. In support of these efforts, Wellpath has an established,

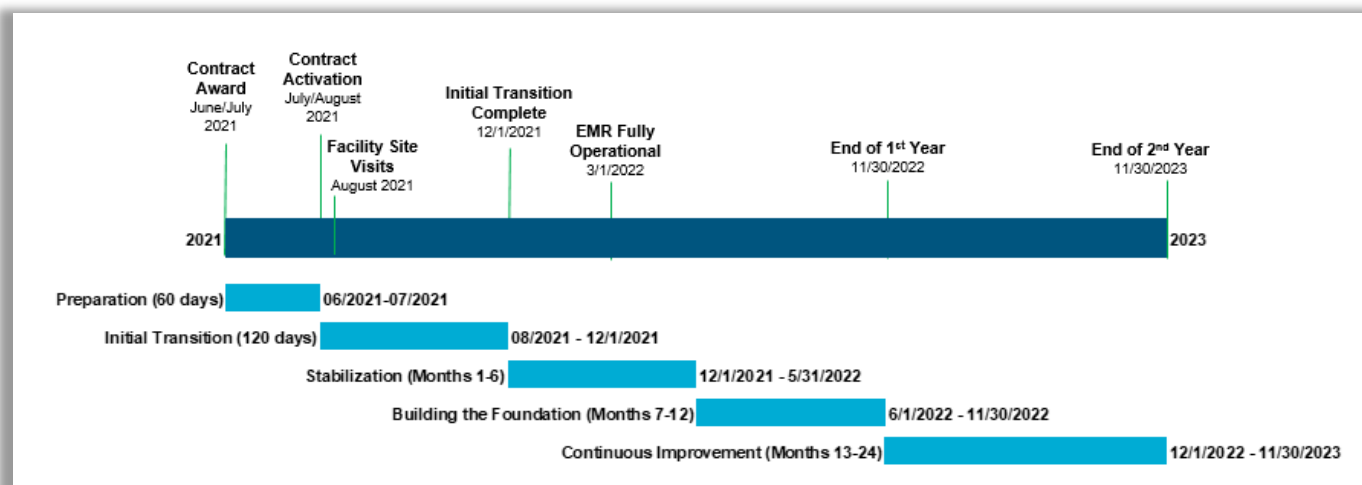
trained, and certified team of more than 40 medical healthcare and administrative professionals called the “**Wellpath Warriors**” to facilitate the transition process.

We believe that project leadership calls for clear communication about goals, responsibility, performance, expectations, and feedback. Successful project management communication is about being there for everyone, being in touch with the real challenges of the project, understanding the real issues within the team who must deliver the project as well as understanding the issues of the client. Being present, visible, and engaged with all stakeholders is imperative.

Contract Implementation Plan (CIP). Prior to award, our implementation team will develop a preliminary Contract Implementation Plan (CIP), detailing our approach for transitioning existing services, including specifications for the recruitment of current and new staff; on-site medical and psychiatric services; pharmaceutical, laboratory, supplies; and medical records management. The CIP will provide a comprehensive listing of tasks, the individuals responsible, and the projected dates for completion. CIP meetings will include various members of our home office departments to ensure that all transition planning activities are efficient and effective. Following award, the final site-specific CIP will be revised as needed to meet the specific needs of the GDC and will be updated weekly. Our organization takes accountability very seriously and we will use the CIP to communicate responsibilities and to ensure the completion of all required tasks.

Our transition team will establish weekly conference calls to guide the efforts of our home office support team throughout the transition process. Frequent and regular communication and coordination with this team will help to streamline our transition process and is a key component of our success in transitioning contracts. During each conference call, representatives from each home office department will be required to report on their progress and follow-up on outstanding issues, as well as any concerns or obstacles experienced. Conference calls will continue through the first 30 days of the contract or until all areas are appropriately transitioned. A transition guide will be established to ensure that all implementation team members are familiar with key points of the GDC’s RFP and contract, and all relevant GDC policies and procedures. Our transition and implementation processes have proven to be successful because we place experienced Wellpath team members on-site, working next to our new staff and setting expectations.

Sample Transition Timeline. The following table outlines our proposed schedule for implementation of services from the day we receive authorization to proceed to the day we are fully operational. Wellpath has proposed a 120-day transition timeline from contract execution due to the inability to have facility visits and dialogue with GDC during the RFP process, which is critical in finalizing our program services and transition plan. In addition to the proposed transition milestones, Wellpath understands that the process of culture change will be ongoing throughout the first year of the contract. This will include education of incumbent staff on Wellpath’s philosophy and operations, onboarding of hundreds of new staff during the first year of the contract, identifying improvements to enhance efficiency and safety, and ongoing training beginning on Day One. A high-level overview of envisioned activities consisting of three phases (Stabilization, Building the Foundation, and Continuous Improvement) is provided in the following figure.



Additional start-up goals and timeframes will be established in conjunction with the GDC following contract award.

Sample GDC Transition Timeline (120 days)	
<i>Date</i>	<i>Activity</i>
Weeks 1-4	<ul style="list-style-type: none"> Facility site visits of all GDC locations with Wellpath operational team to understand physical plant layout, health care delivery processes, and current staffing needs/challenges at each location On-site meeting with facility administration and current healthcare staff Begin recruiting current healthcare staff
Weeks 5-8	<ul style="list-style-type: none"> Issue first implementation plan with items to be completed, expected due dates, and person(s) responsible; this plan is a working document and is provided weekly to appropriate facility staff Begin developing site-specific Policies and Procedures manual Human Resources processes staff paperwork
Weeks 8-10	<ul style="list-style-type: none"> Operations team finalizes travel schedules and begins creating binders and training materials Begin recruiting process for any new positions or expected openings Network Development solidifies agreements with vendors and outside providers IT ensures connectivity; orders time clocks, computers, printers, and copiers Deliver offer letters Deliver declination letters in person and in private; this list will have been discussed with facility administration to ensure no issues
Weeks 10-12	<ul style="list-style-type: none"> Orientation schedule posted; sign-up begins Updated implementation plan provided to facility staff, with many items marked as complete; provide travel schedule for Wellpath senior management team
Weeks 12-15	<ul style="list-style-type: none"> Complete work schedule and identify any potential openings In-person benefit enrollment sessions (BENEFITS BEGIN DAY ONE) Clinical team reviews scheduled chronic care clinics and patients with scheduled off-site appointments Review pharmacy orders to ensure continuity at start-up and accuracy of MARs Multiple people on site to ensure a smooth start-up and begin laying out specific responsibilities for all employees on all shifts; Wellpath start-up team mobilizes Orientation for all employees, covering Wellpath policies, culture, and expectations; occurs outside of work schedule and staff are paid for these hours on first Wellpath paycheck; conducted by members of senior management team; facility staff are welcome to attend Vendor orientation occurs just before or during the first few days for pharmacy, lab, etc.
Contract Start	<ul style="list-style-type: none"> Assume operations at 12 a.m. Computers, copiers, lab equipment, etc. delivered and inventoried
Stabilization - Month 1-6 of Contract	<ul style="list-style-type: none"> Transform current culture Begin monthly reporting Conduct CQI studies to establish baseline of care delivery at contract start Begin to identify process improvements On-going training and staff evaluation EHR fully operational in month 3 of contract

Sample GDC Transition Timeline (120 days)	
Date	Activity
Building the Foundation - Month 7-12 of Contract	<ul style="list-style-type: none"> • Begin CQIP meetings • Begin monthly Infection Control meetings • Submit site-specific Policies and Procedures for approval • Collaborate with GDC on care delivery improvement opportunities • On-going training and staff evaluation
Continuous Improvement - Month 13-24 of Contract	<ul style="list-style-type: none"> • Analysis of year one data and reporting to establish year two plan • Implement process improvements • Refining Policies and Procedures • Population specific CQI study initiation

Immediate Steps

Accomplishing a successful transition and implementation means looking beyond the tasks themselves and placing experienced Wellpath team members “on the ground,” working hand-in-hand with our new staff. Upon notification of award our team will establish timeframes to conduct face-to-face meetings with GDC leadership, facility correctional leadership, and existing healthcare providers. The initial meetings will include the senior administration from both parties, particularly those individuals who are responsible for oversight of services throughout the system.

Following contract award, and with GDC’s permission, our leadership will submit a plan within 48 hours to visit and talk with provider staff at each facility to ease anxiety. We will provide informational meet & greet sessions and distribute the application process and provide incumbent staff with benefit information. We will also conduct meetings with the GDC command staff to ensure a clear understanding of expectations and channels of communication at each facility. Once approval has been provided by the State, Wellpath teams will conduct informational meetings at designated GDC locations. The meetings will be used to introduce Wellpath, open lines of communication, and provide information to incumbent staff on the transition process, to distribute answers to frequently asked questions and to explain the next steps. Wellpath has found this process to be extremely beneficial to achieving staff commitment and preserving staff retention by having a transparent and open communication channel.

The purpose of these meetings will be to establish relationships, develop a better understanding of each other’s policies and procedures and to coordinate clinical operations so that there will be a smooth and seamless start-up. As the start-up date approaches (one to two weeks) and during the days immediately following, administrative and operational meeting schedules will be confirmed and/or created and introductions with staff will occur. We will communicate with the GDC facilities’ administrations, and with the current provider’s team throughout the transition process to identify and care for those patients requiring services. We will require knowledge of any patients currently hospitalized, those in need of specialized chronic care, and those with off-site appointments scheduled for the next 30 days.

Implement Start-Up Website Portal. Our experience has repeatedly shown the most successful transitions are those in which existing staff are employed by the new contractor and continue to perform their daily job functions with as little interruption as possible. To facilitate this, our transition process includes the set-up of a “startup portal” website for individuals currently working in GDC facilities. The portal is a repository for all information related to the hiring, orientation, and transition process. An example web address would be: <http://wellpath.recruiting.com/gdc>.

Approach to Adapting Legacy Business Processes. At the start of contract services and in collaboration with GDC, we will deploy our Achieving Clinical Excellence (ACE) team in each facility to learn the current operational procedures, practices, and protocols. Our team will then work to develop our standard operating procedures for each facility based on our organization’s standard operating procedures and workflows along with current procedures and site-specific factors. Additionally, we conduct an initial CQI study to benchmark the current operations for providing services. During this process, we review the patient care and health care delivery processes for the previous 30 days by reviewing the medical records and clinical documentation as well as conducting zoom calls with the current providers to understand how often patients were seen, off-site appointments, etc. This allows us to establish a baseline which is shared with our client

partners at the onset of the contract start. This baseline is then updated throughout the duration of the contract through CQI studies conducted on a monthly basis. Generally, the multi-disciplinary committee will meet at least once per quarter and consists of the Medical Director, Director of Nursing, QA/QI Director, and appropriate GDC and/or facility representative(s). The committee reviews significant issues and changes and provides feedback so any deficiencies or recommendations may be managed. This allows our team the opportunity to ensure productivity benchmarks are maintained and to continue to develop and assist with maintenance of site-specific risk factors while leveraging clinical resources to provide input on best practices.

Start-up and Transition Recruitment Team

To support transition from the existing healthcare provider to Wellpath, we will provide a specialty Start-up and Transition Team to manage transition of existing provider staff, in addition to all external hiring 90 days prior to start and for six months following the go-live date. The team as pictured below is led by Teri Levy, Director of Talent Acquisition, who oversees reporting of current state and external vacancy needs, and consists of five recruiters, who will work specifically on recruiting to fill vacancies with a goal of being 100% staffed on day one.



Teri Levy
Director
Talent Acquisition



Jaci Mullins
Project Management
Talent Acquisition
Consultant



Nathan Suhaysik
Talent Acquisition
Consultant



Ashley Martin
Project Management
Talent Acquisition
Consultant



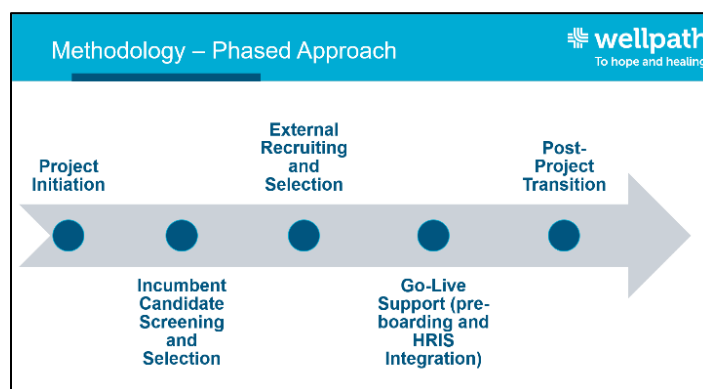
Jim Shackleford
Nurse
TA Consultant

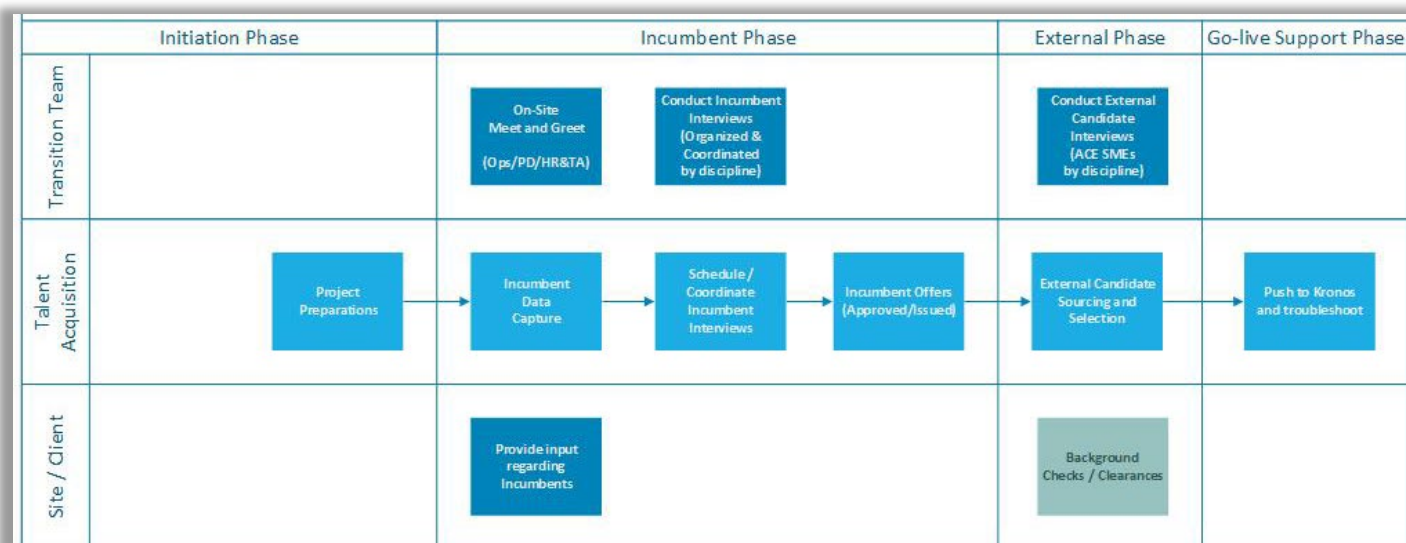


Stephen Branch
Associate Talent
Acquisition Consultant

This specialized team will manage GDC contract transition through a phased approach that includes processes and milestones specific to the Project Initiation Phase, Incumbent Phase, External Phase, and Go-Live Support Phase. The team works to ensure the above phases and associated processes and milestones are completed for a smooth and seamless transition and will meet weekly to provide updates on their progress and generate data for reporting to the GDC based on the number of FTEs hired and percentage of completion by staffing category. The team will also include a project management recruiter to manage the provider level recruiting, healthcare recruiters to manage the high-volume positions, and an associate recruiter who will coordinate the hiring process to include training and orientation. We will use a phased approach as illustrated to the right.

During the Incumbent Phase, we evaluate the current skillset on-site and then move to the External Phase to recruit and onboard external staff to supplement any vacancies, all prior to contract starting. This same recruitment team stays with the contract for at a minimum of 90 days while training and staffing stabilizes. The Project Management Recruiter will also use this time to orient and train the recruiter who will be assigned to our GDC Regional Office. We will actively begin recruiting efforts on the day we are given notice of award. We believe the most valuable resource available to a facility and its healthcare program is the already trained and assembled staff.





The Talent Acquisition Project Manager overseeing the transition ensures the milestones listed below are completed for on time delivery of services. Each week when the cross functional transition team meets, the Project Manager gives an update that is reportable to the Department.

Our primary goal in transitioning providers is to avoid interruptions in service. To that end, we strive to preserve existing staff who are well-qualified and enhance their skills and capabilities over time. Even though the providers may change, the facility still has the same day-to-day operational requirements. The last thing any correctional facility needs is a disruption in patient care. To this end, we initially leave existing systems and personnel in place to the fullest extent possible. In our experience, the majority of the existing staff will desire to keep their existing jobs at a facility when the contract is re-awarded, if given the chance. A sample "Start-Up Check List" for tracking key milestones specific to these phases is included on the next page.

Start-up Checklist (Talent Acquisition Tasks Only)				
Phase	% Comp	Key Milestones (CIP Checklist)	Start Date	End Date
Project Initiation (33%)		Assign TA project manager and nurse recruiter		
		Create incumbent website and application portal (iCIMS)		
		Provide Cheat Sheet and FAQ's for Meet and Greet		
		Create master start-up requisition		
		Convert staffing matrix into position control (PSC) document		
		Obtain approval of PCS document from Regional Operations Leader and post to CIP page		
		Create job-specific requisitions and post all positions		
		Establish dates for incumbent interviews and hiring events with Operations		
		Confirm interviewers by specialty with Operations		
		Confirm who is responsible for conducting backgrounds checks for external candidates		
		Identify client liaison to coordinate client-run background checks, if applicable		
		Develop advertising/media plan		

Start-up Checklist (Talent Acquisition Tasks Only)				
Phase	% Comp	Key Milestones (CIP Checklist)	Start Date	End Date
Incumbent Candidate Screening & Selection (33%)		Obtain client list of input on incumbents		
		Conduct incumbent interviews		
		Post Incumbent Roster (formerly new hire spreadsheet) to CIP SharePoint page		
		Obtain offer approval for incumbents from Regional Leader		
		Extend incumbent offers		
		Publish start-up PCS report to capture offers accepted		
		Publish new hire contact information list		
		Send all incumbents who accepted offers to onboarding		
External Candidate Sourcing & Selection (32%)		Execute media plan and host hiring events/interviews		
		Extend offers to external candidates and send to onboarding		
		Complete security clearance/background checks for external candidates		
Go-Live Support (2%)		Participate in new hire orientation to complete onboarding and troubleshoot Kronos access or data issues		

Onboarding, Orientation, and Training

Wellpath recognizes that a robust onboarding and orientation process is crucial to both our employee's success and the successful implementation of our services. As such, our organization has developed and operationalized extensive new hire orientation and training literature and educational resources for non-clinical and clinical employees. Training audiences include healthcare practitioners and clinical leadership. We have web-enabled our extensive 1,800 plus page "Master Orientation Manual" for new hire orientation into an online "Book of Knowledge," allowing for information to be readily available, searchable, and efficiently updated. This extensive compendium of training literature and resources is customized by specialty and specific to each contract requirements, based on agency need, patient population, and state-specific legislative and accreditation requirements.

Our organization provides a comprehensive three-phase training program for new employees. Team members complete our onboarding process, and then receive ongoing skills/knowledge assessment through our Performance Management and Leadership Development programs. All new employees are required to participate in each of the three phases. The frequency and focus of each training phase are determined by the position and learning capacity of each individual.

- Phase 1: Onboarding.** Critical to the future success of any new employee is her or his initial experience with the organization. To start the employee off on the right foot and to ensure a smooth transition, we offer a three-part on-boarding process: Orientation, On-the-Job Training, and Follow-up.
 - Onboarding Step 1: Orientation:** Each new hire is scheduled to participate in an online course entitled Welcome to Wellpath where all new team members are introduced to the Wellpath culture, policies, and procedures. The program is designed to clearly establish expectations and to involve the new staff in the success of the organization. We have provided a Welcome to Wellpath video with our proposal. Of note, the provider (physician, psychiatrist, mid-level provider) orientation program has additional requirements.
 - Onboarding Step 2: On-the-Job Training (OJT):** On-the-Job Training is guided by standards, detailed checklists, and a qualified preceptor. While there are time schedules with expected milestones, the preceptors will work with the new employees to ensure that the expected knowledge is transferred. This portion will not be considered complete until the new employee feels capable of performing the job and satisfactorily passes the post-test.
 - Onboarding Step 3: Follow-up:** Follow-up is the last component of the onboarding process. During this component, the new employee has an opportunity to provide feedback about his or her experience with

their direct supervisor. During this discussion, the supervisor also shares information about his or her leadership style and performance expectations.

- **Phase 2: Performance Management.** Performance Management training, at its core, is about defining the work, setting expectations, exchanging feedback from others (e.g. managers, direct reports, customers), and evaluating the outcomes accomplished. Performance Management training gives Wellpath leaders a common language for which development opportunities can be assessed and growth trajectories can be established.
- **Phase 3: Leadership Development.** We use Leadership Development training to invest in the continued growth of Wellpath employees and develop leaders from within. Each training session varies in delivery and duration and is designed to strengthen the leadership competencies of our staff members. For example, Wellpath provides a virtual New Leader Orientation for all new Wellpath leaders, including HSAs, DONs, MHPs, providers, and other people leaders. Wellpath is invested in continual improvement of its leadership programming and continues to refine and deploy additional programs throughout the organization.

Each new employee will also have access to Wellpath's web-based Onboarding Curriculum that outlines the onboarding steps all healthcare staff are required to complete, as well as additional onboarding steps required for specific positions. Our organization has well-developed and robust orientation programs for Clinical Providers (including use of mentors), Directors of Nursing, and Administrative Assistants. We also have a robust series of training curricula that we provide front-line staff to ensure quality of care and preparedness, including our *7 Minutes to Save Campaign*, *Rapid Response Series*, *Patient Care Series*, *Enhanced Training for Correctional Officers*, *Monthly Policies and Procedures Reviews*, and on-site CPR and AED certifications. **We look forward to discussing these further during presentations should the Department require additional information.**

GDC Orientation and Training. In alignment with GDC policies, Wellpath staff will complete 40 hours of contract-specific pre-service training. In addition to internally developed collateral, we will partner with the GDC to ensure all required policies, procedures, medical protocols, clinical guidelines, QI, infection control, utilization review, consults, etc. have been adequately addressed in the training curriculum. Employees will also complete an orientation specific to the correctional facility where they will work. As a best practice, we like to introduce all proposed physicians, nurse practitioners, and managerial staff to the correctional facility's warden and deputy warden prior to staffing them on-site. Our staff will participate in any additional training as deemed necessary by the GDC to ensure successful compliance with the contract. To support these efforts, we will tailor a comprehensive orientation and training program specifically to the needs and requirements of the GDC contract. We will also extend appropriate educational offerings to GDC personnel, train correctional staff in medical issues as requested, and participate in cross training with GDC staff as required.

Transition Success Stories

The following success stories exemplify our ability to transition and implement statewide DOC healthcare systems. We encourage the GDC to contact these client partners to verify our success transitioning their respective services.

Massachusetts DOC. Wellpath transitioned 400+ incumbent staff across 16 facilities and retained 100% of the incumbent provider's HSAs and key regional leadership staff. We also implemented new evidence-based treatment programs for civilly committed and criminally sentenced sex offenders and **EHR throughout the state system within 90 days from contract start.** In 2020, Wellpath took on a larger role and is now responsible for total program management to include safety/security and support services. **We interviewed, hired, and completed comprehensive orientation within 60 days to include hiring, training, and onboarding of more than 100 new staff during the COVID-19 pandemic.**

Pennsylvania DOC. Wellpath transitioned 28 facilities and 58,000 offenders under the jurisdiction of the **Pennsylvania Department of Corrections (transitioned from Wexford) in just 45 days.** In addition to providing a seamless transition, we successfully expanded on-site specialty clinic providers at DOC facilities in the first 30 days of service.

Kentucky DOC. Due to a protest that delayed contract award, **Wellpath successfully transitioned services for the Kentucky DOC in just three weeks' time.** In addition, we reduced a clinical backlog of nearly 4,200 patients requiring medical services when we assumed operations to zero within our first 120 days.

State of Georgia
State Entity: Georgia Department of Corrections
Electronic Request for Proposals ("eRFP")
Event Name: Physical Healthcare Services
eRFP (Event) Number: GDC0000946

Overview

This Excel file will be used to calculate and assess the cost proposal from the offering supplier. The breakdown of price will be evaluated in accordance with the criteria and point weighting described in the Request for Proposal.

The total price of the proposal is considered to be the sum of three parts:

1. Total per offender per month (POPM) costs for in-prison healthcare services
2. Total POPM costs for out-of-prison healthcare services
3. Total POPM costs for administrative services

GDC will evaluate the cost the of bid based on Total Costs (5 Years) using the overall POPM rates in row 7 of the Summary tab, which will incorporate POPM rates across all three contract line item numbers (CLINs) and anticipated continuous improvement savings across each.

incorporate the POPM rates across all three CLINs and the supplier's proposed rate changes each year. The proposed total POPM rate for each year will be binding once the contract is fully executed. The underlying assumptions in the cost template (e.g., labor rates, detail in line-item costs) will not be binding. GDC intends to award a one-year contract with nine one-year options for renewal. The supplier will provide pricing and cost projections for only Years 1-5. Assumption options are exercised to arrive at Year 4 of the contract, in Year 4, GDC would discuss price adjustments for Years 6-10 of the contract. Costs may be re-evaluated to be in-line with industry trends (e.g., inflation, labor rate index). Documented justification will be necessary for any significant changes to the POPM rate.

Vendors are expected to complete these worksheets in accordance with the instructions on the following tabs. Submissions with errors or incomplete worksheets will not be considered.

The POPM costs should support fulfilling the minimum basic requirements as described in Appendix B - Scope of Services and any additional services proposed by the supplier.

Note: Target costs for in-prison, out-of-prison, and administrative costs will be calculated by dividing the total estimated annual cost of each CLIN by the estimated number of offender months (e.g., 504,000 offender months = 42,000 offenders multiplied by 12 months) to calculate a POPM rate.



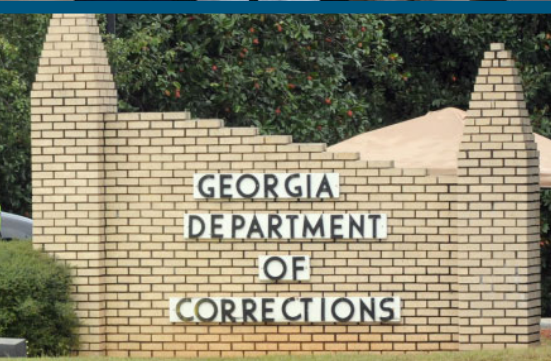
State of Georgia
Department of Corrections



RFP# 46700-GDC0000946

Response to Request for Proposal
for Physical Healthcare Services
June 4, 2021

**Cost Proposal
Narrative - Revised**



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Wellpath LLC is pleased to provide our proposed pricing based upon RFP requirements, information provided during the question and answer process, current community standards of care for correctional healthcare, and our experience providing similar services for other Departments of Correction. We believe that our response provides the best value to deliver high-quality services at predictable and sustainable costs in order to achieve the desired treatment outcomes and ensure public service for this vulnerable population.

The RFP notes that proposers should provide details on “any exceptions or limitations... where the POPM rate would not apply.” The RFP adds, “*Note: GDC will evaluate the cost of the bid using the overall POPM rate but is interested in understanding any exceptions to this rate proposed by the supplier.*” The Round 3 Supplier Q&A, Question 371, indicates that, “Although GDC specifically included this instruction to apply to the out-of-prison care POPM, if suppliers elect to bound the in-prison care POPM rate with a population threshold or other limitation/exception, GDC would like to see this, too.”

In compliance with the RFP, we have indicated where we are basing our pricing on the variable POPM for the Out-of-prison care and Administrative CLINs and have used the guidance noted above to tailor a pricing proposal that we believe best aligns our interests with those of the GDC.

A. In-Prison Care (5-pages max)

1. Per Offender Proposed Costs

In-prison care costs are largely fixed in nature with limited variation based on population. We have established an in-prison care budget to meet the needs of the requested 42,000 offender population, which results in a per offender per month (POPM) cost of 215.53, or \$108,628,105 in year 1. Considering GDC's response to Round 3 Q&A # 371, Wellpath's proposal excludes the In-prison care CLIN from variable fluctuation to ensure our ability to fill positions presented in the proposed staffing plan.

Staffing Plan

Our proposed staffing plan will effectively administer, manage, supervise, and deliver more than the services required, while providing quality care, promoting active treatment planning and programming, and increasing patient trust by providing an environment of respect, dignity, and transparency. We have included appropriately credentialed physicians who will provide on-site coverage for a minimum of eight hours per week at each occupied medical infirmary site. They will round on infirmary patients, supervise clinical staff supporting the restricted housing units, and provide appropriate consultation to mid-level staff and nursing personnel. At each of the 14 active infirmary sites, with the proposed staffing changes specifically at Metro and Phillips, there is a minimum of eight hours a week of in-person physician coverage at each site. All physician and advance practice providers noted on the facility matrices represent in-person care, but each site is also supported 24/7/365 with telehealth from a combination of the supervising facility physician, Wellpath Now, and our Georgia regional office telehealth team. Outside of the in-person hours noted above, supervising facility physicians who are on-call or performing telehealth services may elect to come on-site as needed or continue to develop treatment plans remotely based on the clinical needs of the patient. We will optimize on-site resources to match the GDC's current and future patient flow plans, which will result in improved short and long-term care.

Wellpath's staffing plan incorporates our in-depth evaluation of clinical staffing needs, including evaluating individual medical provider and individual facility caseloads. Our staffing plan exceeds National Commission on Correctional Health Care (NCCHC) staffing standards and incorporates a new level of expert medical staffing in a centralized location that will specifically address the complex care needs of the most high-risk patients. The staffing plan also includes appropriate levels of nursing and ancillary personnel to ensure that patient requests are responded to in a timely manner and that provider orders and monitoring are completed consistent with the patient's treatment plan.

There will be a named and accountable supervising physician associated with each facility. The medical management plan, specifically as it relates to the use of advanced practice providers (APPs), is collaborative in nature and ensures that all on the team are working efficiently to the top of their medical licenses. Included in our plan and central to this is the initiation of the APP Best Practice Center in the GDC. We know that APPs can deliver excellent clinical care to patients when practicing independently, and that this care is equivalent to physician care in many settings when done in a team-

based setting or collaborative care model¹². Our APP Best Practice Center includes very strong APP leadership within the proposed GDC clinical leadership structure. APP leadership will be located in our Georgia regional office and work hand-in-hand with the State Medical and Assistant Medical Director to ensure a high-quality, team-based, and collaborative approach to patient care is occurring throughout the system³.

Our staffing plan is built on a highly collaborative physician to Advanced Practice Providers (APP) ratio that is consistent with current community, state, and national standards. We employ a separate quality oversight for our APPs in addition to our other robust quality oversight initiatives and provide centralized scope of practice oversight. We use APPs in clinical practice at a ratio of APP to physician of 3.5:1, which is superior to the Georgia Medical Board recommended cap of 4:1 APP to physician. In our team-based approach, APPs have a list of conditions for which they must consult a physician, in addition to using sound clinical judgement. Our proposed WRAP/Complex Care team also provides centralized collaboration for the APP teams by helping guide the care of the most complex patients throughout the system. Additionally, our proposed Wellpath Now emergency providers typically respond to calls within minutes, and will provide 24/7/365 staffing backup and urgent/emergent consultation for all GDC locations. We use a similar approach in our Kentucky DOC operations where we have successfully implemented this collaborative model. This approach has allowed us to significantly expand access to care for our patients while maintaining the highest quality of care. Evidence shows that properly using APPs in clinical practice has led to a significant increase in both access and quality of care for our patients. Our staffing plan incorporates the use of telemedicine at all facilities within the scope of GDC's Physical Healthcare Services eRFP. Use of telemedicine is particularly crucial to our staffing complement at facilities with smaller populations.

With this knowledge, we have added two hours of in-person clinical provider time seven days a week to handle the needs of this special population. We have also added eight hours a day, seven days a week of LPN coverage at the GDGP SMU to cover pill pass, measuring vital signs and other clinical needs that may arise. This, in addition to the increased staffing at GDGP, will give us the flexibility to appropriately provide more clinical staff to the SMU on an as-needed basis. Wellpath has added 10 hours a week of physician time and 40 hours of advanced practice provider time at GDGP.

Wellpath recognizes the special needs of female patients in the correctional setting and seeks to offer a truly collaborative care model for these patients, just as we do with the high-complexity medical patients using our WRAP scoring system. Essential to this care will be our collaboration with GDC's contracted mental health and pharmacy providers, as well as specialized OBGYN care.

The collaborative care team for pregnant patients includes our specialized Women's Health Nurse Practitioner for routine care and appropriate screenings, our Obstetrician physician for oversight and complex care, a pharmacist for medication review and education, a mental health nurse to administer appropriate screenings for depression, anxiety, and other psychiatric issues that commonly arise during pregnancy, and our dietitian or nutrition counselor to educate the patient on a healthy diet and help with any metabolic issues that may arise during pregnancy.

Wellpath's staffing for the women's facilities includes the noted Women's Health trained nurse practitioner at each site as well as OBGYN oversight at each site with in-person care with OBGYN specialized telehealth backup. In addition to the above, we provide each women's facility with appropriate chronic care management by our primary care teams backed up by Wellpath Now 24/7/365.

Wellpath has included 40 FTEs of mental health nursing per the RFP requirements and look forward to further collaboration with GDC to ensure appropriate utilization and placement throughout GDC facilities. Our organization uses mental health nurses at many of our facilities. Inclusion of the mental health nurse as part of the patient's clinical treatment team, daily communication regarding patient functioning, and regular consultation with the providers will serve to increase our ability to meet the treatment needs of our patients. The mental health nurse will be included in the development of processes and procedures, as indicated, to ensure optimal functioning as a team. We will also collaborate with GDC's mental health vendor to ensure access to mental health curricula and programming tools that are used as part of the patient's treatment plan. Additionally, as an integral part of the treatment team, the mental health nurse will be invited to participate in trainings.

¹ <https://pubmed.ncbi.nlm.nih.gov/33646870/>

² <https://pubmed.ncbi.nlm.nih.gov/29613873/>

³ <https://pubmed.ncbi.nlm.nih.gov/32452967/>

As a result of the additional information provided regarding the acuity of the patient population, assuming full occupancy in all infirmaries and the potential of limited movement in certain facilities, Wellpath has made the following staffing adjustments on the facility-based staffing matrix.

Wellpath Proposed Staffing Adjustments			
Facility	Position	FTE	Explanation
Arrendale SP	NP/PA	1.00	Added due to high infirmary utilization
ASMP	Hospitalist	0.50	Added 0.5FTE additional Hospitalist for Admit/Transfer system work
Coastal SP	NP/PA	0.40	Added due to high infirmary utilization
GDCP	Primary Care Physician	0.30	Added due to high infirmary utilization
	NP/PA	1.00	Added for increased intake numbers
Georgia SP	NP/PA	1.30	Added due to high infirmary utilization
Metro RF	Primary Care Physician	0.20	Added due to high infirmary utilization
Montgomery SP	Primary Care Physician	0.20	Added due to new data on medical utilization at site (no cost to GDC)
	NP/PA	0.30	Added due to new data on medical utilization at site (no cost to GDC)
Phillips SP	Primary Care Physician	0.20	Added due to new data on infirmary utilization
Pulaski SP	Medical Director/OBGYN	0.60	Added due to new data on medical utilization at site
SMU at GDCP	LPN	1.40	Added for new data on limited movement and medical needs
	NP/PA	0.35	Added for new data on limited movement and medical needs
Total FTE Change (Increase)		7.75	

Our clinical care model will effectively administer, manage, supervise and deliver more than the services required, while providing quality care, promoting active treatment planning and programming, and increasing patient trust by providing an environment of respect, dignity, and transparency. Our proposed staffing plan exceeds NCCHC staffing standards and incorporates a new level of expert medical staffing in a centralized location that will specifically address the complex care needs of the most high-risk patients. The staffing plan also includes appropriate levels of nursing and ancillary personnel to ensure that patient requests are responded to in a timely manner and that provider orders and monitoring is completed consistent with the patient's treatment plan.

We support this team in the delivery of exceptional clinical outcomes by implementing and continuing to enhance unique, innovative clinical systems. These systems, which form the backbone of our high-quality enterprise, include two innovative, high-reliability models: our APP Best Practice Center and the Wellpath Healthcare Cloud. Our Georgia regional office clinical staff, which was included in our original cost proposal narrative, contains 7.55 FTEs which equates to **6.85 FTEs of additional direct patient care coverage** as detailed below:

- **1.00 FTE APP Best Practice Center:** This is an APP position that is 80% clinical and will work in the ASMP facility providing direct in-person clinical care for a mix of chronic and acute care.
- **0.60 FTE WRAP/Coordinated Care Physician:** This is a 100% clinical position that provides direct patient care through provider-to-provider consultations and serves the top 5-10% of the most medically complex patients in the GDC, thus allowing site clinical providers to see medically complex patients more efficiently, opening up time for non-complex patients to be seen more expeditiously.

- **1.00 FTE Hepatitis-C Provider:** This is a 100% clinical position responsible for consulting and direct patient care of a panel of patients with Hepatitis C and other related comorbidities. We expect this provider (likely a certified NP or PA) to carry a panel of >500 chronic care patients, with or without Hepatitis-C, at any given time, and to use in-person care as well as telehealth.
- **1.00 FTE Assistant Medical Director:** This position is 50% clinical with direct patient care provided at ASMP for the inpatient unit. This position will be staffed with a Hospitalist Physician who will help oversee the direct clinical care of this special patient group. This position will also help administratively in coordinating inpatient-level care across all the GDC infirmaries.
- **2.00 FTE Telehealth Mid-Levels:** These positions are 100% clinical and provide direct patient care via telehealth to all GDC facilities where sick call or chronic care visits are needed.
- **0.25 FTE Telehealth Physician:** This position is 100% clinical and provides direct patient care via telehealth to all GDC facilities where sick call or chronic care visits are needed.
- **0.40 FTE Wellpath Now Physician:** 100% of this position is devoted to supporting the Wellpath Now service for GDC providing direct clinical care via telehealth.
- **1.30 FTE Wellpath Now APP:** 100% of these positions are devoted to supporting the Wellpath Now service for GDC providing direct clinical care via telehealth.

The clinical workflows of the provided Wellpath Now service offer a significant enhancement of the efficiencies in provider workload and represent a large addition to direct clinical patient care⁴⁵. Wellpath Now is offered 24 hours a day, seven days a week, 365 days a year, and is staffed by a team of Georgia licensed medical providers who take routine after-hours call, urgent sick calls, emergencies, consultations and cross-cover calls from all GDC facilities via telehealth. This is the equivalent of instituting a 24/7/365 Urgent Care + Emergency Room (ER) + on-call system within the GDC and allows patients to be seen rapidly for any condition that may arise after hours or during busy times of the day when other providers need assistance with volumes or complicated patient cases. On-call issues that are deemed appropriate for an urgent provider evaluation will be sent to the Wellpath Now team immediately when the in-person provider is unavailable, providing active medical care or after normal working hours. In cases where nursing is unavailable, the system is designed to be used by a health-trained correctional officer.

Sick call coverage is screened by the nursing staff under current NCCHC standards and with the Wellpath Now service. Based on nursing protocols, those in need of an urgent provider referral are sent to Wellpath Now for an immediate sick visit 24 hours a day, seven days a week, 365 days a year.

Due to the increasing medical complexity of patients requiring hospital admissions or infirmary care, Wellpath is using specialized hospital medicine physicians to oversee these patients. Hospitalist physicians, those who have dedicated their careers to the care of hospitalized patients, have been shown to have better outcomes, shorter length of stays, and reduced readmissions compared to their non-hospitalist-trained counterparts⁶. As the most complex infirmary patients are housed at ASMP, we have planned to house the hospitalist physicians at this location clinically, although administratively, they will use their expertise to craft appropriate admission/discharge and transfer policies between GDC and outside hospitals as well as within the GDC. Providing this specialized hospitalist oversight, using the hospitalist physician to approve transfers centrally with the GDC central admit/transfer center will allow for appropriate placement of patients within GDC and streamlined clinical care plans.

We are confident that several of the additions to the clinical care model that Wellpath will institute within the GDC will result in significant increases in provider clinical and overall staffing efficiencies that will permeate the entire system and lead to more efficient, higher quality care. Some of these additions include:

- **Implementation of EHR:** This will increase tracking ability of patient severity of disease centrally and allow for real-time clinical interventions. This will be through in-person care, telehealth, and central office directed care.

⁴<https://pubmed.ncbi.nlm.nih.gov/24093916/>

⁵<https://pubmed.ncbi.nlm.nih.gov/33392572/>

⁶<https://pubmed.ncbi.nlm.nih.gov/22435787/>

- **EHR tracking:** The EHR will allow Wellpath to track the number of patients each provider sees on a daily or per-clinic basis. This will allow us to directly track efficiency and base that efficiency on both the number of patients seen plus the complexity of those patients to ensure fair and accurate tracking.
- **Team-based care:** Our team-based provider format where we appropriately collaborate with physicians and APPs using the logic of the centralized Wellpath APP Best Practice Center will extend the effectiveness of APP practice.
- **On-call coverage:** Wellpath's centralized call cross-coverage, using the Wellpath Now pool of Georgia licensed providers, provides real-time on-call cross cover for each GDC facility using phone or telehealth systems. Additionally, real-time patient data from the EHR allows for the advancement of care after hours and on holidays and allows the GDC full-time site providers the ability to avoid tiring on-call coverage so that they can maintain higher efficiency in clinics during scheduled hours.
- **Wellpath clinical care model:** A unique model that incorporates both face-to-face care based on best practice of advanced practice providers working with physicians and remote patient care through our Wellpath Healthcare Cloud. The Healthcare Cloud consists of five key elements:
 - Wellpath Now
 - Wellpath Connect
 - Wellpath Centers of Excellence
 - Wellpath Telehealth Specialty Solutions
 - Wellpath Complex Care

The estimated weekly hours by role in the cost proposal worksheet ("Facility-based Staffing Matrix") are true productive hours and represent onsite coverage. Any modifications to the Facility-based Staffing Matrix to include telehealth would be mutually agreed upon with GDC. Wellpath understands that employees will take time off for vacation, holiday, illness, and training throughout the year. Wellpath is also committed to ensuring that patient care is not adversely affected by employee absences. To ensure we meet patient care needs, Wellpath has included in our hourly rates 30 days of backfill for each full-time equivalent clinical position.

Use of Agency Labor: Wellpath avoids the use of agency nurses as much as possible; our solid relationships with agencies are used only as a bridge to continue providing patient care until a permanent solution is secured. Wellpath uses PRN or overtime coverage as temporary solutions until permanent positions are filled. Wellpath also has a dedicated group of highly trained travel nurses who can provide coverage for backfill, leadership vacancies, mass staff shortage, or disaster response to help avoid the use of agency staff. Travel nurses are Wellpath-employed RNs and LPNs who travel to required sites to provide coverage and are available to work multiple shifts and weekends. They are thoroughly screened based on their clinical skills assessment, knowledge of Wellpath policies and procedures and our Care Management system, and their level of computer literacy. Wellpath travel nurses obtain licensure in the states that are not part of the nursing license compact. Our HR team diligently manages our staffing according to our four-tiered staffing philosophy:

- **Tier One** – Use as many full-time personnel as possible
- **Tier Two** – Use regular part-time personnel in the regular staffing plan and to backfill for full-time personnel as necessary
- **Tier Three** – Use PRN personnel to backfill for full-time and part-time personnel as necessary
- **Tier Four** – Use locums and agency staff only to provide continuity of care as we proactively recruit the right quality care professionals

Wellpath does not plan to use more than 12% agency/contracted staffing consistent with our proposed target for GDC's mandatory quality-based measure.

We have proposed a robust staffing plan with an overall patient to staff ratio of 41 to 1 (based on an average daily population of 42,000 offenders). This ratio is consistent with our other statewide DOC operations, our correctional healthcare experience, and it ensures we can meet national standards. **The Wellpath staffing plans have been developed to serve an offender population between 35,000 and 42,000. Staffing plans will need to be revised to accommodate any offender population outside of this range and pricing will need to be renegotiated accordingly.**

Our staffing assumptions, including the number of full-time equivalents, staffing roles, and the salaries, wages, and benefits by facility, have been included in **Attachment E – Cost Proposal Workbook** as required.

Within the **Facility matrix** worksheet of Wellpath's **Attachment E – Cost Proposal Workbook**, the Other position grouping consists of 3.0 FTEs Grievance Coordinator and 6.2 FTEs On-site Scheduling Coordinators.

Employee Wages and Benefits. Wellpath offers competitive salaries and benefits to attract and retain qualified staff. Based on our experience in similar statewide DOC contracts and our county correctional contracts in Georgia, we have found geographic proximity to be the most effective tool in determining salary ranges across multiple facilities. We conduct local due diligence and salary surveys to ensure that our proposed rates are competitive within the surrounding area and to ensure that staff recruitment and retention efforts are successful. Wellpath has invested in economic modeling data that allows us to evaluate each market based on real-time salary and market analytics. We conduct a thorough study of market wages via multiple best-in-class market compensation applications, all of which provide in-depth time series regression analyses of base salary and wage differences across diverse job attributes and among and between different cities and areas. Our team also researches state and local government employee salary data, including applicable collective bargaining wages and historical financial reporting. As a final step, we evaluate our internal salary data. We believe, that by evaluating job and geographical features across market, governmental, and internal data the wages recommended herein are precise, fair, consistent, and competitive. These tools also give us better insight to know where people live versus where they work, and how many actual jobs are being filled every month.

We save our client partners unnecessary operational expense and added costs created by staff turnover by providing our employees pay rates and benefits that make them feel valued. **Wellpath has budgeted for compensation rates at or near the upper quartile based on salary surveys, which we believe is significantly higher than those currently paid to clinical staff working in GDC facilities. We always strive to maintain full staffing at all facilities.** Building a long-term, stable work force results in a relatively fixed staffing cost as the offender population rises and falls.

We promote retention by maintaining competitive compensation and benefit packages, embracing diversity, rewarding superior performance, community involvement and providing meaningful work in a friendly environment. Additionally, Wellpath is confident that our comprehensive benefits package, which includes health and wellness coverage, paid time-off, continuing education, professional development, and retirement and financial wellness benefits, is attractive to today's healthcare professional. Wellpath is confident that its benefits and total compensation plan is appropriate for the healthcare professionals currently providing physical healthcare services. We also understand the importance of continuity of care during any transition and will offer employment to all valued, qualified incumbent staff.

Due to the generally fixed nature of staffing, it is important that we align payment of these costs to allow us to attract, retain, and compensate our healthcare staff and pay the expenses associated with the work they perform. **By maintaining a consistent, high-quality team of compassionate, committed caregivers, we will be able to deliver high quality care, while optimizing on-site care to reduce unnecessary off-site transports, risk, and adverse outcomes.** For this reason, and to provide cost certainty to GDC, we propose to charge GDC a fixed monthly amount to cover in-prison care, with modest annual cost-of-living increases to maintain competitive compensation levels for our healthcare team.

Professional and Outside Services consists of the following subcontracted services:

- **Dialysis Services** includes estimated treatment volume based on Wellpath experience operating other statewide DOC systems. We have applied costs based on the letters of intent received from our subcontractor.
- **Laboratory Services** includes estimated treatment volume based on Wellpath experience operating other statewide DOC systems. We have applied costs based on the letters of intent received from our subcontractor.
- **Radiology Services** includes estimated treatment volume based on Wellpath experience operating other statewide DOC systems and treatment volume data provided by GDC. We have applied costs based on the letters of intent received from our subcontractor.

Non-IT Equipment includes the cost to lease, repair, and maintain equipment such as copiers. Our cost estimate is based on our experience operating similar facilities for other statewide DOC systems. We would also request the opportunity to review the government furnished equipment (GFE) available on-site upon contract award, as stated in the RFP requirements. The evaluation of GFE in terms of quantity and refurbishment required may impact the cost proposal.

Durable Medical Equipment includes medical supplies and biohazard waste disposal. Our cost estimate is based on our experience operating similar facilities for other statewide DOC systems.

Travel includes airfare, lodging, meals, mileage reimbursement, parking fees, etc. Our cost estimate is based on our experience operating similar facilities for other statewide DOC systems.

SG&A and Overhead includes general and administrative (G&A) expenses, worker's compensation and payroll taxes. Payroll includes the cost of third-party payroll services. Our cost estimate for G&A is based on our experience operating similar facilities for other statewide DOC systems. Our cost estimate for worker's compensation is based on a set formula using the estimated salaries for our proposed staffing plan. We have applied a rate of cost that includes worker's compensation premiums plus an actuarial-determined rate for claims and medical costs.

Other In-Prison Care Costs includes the cost of centralized In-prison care clinical positions.

Centralized In-prison Care Clinical Positions includes personnel expected to provide care through-out the GDC system for quality assurance and to support technology-enabled care, such as Telemedicine, Wellpath Connect, and Wellpath Now. We have included the following 15.45 FTEs in these Centralized In-prison care positions:

Anticipated Centralized Clinical In-prison Care Positions	
Position	FTE
Regional Medical Director	1.00
Hep C Provider	1.00
Telehealth Scheduler / Coordinator	2.00
Telehealth Physician	0.25
Telehealth Mid-Level	2.00
APP Best Practice	1.00
Wellpath Connect RN	4.00
WRAP/Coordinated Care RN	1.00
WRAP/Coordinated Care MD	0.60
Medical Director Utilization Management	0.50
Assistant Medical Director	1.00
Wellpath Now Physician	0.40
Wellpath Now APP	1.30
Total Centralized Clinical In-Prison Care FTEs	15.45

2. Year-Over-Year Continuous Improvement

At Wellpath, we take pride in being innovative in our approach to delivering quality healthcare to vulnerable patients in challenging clinical environments. Through innovation, we are able to achieve efficiencies in managing total cost of care, while meeting the needs of our patients. We plan to use our extensive tele-health offerings through the Wellpath Healthcare Cloud, reducing unnecessary off-site transports. We also intend to provide more in-prison care by optimizing use of the Augusta State Medical Prison's operating rooms and infirmary beds. We will implement our electronic health record, ERMA, at the start of the contract with key functions for care management, provider steerage, and medication order entry, followed by full functionality rollout in the first 90 days to improve overall care management. We have not included any savings on in-prison care from these improvements, but we do expect them to contribute to reductions in out-of-prison care as described in the following section.

Wellpath intends to build up to a full complement of trained, committed staff as quickly as possible; to implement our Wellpath Healthcare Cloud at transition; and to fully implement ERMA, our EHR application within 90 days of the start of services. We have completed ERMA installations within 90 days at several, large justice-served institutions. Together, this suite of services will help us to optimize on-site care. In our experience, it can take up to twelve (12) months from transition to see the initial effects of these improvements in care. These improvements are ongoing, and we anticipate significant year-over-year continuous improvement throughout the life of the contract. We have reflected the financial impact of these improvements in our cost proposal narrative response to out-of-prison care.

Wellpath's year one cost assumes nearly full staffing with limited use of agency labor; therefore, the year over year In-prison POPM adjustment reflects modest healthcare wage increases necessary to continue maintaining the proposed staffing complement.

3. Approach to Risk-Sharing

Wellpath has not proposed any risk-sharing opportunities for in-prison care. As noted above, in-prison care costs are largely fixed, and we seek to maintain full staffing at all times, though we expect there may be some opportunities to reduce staffing levels and other costs at lower offender populations, without any adverse impact on quality. To the extent we are able to reduce staffing at lower population levels, or to the extent we do not maintain staffing with less than 5% vacancy or meet the five proposed productivity-based staffing metrics, **we would reimburse GDC the amount of any staffing cost reductions below our proposed target outlined in our response to D. Quality-Based Measures.** We would anticipate staffing fill rates to be evaluated and reported on a quarterly basis. We look forward to discussing a mutually agreed upon reimbursement structure upon contract award. **The GDC would not be responsible for any cost overruns for in-prison care over the life of the contract.**

Year One Proposed Costs

The table below summarizes Wellpath's proposed FTE totals by region and in the regional office. Adjustments from the base, or Revised Proposed, offender range of 35,001 to 42,000 are presented to identify points of savings or additional staffing-related cost as the population moves into other ADP ranges. We have modified our original proposed staffing plan of 1,017.55 FTEs to include an increase of 7.75 FTEs based on our discussions with GDC, as shown in the table below.

Wellpath Anticipated ADP Ranges				
Region	30,001 - 35,000 Change from Proposed Range	35,001 - 42,000 <i>Revised Proposed</i>	42,001 - 45,000 Change from Proposed Range	45,001 - 49,000 Change from Proposed Range
North	(35.05)	460.55	4.60	24.30
Southeast	(14.50)	246.90	12.10	35.00
Southwest	(8.40)	255.90	16.60	49.80
In-Prison FTE Subtotal	(57.95)	936.35	33.30	109.10
Regional Office FTEs	(4.50)	61.95	-	1.30
Total FTEs	(62.45)	1,025.30*	33.30	110.40
*Staffing matrices by facility have been included in our revised Attachment E – Cost Proposal Worksheet				

Wellpath's revised proposal for year one is summarized in the table below. Consistent with our initial submission, the in-prison CLIN compensation remains fixed within each offender range. The increase in the out-of-prison CLIN POPM in the 30,001 to 35,000 ADP range represents our expectation that at the lower ADP a higher percentage of the remaining population will be above age 50, resulting in a greater proportion requiring more costly care than in higher ADP ranges. Administrative CLIN compensation, as expected, does not vary materially throughout the series of offender population ranges due to the relatively fixed nature of those regional office staffing, corporate oversight and support, and EHR costs.

Wellpath Revised Year 1 Costs by ADP Range

			<i>Revised Proposed</i>	
Offender Population	30,001	35,000	35,001	42,000
In-prison CLIN POPM*	Variable		Variable	
Out-of-prison CLIN POPM	\$112.64		\$105.16	
Administrative CLIN POPM	\$44.57		\$38.90	
Total POPM	\$392.05		\$359.59	
In-prison CLIN Compensation	\$98,632,800		\$108,628,105	
Out-of-prison CLIN Compensation	\$40,551,752	\$47,308,800	\$44,166,667	\$53,000,000
Administrative CLIN Compensation	\$16,045,735	\$18,719,400	\$16,337,019	\$19,604,423
Revised Compensation	\$155,230,287	\$164,661,000	\$169,131,791	\$181,232,528
Offender Population	42,001	45,000	45,001	49,000
In-prison CLIN POPM*	Variable		Variable	
Out-of-prison CLIN POPM	\$105.09		\$104.59	
Administrative CLIN POPM	\$36.73		\$34.76	
Total POPM	\$347.39		\$341.74	
In-prison CLIN Compensation	\$111,008,000		\$119,003,696	
Out-of-prison CLIN Compensation	\$52,966,621	\$56,748,600	\$56,479,855	\$61,498,920
Administrative CLIN Compensation	\$18,512,361	\$19,834,200	\$18,770,817	\$20,438,880
Revised Compensation	\$182,486,982	\$187,590,800	\$194,254,368	\$200,941,496
*As previously stated the In-prison CLIN Compensation is fixed within each ADP range				

B. Out-of-Prison Care (3-pages max)

1. Per Offender Proposed Costs

Wellpath's proposed pricing for out-of-prison care reflects our commitment to effectively managing off-site care, starting with our approach to optimizing on-site care. As described throughout our proposal, we provide industry-leading technology, systems, and methods to achieve best-in-class results. Unlike staffing costs, out-of-prison care costs are highly variable, so we have proposed a POPM of \$105.16, with no fixed portion of costs.

Medical Costs

Our proposed estimates for each of the medical cost categories have been provided on **Attachment E – Cost Proposal Workbook**. We estimated these out-of-prison medical costs using the combination of the data provided by GDC, including consult counts and other utilization metrics. We also based our cost estimates on Wellpath's experience operating other statewide DOC systems, along with statutory payments for emergency department services provided to offenders in Georgia, and our experience in providing out-of-facility care to county correctional offenders in Georgia.

Claims Processing includes network access fee, claims adjudication, and timely payment to providers. Our cost estimate is based on the POPM provided by our subcontractors.

Transportation costs: We have not included any transportation costs as these costs have been included in ambulance costs. We would anticipate that GDC would be responsible for transportation costs outside of ambulance services.

To the extent an offender has private insurance, Wellpath would not be responsible for out-of-prison care for populations housed outside of the state prisons.

2. Year-Over-Year Continuous Improvement

Wellpath has proven efficiencies employed for our client partners, creating best-practice care over time, to address both quality and total cost of care. We are confident we will successfully reduce off-site transports and the costs of out-of-prison care by optimizing on-site care. We completed our analysis using the data supplied by GDC during the RFP process, and from information gained from operations in our Georgia jails. Wellpath believes there is significant opportunity for improvement by addressing three strategic solutions detailed below.

1. Wellpath Healthcare Cloud

a. Wellpath Now – Anticipated Savings of ~\$1.98 POPM or \$1.0 million annually

The unique offering of the Wellpath Healthcare Cloud will optimize two of the highest spend areas for offsite care: emergent and routine care. Wellpath Now, our signature telehealth solution to address emergent care 24/7/365, helps Wellpath to optimize on-site evaluation and treatment for patients who may need emergent care by seeking to manage most care for lower-acuity situations (Level 1-2) and a significant portion of Level 3, on-site. Wellpath Now may achieve annual savings of ~\$1.98 POPM or ~\$1.0 million.

b. Wellpath Connect – Anticipated Savings of ~\$2.48 POPM or \$1.25 million annually

Wellpath Connect determines the best-practice approach for care that is typically delivered offsite and provides alternative evidence-based routine medical care that can be delivered onsite. With a team of clinical specialists, Wellpath Connect has been shown to roughly double the percentage of alternative treatment plans delivered onsite. Certain conditions, such as out-of-prison care where medical procedures are required, can achieve even higher improvement in the portion of on-site care with trained providers. Wellpath Connect may achieve annual savings of ~\$2.48 POPM or \$1.25 million.

2. Appropriate Site of Service – Anticipated Savings of ~\$1.98 POPM or \$1.0 million annually

A second opportunity, outside the Wellpath Healthcare Cloud, is ensuring use of the appropriate site of service for conditions requiring surgery, procedures, radiology studies, cancer treatment, and specialty infusion services, as primary targets. With proper provision of the majority of these medical services in high quality, affordable outpatient locations, the full annual opportunity may be \$1.98 POPM or \$1.0 million. Wellpath expects that

optimized utilization of the Augusta State Medical Prison, including the use of the two operating rooms and on-site MRI/CT services, and infirmary beds, will play a critical role.

3. *Improved Performance for State Medicaid Enrollment – Anticipated Savings of ~\$0.92 or \$500,000 annually*

We believe that better performance for state Medicaid enrollment can achieve significant cost savings. The current enrollment of 5-10% of eligible patients, with an intentional program for improvement, could achieve approximately \$0.92 POPM or \$500,000.

All these programs will require time to scale, and our efforts will begin the first day of operations. As we understand more about the population, it is highly likely more opportunities will become apparent to improve care both in the short-term and long-term, while simultaneously addressing total cost of care inflation.

Over the past five years, the majority of Georgia has averaged 3.62% annual increases in healthcare costs* due to medical inflation, and more than 6% in the most recent year. As a result, Out-of-prison care savings are projected to reduce the impact of healthcare inflation to approximately 1.75% annually in years two through five of the contract, resulting in a cost savings to GDC of approximately \$6.7 million over the 5-year term. In addition to reducing inflationary pressure as noted above, there is potential for GDC to achieve an additional \$5 million in Out-of-prison care cost savings over the 5-year term, based on our gain-share recommendation.

* Annual CPI from 2016 to 2020 for Medical care in Atlanta-Sandy Springs-Roswell, GA from U.S. Bureau of Labor Statistics

As noted in Wellpath's initial response, CPI for the Greater Atlanta area has averaged 3.62% for the 5-year period 2016 through 2020 as shown in the following table. The current economic environment suggests that inflation may outpace recent history, and in 2020 alone, medical care inflation exceeded 6%. For out-of-prison care, the year 1-2 YOY increase of 3% reflects our expectation for cost inflation during that period. YOY increases of 1.75% for each of years 2-5 reflect our consideration of the noted CPI trend offset by the industry-leading best practices that we will have installed in year 1, such as Wellpath Now.

CPI for All Urban Consumers (CPI-U) 12-Month Percent Change

Series Id: CUURS35CSAM,CUUSS35CSAM
 Not Seasonally Adjusted
 Series Title: Medical care in Atlanta-Sandy Springs-Roswell, GA, all urban consumers, not seasonally adjusted
 Area: Atlanta-Sandy Springs-Roswell, GA
 Item: Medical care
 Base Period: 1982-84=100
 Years: 2011 to 2021

Year	Annual	HALF1	HALF2
2016	6.20	4.9	7.5
2017	4.20	6.0	2.4
2018	-1.10	0.7	-2.9
2019	2.30	-2.6	7.4
2020	6.50	9.6	3.5
2021			
	3.62 2016-2020 average		

3. Approach to Risk-Sharing

As we continue to make progress in our implementation of these innovations, we believe savings could be greater than what we have included in our pricing. Reflecting this, we propose a risk-sharing model for out-of-prison care under which GDC receives 60% of any cost savings from reduced out-of-prison care and pays only 40% of any cost over-runs above the annual POPM in each year.

As noted in Wellpath's response to A. In-Prison Care and in 2. Year-Over-Year Continuous Improvement within B. Out-of-Prison Care above, Wellpath will optimize In-prison care by (1) paying market wages; (2) striving to fill every position; (3) increasing the use of telehealth through Wellpath Now; (4) identifying alternative treatment plans and pre-authorizing out-of-prison care through Wellpath Connect; and (5) using centralized Medicaid enrollment coordinators to improve the enrollment process for Medicaid-eligible patients.

In addition to Wellpath's cost containment programs, we have partnered with Georgia-based AWC to enhance our utilization management efforts. In coordination with Wellpath Connect, AWC's Medical Gatekeeper service, which was designed specifically for the GDC, will decrease patient length of stay, reduce unnecessary testing, ensure medications are not over-prescribed, and maintain effective communication with specialists in the field.

On a monthly basis, Wellpath will provide to GDC a claims detail extract itemizing all claims paid for out-of-prison care in addition to invoices for network access and third-party administration costs. At the end of each quarter, total out-of-prison care costs incurred will be compared to the project costs for application of the mutually agreed upon risk-sharing structure. As noted above, to the extent out-of-prison costs are below target, GDC will receive 60% of the gain-share. Should actual incurred costs be above target, GDC shall only pay 40% of the loss-share. Wellpath proposes that settlement of the loss or gain share shall occur within 90 days after the end of each contract year.

C. Administrative Costs (2-pages max)

1. Per Offender Proposed Costs

Wellpath's administrative costs are outlined below and include our proposed POPM of \$38.90. We look forward to discussing during negotiations if there is a possibility for GDC to consider having parts or all of the administrative cost POPM fixed as administrative costs do not vary with population fluctuation.

Administrative overhead - Regional Office Staffing: We are providing a robust and comprehensive regional office team with a dedicated operational team for each of the three existing GDC regions. We have developed additional team members to specifically support our Wellpath Healthcare Cloud, utilization management, recruitment and human resources, finance, information technology, and facility-level operational support. Our dedicated Information Technology team will support GDC's needs, and provide virtual and on-site training, support and project management. We will have local Recruiters and Human Resources Business Partners to recruit and retain highly qualified providers. Having these positions located within the regional office in Georgia allows us to understand the specific needs of the state and the unique geographic areas that require recruitment strategies adjusted for those needs. The Finance Manager will also be regional office based and will directly interact with GDC to provide all required financial reports and manage costs. Clerical and administrative staff will support the operational and administrative duties, including telehealth coordination and facilitation. The following table provides an overview of our proposed Regional Office staffing.

Anticipated GDC Regional Office Staffing Plan			
Position	FTEs	Position	FTE
Regional Vice President	1.00	Human Resources Business Partner	1.50
Director of Operations	1.00	Recruiter	3.00
Regional Manager	3.00	Recruiting Coordinator	3.00
Operations Specialist	3.00	Information Technology Director	1.00
Regional Administrative Assistant	3.00	Information Technology Project Manager	1.00
Regional Infectious Disease Manager	1.00	Information Technology Support Manager	1.00
CQI Director	1.00	Information Technology Level 2 Site Support	4.00
Regional CQI Manager	3.00	Information Technology Application/Reporting Manager	1.00
Regional Director of Nursing	1.00	Information Technology Analytics/Reporting	1.00
Regional Nurse Manager	3.00	Information Technology EHR Training Support	5.00
Finance Director	1.00		
Total Regional Office FTEs			42.50

The centralized clinical experts above that have been layered into the clinical care model will be key in providing the very best healthcare throughout the enterprise while allowing focused attention on the patients with the highest need. One highlight among many is the centralized telehealth team that can flex up and down to meet surges in urgent telehealth demand while still covering chronic care visits remotely. Our staffing plan provides the needed flexibility to expand coverage and access where it is needed most as GDC expands the expertise of its healthcare delivery system. Delivering effective, quality care takes innovation and foresight, and our staffing plan reflects both the present and future of correctional healthcare.

Insurance includes professional and commercial general liability coverage. Our costs include the estimated insurance premium and actuarial estimates for claims and legal fees.

EHR: Wellpath has included costs associated with ongoing support of our electronic health record, ERMA, as these costs contribute to the overall efficiency of the healthcare delivery services, including the reduction of medical records staff. We understand that if the contract ends, we would continue to provide a non-exclusive and irrevocable license to use ERMA at a cost equivalent to the cost paid by GDC during the term of the contract.

Utilization management: Wellpath has included staffing and support services to ensure patients sent off-site receive the proper treatments and that they return to the GDC as soon as they are able.

Medicaid enrollment: Wellpath will work with the GDC to ensure all Medicaid applications are properly submitted and processed for all Medicaid eligible patients.

Other IT software is based on our understanding of the existing IT infrastructure capabilities and Wellpath's expectation for recurring costs associated with IT delivery.

Other IT hardware is based on our understanding of the existing IT infrastructure capabilities and Wellpath's expectation for recurring costs associated with IT delivery.

Other IT services is based on our understanding of the existing IT infrastructure capabilities and Wellpath's expectation for recurring costs associated with IT delivery.

Population Health Support includes costs for personnel to prepare reporting on key healthcare outcome metrics.

Transition Activities. Wellpath has not included any costs for transition activities, including the implementation of our electronic health record, ERMA, though we are anticipating our transition activity costs to be approximately \$42.01 POPM or \$21.1 million, as detailed in the following table.

Wellpath Anticipated Transition Costs		
Category	POPM	Cost
Training and Transcription Hours/Travel	\$6.91	\$3,481,765
Computers/POCCs and Network Equipment	\$5.21	\$2,626,890
EHR Discovery and One-Time Cabling/PC Install	\$0.98	\$492,420
IT Security Compliance	\$0.63	\$320,000
Transition Team	\$12.52	\$6,307,572
Transition Team Meals & Lodging	\$6.27	\$3,157,562
Pre-Hire Staffing	\$2.50	\$1,258,740
Contingency	\$7.00	\$3,528,990
Total Costs	\$42.01	\$21,173,939

We are committed to designing and implementing a high-quality healthcare program that ensures patients receive timely care in the most appropriate setting, increasing quality outcomes and overall program effectiveness. Wellpath believes a successful healthcare program begins with a successful healthcare program transition. We anticipate a team of hundreds of highly trained professionals for up to 90 days after Go-Live. We are committed to delivering a successful program transition and we believe our significant financial investment will support the start of a successful, long-term partnership with GDC.

Management fee includes Wellpath home-office support services and a reasonable profit. **Wellpath has reduced our management fee in year one by approximately \$7.47 POPM or \$3.8 million dollars to further support our investment into this partnership with GDC to enhance the quality of care and provide the opportunity to support IT infrastructure enhancements that may be needed.**

Other Administrative Costs include the cost for the RFP required performance bond equal to no less than 20% of the annual total amount of the contract.

2. Year-Over-Year Continuous Improvement

Wellpath intends to implement its EHR, Healthcare Cloud, and all other IT services, hardware, and software in the first year, but we do not expect these innovations to achieve significant year-over-year cost savings until our second year of operations. Therefore, **we propose to reduce our year one annual management fee by approximately \$7.47 POPM or \$3.8 million, which reflects our commitment to investing in our shared success.** Wellpath is committed to continuous improvement across all aspects of the GDC healthcare program. We will work closely with the GDC to identify and to implement improvements in staffing, in onsite care, and in off-site care throughout the duration of the contract. As our administrative costs are largely related to regional office staffing or corporate support, year-over-year cost adjustments reflect inflationary increases necessary to maintain a consistent complement of staff for effective oversight of the GDC physical healthcare program, ERMA maintenance and development, and back office support.

With respect to the Administrative Cost CLIN, Wellpath reduced its year one management fee by approximately \$3.8 million and will not charge the GDC for transition activities, including the implementation of our EHR, ERMA. We believe this represents approximately a \$25 million investment in our partnership with the GDC and will represent a significant savings across the life of the contract.

D. Quality-Based Measures (5-pages max)

Wellpath has provided three identified quality-based measures, including how the measures would be defined and the target rates for each measure in the following table. We understand GDC would like to prioritize reporting on vacancies and productivity-based staffing and have modified the quality-based measures to align with those preferences.

Wellpath Proposed Quality-Based Measures				
A. Measure	Definition	B. Numerator	C. Denominator	D. Target
Percentage of productivity-based vacancies compared to staffing plan	Vacant hours to ensure contracted care delivery by facility	Number (#) of vacant hours by facility quarterly	Total number (#) of contracted hours by facility quarterly	Less than 5% vacancy or meet all 5 proposed metrics*
Percentage of in-prison care labor provided by agency	Productive hours filled with agency labor by facility	Number (#) of productive hours of in-prison care filled by contracted labor by facility quarterly	Total number (#) of contracted in-prison care hours by facility quarterly	Less than 12%
Percentage of patient emergencies that are effectively managed through in-prison care, including the use of provider consults, telehealth, etc.	Reduction in the number of low acuity (Level 1-3) emergency department (ED) transfers by effectively managing these cases onsite through the Wellpath Now service	Total # of low acuity (Level 1-3) and ED transfers in post baseline performance year or previous year	Total # of low acuity (Level 1-3) and ED transfers in baseline performance year or previous year	Average of 5% YOY decrease of low-acuity (Level 1-3) and ED transfers**
*Wellpath has proposed 5 productivity-based metrics to ensure contracted care delivery by facility in the following table.				
**Achieves a maximum target reduction of 20% from the pre-contract year or baseline performance year over the contract term.				

Percentage of Productivity-Based Vacancies Compared to Staffing Plan

We strive to optimize onsite care in each of our contracts and have identified several productivity-based metrics to measure our effectiveness at optimizing the delivery of health care services at a reasonable cost. The following metrics support our efforts to optimize on-site care and mitigate low value off-site care with our productivity-based staffing plan to ensure contracted care by facility.

Wellpath Proposed Productivity-Based Staffing Metrics					
#	Metric	Numerator	Denominator	Target Threshold	
				Min.	Max.
1	Timeliness of offender requested medical provider visits	Sample of sick call requests addressed within required timeframes	Sample of sick call requests	95%	100%
2	Transitions of Care	Sample of patients seen within required timeframes for: <ul style="list-style-type: none"> Hospital discharge – Evaluation and progress note completed by end of shift upon receiving patient Transfer from Augusta State Medical Prison (ASMP) - Before patient transfers. 	All types of transfers included in the sample	95%	100%

Wellpath Proposed Productivity-Based Staffing Metrics					
#	Metric	Numerator	Denominator	Target Threshold	
				Min.	Max.
3	Diagnostic Test (lab or radiology)	Sample of patients who received a diagnostic test that was reviewed within two business days from receiving test results	Sample of patients who received a diagnostic test	95%	100%
4	Annual Health Assessments	Sample of patients who received an annual health assessment within required timeframe	Sample of patients who were scheduled or should have received an annual health assessment	95%	100%
5	Chronic Disease Clinical Guideline Adherence (HEDIS measures)	Guidelines followed by facility for patients that meet inclusion criteria (based on HEDIS): <ul style="list-style-type: none"> • Hemoglobin A1c (HbA1c) testing • BMI measurement on patients • Statin Adherence for Patients with CVD • Hypertensive 18-59 with BP control (<140/90 mmHg) 	Total patients that meet inclusion criteria enrolled in chronic disease control program	90%	100%

Wellpath proposes the following absolute dollar value amounts for incentive payments for each of these quality-based measures. These types of incentives encourage vendors to continuously strive for improvements in health care outcomes and clinical processes throughout the contract term.

Percentage of Productivity-Based Vacancies Compared to Staffing Plan

For In-prison productive hours, Wellpath shall credit to GDC the weighted average of actual hourly wage plus a 20% benefit/payroll tax estimate as detailed in the table below. Staffing plan shall be based upon the facilities included in the Facilities matrix, which excludes Regional Office personnel. Wellpath will compare actual productive hours to staffing plan and report to GDC on a quarterly basis. Reconciliation credits shall be issued to GDC within 60 days after the end of each quarter.

Productivity-Based Incentives/Credits			
Location	Vacancy Rate	Proposed Productivity-Based Staffing Metrics	Incentive/Credit
Facility 1	1%	Not applicable	No payback
Facility 2	2%	Not applicable	No payback
Facility 3	3%	Not applicable	No payback
Facility 4	4%	Not applicable	No payback
Facility 5	5%	Not applicable	No payback
Facility 6	6%	Any of the metrics not met	Payback of 1%
Facility 7	6%	All 5 metrics met	No payback
Facility 8	7%	Any of the metrics not met	Payback of 2%
Facility 9	7%	All 5 metrics met	No payback
Facility 10	8%	Any of the metrics not met	Payback of 3%
Facility 11	8%	All 5 metrics met	No payback

Productivity-Based Incentives/Credits			
Location	Vacancy Rate	Proposed Productivity-Based Staffing Metrics	Incentive/Credit
Facility 12	9%	Any of the metrics not met	Payback of 4%
Facility 13	9%	All 5 metrics met	No payback
Facility 14	10%	Any of the metrics not met	Payback of 5%
Facility 15	10%	All 5 metrics met	No payback
Facility 16	11%	Not applicable	Payback of 6%
Facility 17	12%	Not applicable	Payback of 7%
Facility 18	13%	Not applicable	Payback of 8%
Facility 19	14%	Not applicable	Payback of 9%
Facility 20	15%	Not applicable	Payback of 10%

Percentage of In-Prison Care Labor Provided by Agency

For each quarter that a facility exceeds the 12% proposed threshold for in-prison care labor provided by agency staff, Wellpath shall credit to GDC \$1,000 per facility. Staffing plan shall be based upon the facilities included in the Facilities matrix, which excludes Regional Office personnel. Wellpath will compare actual productive hours filled with agency staff by facility and report to GDC on a quarterly basis. Reconciliation credits shall be issued to GDC within 60 days after the end of each quarter.

Percentage of Patient Emergencies that are Effectively Managed through In-Prison Care

Should Wellpath meet the 5% year over year or 20% maximum target reduction of low-acuity emergency department (ED) transfers from the pre-contract year or baseline performance year to year 5, Wellpath shall be entitled to an incentive of \$100,000 per year. Wellpath will report to GDC the improvement in low acuity ED avoidance on an annual basis. Reconciliation credits shall be issued to GDC within 60 days of the end of each contract year. Wellpath will use incentives earned to reinvest in GDC staffing and infrastructure.

Tracking Productive Hours vs. Budgeted

Wellpath has a robust set of workforce analytics and metrics. Our Enterprise Analytics team uses these tools to proactively manage our staffing plans at the contract, region, and facility levels. Examples of what we track include:

- Productive fill rate (percent of budgeted shifts filled)
- Agency labor and overtime use as a percent of total productive hours

In addition, we track other metrics such as the staffing rate (full-time/part-time (FT/PT) FTEs as a percent of budgeted FTEs) and adjusted staffing rate (FT/PT FTEs plus PRN usage as a percent of budgeted FTEs).

Wellpath will provide quarterly reporting by facility and employee classification to demonstrate productive hours provided to each location in the contract. The following graphic is an example of how we track productive hours worked vs. budgeted/contracted hours by position for each facility. This report is populated directly from our payroll system. Additionally, as provided in our response to *Attachment D – Mandatory Scored Questions on page 148*, the Wellpath Client Portal provides our client partners with near real-time reporting on statistics related to the delivery of care, including GDC defined metrics and reporting.

Example Productive Hours Reconciliation by Facility

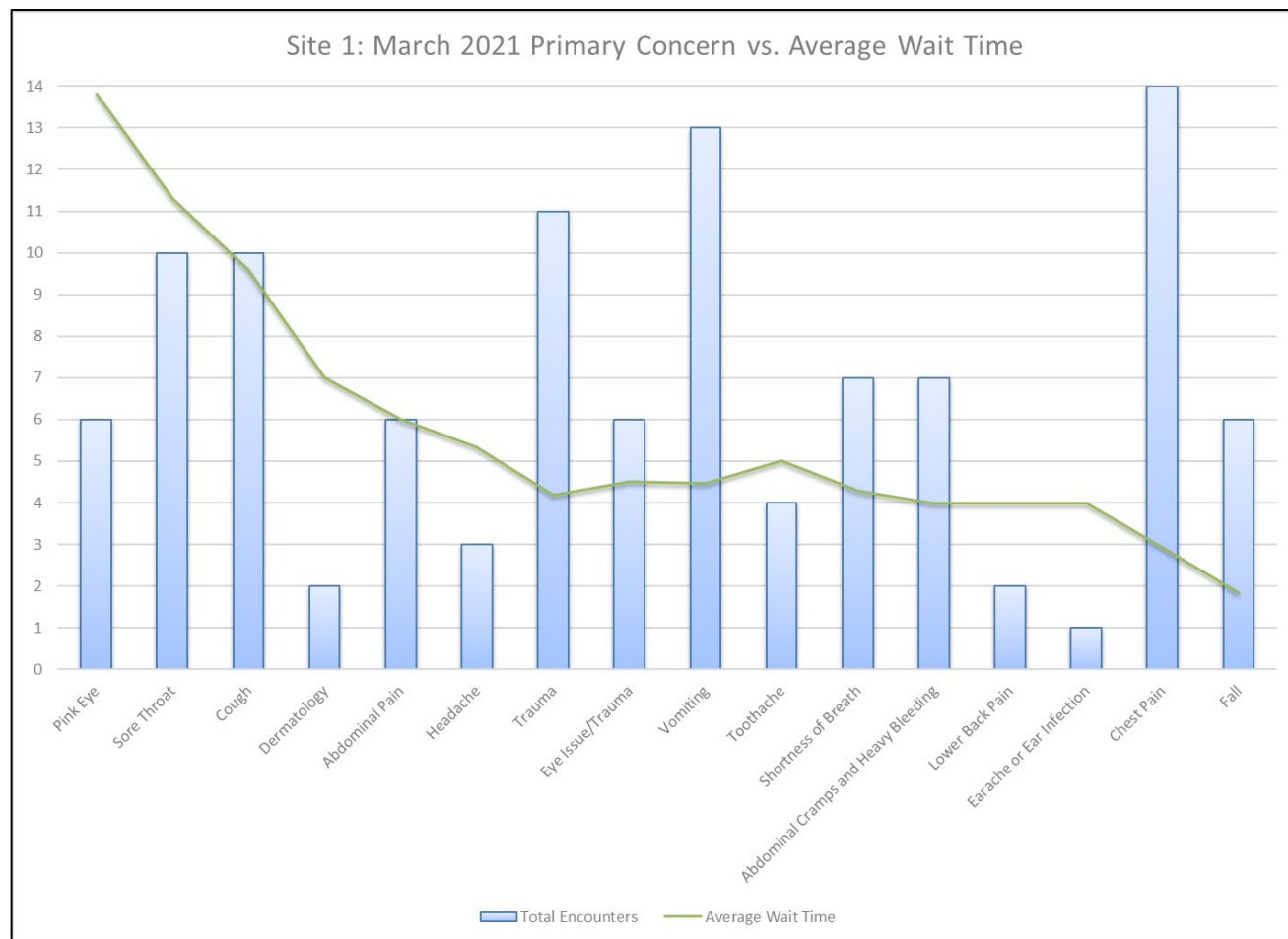
Name of State Prison Staffing Reconciliation 01/01/2022-03/31/2022		Service Days 90			
Position	Employee	Contracted FTE	Contracted Hours	Variance	Hours Provided
Totals Line					
Health Services Administrator	Health Services Administrator				160.000
	Health Services Administrator	1.0000	160.000	0.000	160.000
	Health Services Administrator				
Administrative Assistant	Administrative Assistant				155.500
	Administrative Assistant	1.0000	160.000	(4.500)	155.500
	Administrative Assistant				
Registered Nurse	Registered Nurse				160.000
	Registered Nurse	1.0000	160.000	0.000	160.000
	Registered Nurse				
Licensed Practical Nurse	Licensed Practical Nurse				160.000
	Licensed Practical Nurse	1.0000	160.000	0.000	160.000
	Licensed Practical Nurse				
ARNP	ARNP				0.000
	ARNP	0.0000	0.000	0.000	0.000
	ARNP				
Psychiatrist	Psychiatrist				8.000
	Psychiatrist	0.0500	8.000	0.000	8.000
	Psychiatrist				
Psychiatric ARNP	Psychiatric ARNP				24.000
	Psychiatric ARNP	0.1500	24.000	0.000	24.000
	Psychiatric ARNP				
Medical Director/Physician	Medical Director/Physician				32.000
	Medical Director/Physician	0.2000	32.000	0.000	32.000
	Medical Director/Physician				
TOTALS	TOTALS	4.400	704.000	(4.500)	699.500

Accountability Measures for Achieving YOY Continuous Improvements

Wellpath maintains an extensive logging system for collecting data and statistics to analyze healthcare utilization trends. Demonstrating accountability through transparent reporting is a Wellpath core competency. Our clinical and operational leadership teams use powerful business intelligence software, such as Tableau®, to ensure efficient delivery of services. Tableau tracks key indicators such as off-site referrals; inpatient/ER utilization; claim details; pharmacy utilization; labs; filled/vacant FTEs; and overtime. These tools allow us to identify trends as they emerge.

Wellpath produces various statistical utilization reports on a daily, weekly, monthly and quarterly basis in order to review and analyze the data received from contracted facilities. Additionally, we have statistical reporting capabilities regarding the operation of the healthcare program, staffing fill rates to demonstrate compliance with the contracted staffing plan, and financial reports to aid with future budgeting efforts. Wellpath looks forward to working with GDC to provide metrics in a format that best serves your needs for internal and external audiences.

Specifically, for the year-over-year continuous improvements, our Wellpath Now service has established key performance metrics to monitor utilization, the number of patients treated onsite, and our provider response times as shown in the following graphs. In addition, through data collected via our Wellpath Telehealth platform, we have the capability to conduct deeper analysis by the type (i.e. primary concern) of each encounter.

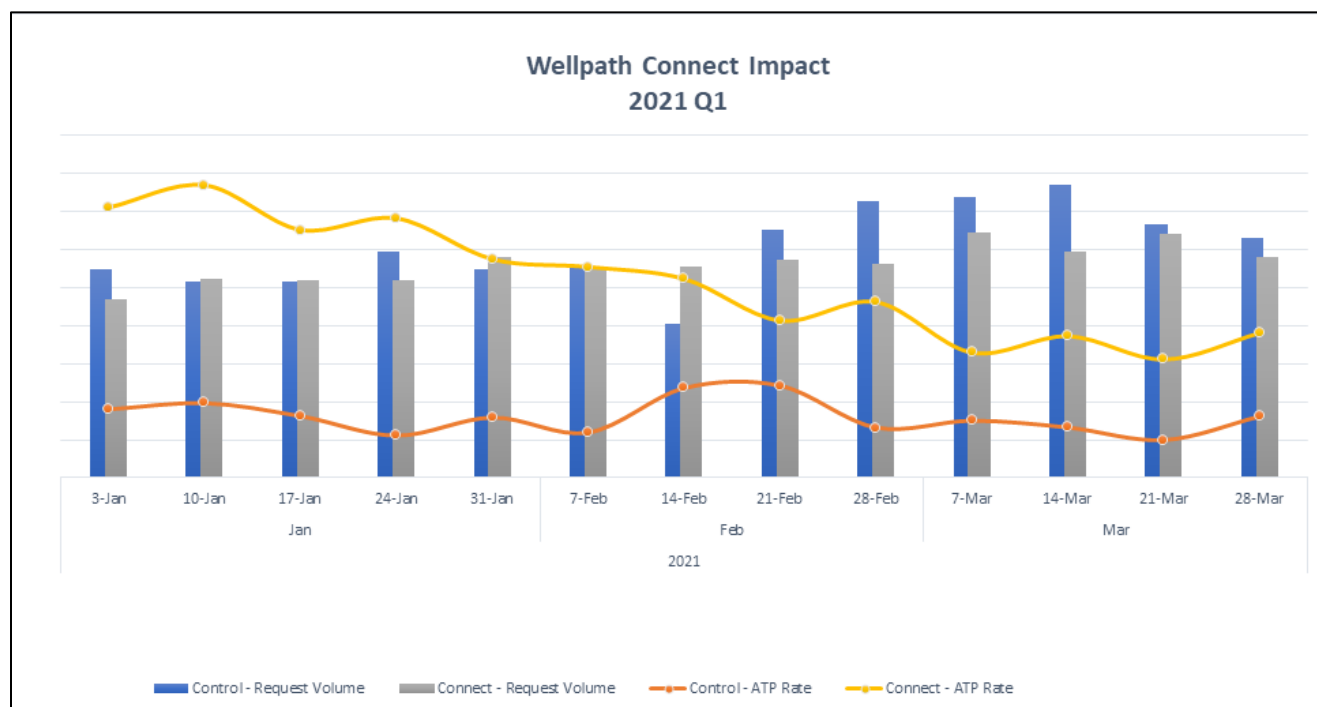


The Wellpath ER Trips Report, abbreviated sample shown below, is cross-referenced against Wellpath Now utilization to aid process improvement and quality assurance activities, such as increasing adoption and appropriate utilization of the Wellpath Now service.

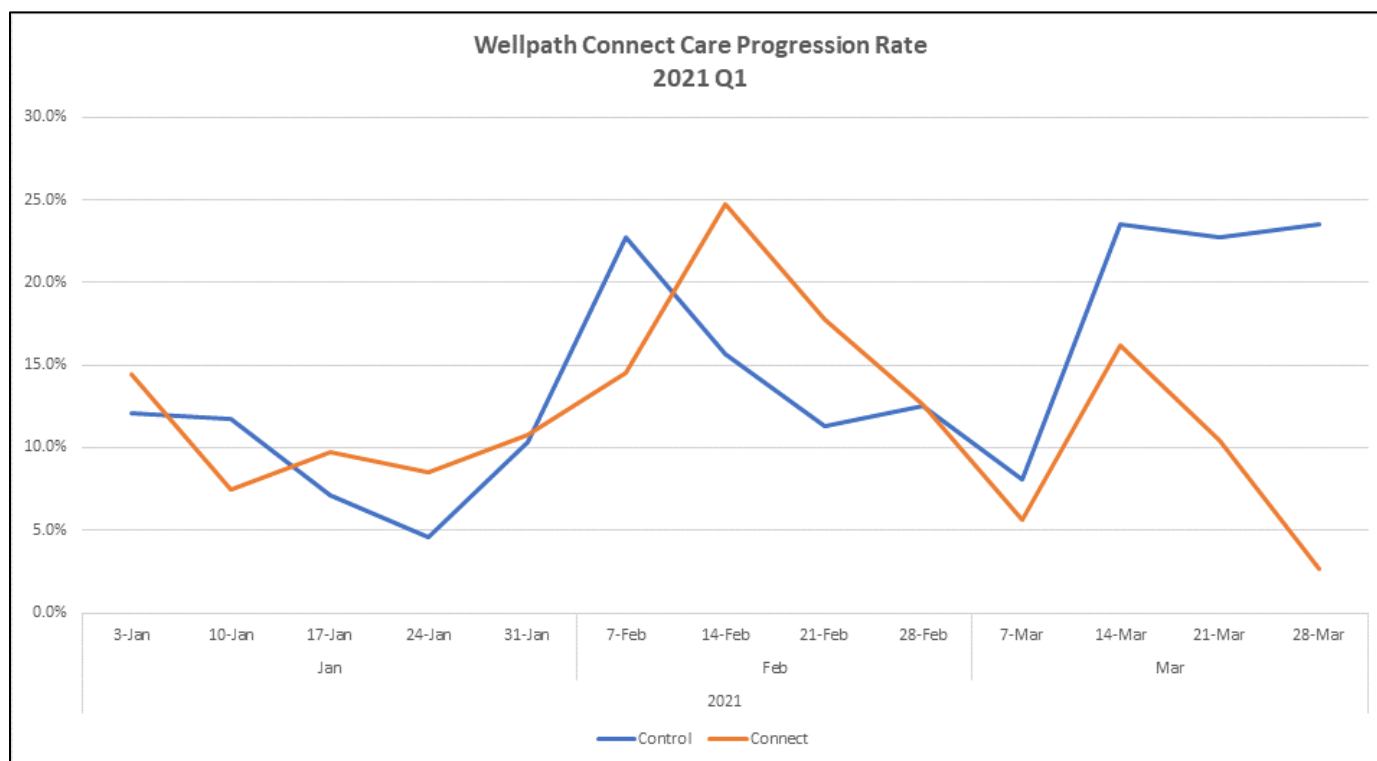
ER Trips Report										Report Execution Date:	
										5/7/2021 8:35:57 AM CST	
ER Date of Service	Department Name	Patient Name	Patient Number	DOB	Hospital Name	Requesting Provider	Referral Submit Date	Admit	Referral Disposition	Admitting Diagnosis	Reason For Visit
Georgia Department of Corrections											
GA DOC Facility 1											
05/04/2021 21:14:00	GADOC Facility 1	Jane Doe	123456	12/25/1979	Hospital Name	Nurse Practitioner #1	05/04/2021 20:45:28	NO	ER Only	R22.32:Localized swelling; mass and lump; left upper limb:True,R50.81:Fe ver presenting with conditions classified elsewhere:True	42 y/o F presents to PM treatments for dressing change to LT amput abscess - s/p I&D yesterday (5/3) w/wick placement. Bactrim DS BID since 5/1 w/ little to no improvement. Tonight, presents w/ chills - temp of 101.9 PO, elevated BP +P. States she vomited x4 just after eating at @ 830p. On-call provider contacted, orders given to send pt to ER for possible IV Anbx d/t no improvement w/ PO meds.

Additionally, Wellpath Connect ensures (1) our patients receive timely access to specialty care through enhanced remote care coordination and (2) our providers are supported locally with expert clinical consultations via e-consults and video visits.

We continuously monitor the performance of our Wellpath Connect (centralized care management) service including, but not limited to, the number of off-site referrals, the number of off-site approvals, and alternative treatment plans (e.g. Wellpath Connect Impact below). We also monitor our provider and process response times to ensure our patients are receiving efficient and effective care.



We monitor the percentage of patients that require an off-site visit within 30 days after receiving an alternative treatment plan (e.g. Wellpath Connect – Care Progression Rate). Our goal is to meet or exceed traditional care progression rates while treating a higher percentage of patients on-site.



Facility matrix with staffing-level assumptions

Tab: Facility matrix

The purpose of the worksheet is to provide insight into the suppliers' assumptions and approach regarding labor mix and rates to understand differing approaches to staffing. GDC understands that a contractual facilities-based staffing matrix would require site visits, dialogue with GDC, etc.

Steps to complete:

1. Review staffing buckets (e.g., Physicians, Nursing & allied health staff) in row 13.
2. Review clinical and non-clinical roles (e.g., Primary care physician, RN, Technician) in row 14.
3. For each facility listed (Column B), develop a staffing approach that considers a planned mix of clinical and non-clinical roles required to appropriately staff the facility based on population details and facility capability provided and enter:
 - the **estimated number (#) of weekly hours** required for each role.
 - the **estimated hourly cost (\$/hr)** for each role. This cost should be fully-loaded and include salary, wages, and benefits (SWB).

The spreadsheet will auto-calculate estimated FTEs for each role.

For each staffing bucket, the spreadsheet will auto-calculate the total number of FTEs and rates. This number will **directly feed into the in-prison care cost worksheet.**

Note: FTE calculation ("Est. FTEs") assumes FTEs are staffed 40 hours per week.

In-prison care

Tab: 1. In-prison care

There are three (3) elements to the in-prison care cost proposal:

1. Total POPM costs
2. Year-over-year efficiencies
3. Risk-sharing assumptions

1. Steps to complete Total POPM costs

Employee wages and benefits: Estimated year 1 costs and FTE counts are automatically populated from the "Facility matrix" tab.

Professional and outside services:

- A. Review the staffing buckets (cells E16:H16).
- B. For each staffing bucket, enter the estimated total Year 1 cost (\$) per FTE required to provide in-prison care (cells E22:H22).
- C. For each staffing bucket, enter the estimated number (#) of FTEs required to provide in-prison care (cells E23:H23).
- D. For each staffing bucket, enter the estimated total Year 1 cost (\$) of non-staffing related contracted services (e.g., laboratory services, EKG) (cells E24:H24).

Note: In the cost narrative, please provide in detail the assumptions made around agency labor and the circumstances that will required contracted staff.

Other:

- A. Refer to the staffing buckets (cells E16:H16).
- B. For each staffing bucket, enter the estimated total Year 1 costs (\$) for travel expenses required to provide in-prison care (cells E26:H26).
- C. For each staffing bucket, enter the estimated Year 1 costs (\$) for other SG&A expenses related to in-prison care (cells E27:H27).
- D. Enter the estimated total Year 1 cost (\$) of non-IT equipment (e.g., CT scanner, X-Ray). This includes purchases and maintenance (cell H28).
- E. Enter the estimated total Year 1 cost (\$) of Durable Medical Equipment (DME) and medical supplies (e.g., central lines) necessary to provide in-prison care (cell H29).
- F. Ensure all in-prison care costs are accounted for using "other in-prison care costs (optional)" if necessary (cell H30).

Note: Any estimated costs entered in "Other in-prison care costs" should be itemized with rationale detailed in the cost narrative response.

2. Steps to complete year-over-year efficiencies

- A. For each cost-item, estimate the percentage change (%) in total costs to provide in-prison care in Years 2 through 5 (Columns P:S).
- B. Years 2-5 total costs will auto-calculate. Years 2-5 POPM costs will auto calculate. (Columns K:N).
- C. In the cost narrative, please describe the assumptions made to determine the year over year efficiencies as well as the supplier's approach to continuous improvement. The assumptions should also cover assumptions around inflation and other changes to cost over time.

Out-of-prison care

Tab: 2. Out-of-prison care

There are 3 elements to the out-of-prison care cost proposal:

1. Total POPM costs
2. Year-over-year efficiencies
3. Risk-sharing assumptions

1. Steps to complete Total POPM costs

- A. Enter the estimated total Year 1 cost (\$) for each of the listed out-of-prison care medical costs (cells E20:E34). Ensure all out-of-prison care medical costs are accounted for, using "other out-of-prison care medical costs (optional)" if necessary (cell E34).
- B. Enter the estimated total Year 1 cost (\$) of out-of-prison care claims processing (cell E35).
- C. Enter the estimated total Year 1 transportation cost (\$) of out-of-prison care (cell E36).
- D. In the cost narrative, please provide in detail the assumptions made in determining the costs necessary for the supplier's approach. This should include any exceptions or limitations the supplier would propose to the POPM rate.

Note: GDC will evaluate the cost of the bid using the overall POPM rate but is interested in understanding any exceptions to this rate proposed by the supplier.

Note: Any estimated costs entered in "Other out-of-prison care medical costs" should be itemized with rationale detailed in the cost narrative response.

2. Steps to complete year-over-year efficiencies

- A. For each cost-item, estimate the percentage change (%) in total costs to provide out-of-prison care in Years 2 through 5 (Columns K:N).
- B. Year 2-5 total costs will auto-calculate. Year 2-5 POPM costs will auto calculate. (Columns F:I).
- C. In the cost narrative, please describe the assumptions made to determine the year over year efficiencies as well as the supplier's approach to continuous improvement. The assumptions should also cover assumptions around inflation and other changes to cost over time.

3. Steps to complete risk-sharing assumptions

- A. Select by marking (X), the desired risk-sharing agreement (cells P18:19).

Administrative costs**Tab: 3. Administrative costs**

There are 2 elements to the administrative cost proposal:

1. Total POPM costs**2. Year-over-year efficiencies****1. Steps to complete Total POPM costs**

A. Enter the estimated Year 1 cost (\$) of each administrative line item (cells D19:D30).

B. Ensure all administrative costs are accounted for, using "Other administrative (optional)" if necessary (cell D30).

Note: Any estimated costs entered in "Other administrative costs" should be itemized with rationale detailed in the cost narrative response.

2. Steps to complete year-over-year efficiencies

A. For each cost-item, estimate the percentage change (%) in total administrative costs to provide care in Years 2 through 5 (Columns J:M).

B. Year 2-5 total costs will auto-calculate. Year 2-5 POPM costs will auto calculate. (Columns E:H).

C. In the cost narrative, please describe the assumptions made to determine the year-over-year efficiencies as well as the supplier's approach to continuous improvement. The assumptions should also cover assumptions around inflation and other changes to cost over time.

Definitions

Overview

Listed below are definitions and examples to help clarify terms in the workbook.

Facility matrix

SWB: Salary, wages, and benefits - the total (per hour) cost of an FTE

Physicians: Roles include primary care physician, specialty care physician, and medical director

Nursing and allied health: Roles include RN, LPN, NP, PA, dietician/nutritionist, technologist, technician, and therapist

Clinical support staff: Roles include clinical coordinator, medical or nursing assistants, and social worker

Management and administrative staff: Roles include business office staff, compliance officer, and utilization manager *(Note: all management and administrative staff should be accounted for in this category)*

In-prison care

Fringe benefit: Benefits supplementing an employee's salary, for example health insurance

Physicians: Roles include primary care physician, specialty care physician, and medical director

Nursing and allied health: Roles include RN, LPN, NP, PA, dietician/nutritionist, technologist, technician, and therapist

Clinical support staff: Roles include clinical coordinator, medical or nursing assistants, and social worker

Management and administrative staff: Roles include business office staff, compliance officer, and utilization manager *(Note: all management and administrative staff should be accounted for in this category)*

Costs are below target / gain-share: Savings under the projected cost to be shared between supplier and GDC *(Note: Risk sharing on costs above or below target will only apply to the cost overruns or savings (i.e., vs. the total cost))*

Costs are above target / loss-share: Additions above the projected costs to be split between supplier and GDC **(Note: Risk sharing on costs above or below target will only apply to the cost overruns or savings (i.e., vs. the total cost))**

Out-of-prison care

Costs are below target / gain-share: Savings under the projected cost to be shared between supplier and GDC *(Note: Risk sharing on costs above or below target will only apply to the cost overruns or savings (i.e., vs. the total cost))*

Costs are above target / loss-share: Additions above the projected costs to be split between supplier and GDC **(Note: Risk sharing on costs above or below target will only apply to the cost overruns or savings (i.e., vs. the total cost))**

TOTAL - Breakdown of all per offender per month costs included in rate		Year 1	Year 2	Year 3	Year 4	Year 5	Legend
In-prison care	Total in-prison care POPM rate	\$ 215.53	\$ 222.00	\$ 228.66	\$ 235.52	\$ 244.77	Feed
Out-of-prison care	Total out-of-prison care POPM rate	\$ 105.16	\$ 108.31	\$ 110.31	\$ 112.35	\$ 114.42	Calc
Administrative	Total administrative POPM rate	\$ 38.90	\$ 47.30	\$ 48.72	\$ 50.18	\$ 51.68	GDC input
Overall	Total physical healthcare POPM rate	\$ 359.59	\$ 377.61	\$ 387.69	\$ 398.05	\$ 410.87	Totals calc
	Total annual cost of physical healthcare services	\$ 181,232,528	\$ 190,315,432	\$ 195,394,432	\$ 200,614,769	\$ 207,080,502	
5-year	Total 5-year cost of physical healthcare services	\$ 974,637,662					
Estimated number of offenders		42,000					
Estimated number of offender months		504,000					

Wellpath - Cost Proposal Worksheet 5.28.21

Contract# 46700-054-GDC0000946

Overview

1. December 15, 2020 Facility Capacity and Current Population Report
Please refer to Facility matrix, In-prison INSTRUCTIONS tab for additional detail

Legend

Feed
Calc
GDC Input
Supplier input required

Totals			
Staff type	Fully-loaded wages (\$)	# of FTEs	
Physician	\$ 4,724,452	17.2	
Nursing and allied health	\$ 62,167,691	711.95	
Clinical support	\$ 4,810,869	95	
Management and administrative	\$ 11,304,712	139.2	
Estimated FTE hours per week	40		
# of weeks per year	52		

							Primary care physician				
Facility	Average capacity (# of offenders) ¹	Physical services (Yes/No)	Regular infirmary (Yes/No)	Diagnostics (Yes/No)	On-site X-Ray (Yes/No)	24/7 coverage (Yes/No)	Est. weekly hours (#)	SWB (\$ / # of hours)	Est. FTEs (#)	Est. weekly rate (\$)	Est. weekly hours (#)
State prisons											
Arrendale SP	1,094	Yes	Yes	Yes	Yes	Yes	0	\$ -	-	\$ -	0
ASMP	1,079	Yes	Yes	No	Yes	Yes	60	\$ 124.07	1.5	\$ 7,443.90	0
Autry SP	1,044	Yes	No	No	Yes	Yes	20	\$ 124.07	0.5	\$ 2,481.31	0
Baldwin SP	902	Yes	Yes	No	Yes	Yes	16	\$ 124.07	0.4	\$ 1,985.05	0
Burruss CTC	719	Yes	No	Yes	No	No	8	\$ 124.06	0.2	\$ 992.51	0
Calhoun SP	1,595	Yes	No	No	Yes	No	16	\$ 124.07	0.4	\$ 1,985.05	0
Central SP	1,106	Yes	No	No	No	No	20	\$ 124.07	0.5	\$ 2,481.31	0
Coastal SP	1,159	Yes	Yes	No	No	Yes	0	\$ -	-	\$ -	0
Dodge SP	1,141	Yes	No	No	No	No	20	\$ 124.07	0.5	\$ 2,481.31	0
Dooley SP	1,650	Yes	No	No	No	No	0	\$ -	-	\$ -	0
Emanuel Women's Facility	265	Yes	No	No	No	No	4	\$ 124.06	0.1	\$ 496.26	0
GDCP	700	Yes	Yes	Yes	Yes	Yes	40	\$ 124.06	1.0	\$ 4,962.59	0
GSP	1,399	Yes	Yes	No	No	Yes	0	\$ -	-	\$ -	0
Hancock SP	1,037	Yes	No	No	Yes	No	16	\$ 124.07	0.4	\$ 1,985.05	0
Hays SP	1,017	Yes	Yes	No	Yes	Yes	0	\$ -	-	\$ -	0
Helms Facility	15	No	Yes	No	No	Yes	8	\$ 124.06	0.2	\$ 992.51	0
Johnson SP	1,302	Yes	No	No	Yes	Yes	20	\$ 124.07	0.5	\$ 2,481.31	0
Lee SP	551	Yes	No	No	No	No	12	\$ 124.06	0.3	\$ 1,488.75	0
Long Unit	125	No	No	No	No	No	0	\$ -	-	\$ -	0
Macon SP	1,512	Yes	Yes	No	No	Yes	0	\$ -	-	\$ -	0
Metro RF	192	Yes	Yes	No	Yes	Yes	8	\$ 124.06	0.2	\$ 992.51	0
Montgomery SP	321	Yes	No	No	No	No	8	\$ 124.06	0.2	\$ 992.51	0
Phillips SP	847	Yes	Yes	No	No	Yes	8	\$ 124.06	0.2	\$ 992.51	0
Pulaski SP	930	Yes	Yes	No	No	Yes	0	\$ -	-	\$ -	0
Rogers SP	1,336	Yes	No	No	Yes	No	20	\$ 124.07	0.5	\$ 2,481.31	0
Rutledge SP	548	Yes	No	Yes	No	No	8	\$ 124.06	0.2	\$ 992.51	0
Smith SP	1,460	Yes	No	No	No	No	20	\$ 124.07	0.5	\$ 2,481.31	0
Special Management Unit (GDC)	184	Yes	Yes	Yes	Yes	Yes	0	\$ -	-	\$ -	0
Telfair SP	1,233	Yes	No	No	No	No	16	\$ 124.07	0.4	\$ 1,985.05	0
Valdosta SP	871	Yes	Yes	Yes	No	Yes	16	\$ 124.07	0.4	\$ 1,985.05	0
Walker SP	380	Yes	No	No	No	No	0	\$ -	-	\$ -	0
Ware SP	1,135	Yes	Yes	No	No	Yes	0	\$ -	-	\$ -	0
Washington SP	1,414	Yes	No	No	Yes	No	20	\$ 124.07	0.5	\$ 2,481.31	0
Whitworth WF	263	Yes	No	No	Yes	No	0	\$ -	-	\$ -	0
Wilcox SP	1,704	Yes	No	No	Yes	No	20	\$ 124.07	0.5	\$ 2,481.31	0
Transitional centers											
Arrendale TC	138	Yes	No	No	No	No	0	\$ -	-	\$ -	0
Atlanta TC	259	Yes	No	No	No	No	0	\$ -	-	\$ -	0
Augusta TC	186	Yes	No	No	No	No	0	\$ -	-	\$ -	0
Bacon TC	42	Yes	No	No	No	No	0	\$ -	-	\$ -	0
Clayton TC	338	Yes	No	No	No	No	0	\$ -	-	\$ -	0
Columbus TC	132	Yes	No	No	No	No	0	\$ -	-	\$ -	0
Hudson TC	130	Yes	No	No	No	No	0	\$ -	-	\$ -	0
Macon TC	148	No	No	No	No	No	0	\$ -	-	\$ -	0
Metro TC	224	Yes	No	No	No	No	0	\$ -	-	\$ -	0
Phillips TC	189	Yes	No	No	No	No	0	\$ -	-	\$ -	0
Smith TC	151	Yes	No	No	Yes	Yes	0	\$ -	-	\$ -	0
Valdosta TC	145	Yes	No	No	No	No	0	\$ -	-	\$ -	0
Probation detention centers											
Bacon PDC	63	Yes	No	Yes	No	No	0	\$ -	-	\$ -	0
Bleckley PDC	73	Yes	No	Yes	No	No	0	\$ -	-	\$ -	0
Colwell PDC	118	No	No	No	No	No	0	\$ -	-	\$ -	0
Emanuel PDC	213	No	No	No	No	No	0	\$ -	-	\$ -	0
McVey PDC	70	No	No	No	No	No	0	\$ -	-	\$ -	0
Patten PDC	54	Yes	No	Yes	No	No	0	\$ -	-	\$ -	0
Treutlen PDC	151	Yes	No	Yes	No	No	0	\$ -	-	\$ -	0
Women's PDC	96	Yes	No	Yes	Yes	No	0	\$ -	-	\$ -	0
Integrated treatment facilities											
Appling ITF	107	Yes	No	Yes	Yes	No	0	\$ -	-	\$ -	0
West Central ITF	87	Yes	No	Yes	Yes	No	0	\$ -	-	\$ -	0
Probation / residential substance abuse treatment centers											
Bainbridge PSATC	251	Yes	No	Yes	No	No	0	\$ -	-	\$ -	0
Paulding RSAT	109	Yes	No	Yes	No	No	0	\$ -	-	\$ -	0
Turner RSAT	83	Yes	Yes	Yes	No	No	0	\$ -	-	\$ -	0
Totals	35,787	55	15	16	19	18	404	\$ 2,853.49	10.1	\$ 50,122.29	0

[illegible]

N								
		LPN				CNA		
Est. FTEs (#)	Est. weekly rate (\$)	Est. weekly hours (#)	SWB (\$ / # of hours)	Est. FTEs (#)	Est. weekly rate (\$)	Est. weekly hours (#)	SWB (\$ / # of hours)	Est. FTEs (#)
15.2	\$ 29,133.60	648	\$ 32.14	16.2	\$ 20,825.57	0	\$ -	0
32	\$ 61,198.66	1808	\$ 32.89	45.2	\$ 59,462.00	728	\$ 22.35	18.2
5.6	\$ 10,953.46	456	\$ 32.09	11.4	\$ 14,635.09	0	\$ -	0
9	\$ 17,293.68	320	\$ 32.48	8	\$ 10,393.10	0	\$ -	0
6	\$ 11,801.12	224	\$ 32.50	5.6	\$ 7,281.06	0	\$ -	0
8.4	\$ 16,391.26	392	\$ 32.69	9.8	\$ 12,815.40	0	\$ -	0
9.4	\$ 18,256.09	280	\$ 32.66	7	\$ 9,145.45	0	\$ -	0
10.8	\$ 20,928.57	360	\$ 32.34	9	\$ 11,640.75	0	\$ -	0
8.4	\$ 16,453.12	280	\$ 32.66	7	\$ 9,145.45	0	\$ -	0
8.8	\$ 17,137.16	280	\$ 32.03	7	\$ 8,968.92	0	\$ -	0
3.8	\$ 7,302.64	168	\$ 32.94	4.2	\$ 5,534.34	0	\$ -	0
13.8	\$ 26,677.54	648	\$ 32.23	16.2	\$ 20,884.42	0	\$ -	0
13.4	\$ 25,931.64	608	\$ 32.35	15.2	\$ 19,670.41	0	\$ -	0
7	\$ 13,626.00	280	\$ 32.66	7	\$ 9,145.45	0	\$ -	0
8	\$ 15,490.78	360	\$ 32.34	9	\$ 11,640.75	0	\$ -	0
3.8	\$ 7,519.11	208	\$ 32.61	5.2	\$ 6,781.99	0	\$ -	0
10.4	\$ 20,182.69	552	\$ 32.15	13.8	\$ 17,747.17	0	\$ -	0
3.2	\$ 6,084.99	280	\$ 32.66	7	\$ 9,145.45	0	\$ -	0
0.7	\$ 1,305.34	28	\$ 33.29	0.7	\$ 932.21	0	\$ -	0
8.4	\$ 16,453.14	392	\$ 32.54	9.8	\$ 12,756.57	0	\$ -	0
4.2	\$ 8,126.29	112	\$ 32.24	2.8	\$ 3,611.12	0	\$ -	0
1.4	\$ 2,610.69	112	\$ 33.82	2.8	\$ 3,787.65	0	\$ -	0
7	\$ 13,409.54	376	\$ 32.29	9.4	\$ 12,139.79	0	\$ -	0
9.4	\$ 18,317.92	320	\$ 32.48	8	\$ 10,393.10	0	\$ -	0
10.4	\$ 20,182.67	320	\$ 32.48	8	\$ 10,393.10	0	\$ -	0
5.6	\$ 10,838.79	224	\$ 32.24	5.6	\$ 7,222.21	0	\$ -	0
7	\$ 13,626.00	448	\$ 32.77	11.2	\$ 14,679.81	0	\$ -	0
0.7	\$ 1,305.34	84	\$ 33.64	2.1	\$ 2,826.01	0	\$ -	0
8.4	\$ 16,453.12	448	\$ 32.77	11.2	\$ 14,679.81	0	\$ -	0
6	\$ 11,584.71	376	\$ 32.29	9.4	\$ 12,139.79	0	\$ -	0
2.8	\$ 5,339.07	168	\$ 32.94	4.2	\$ 5,534.34	0	\$ -	0
5.6	\$ 10,798.85	432	\$ 32.42	10.8	\$ 14,004.22	0	\$ -	0
8.4	\$ 16,453.14	448	\$ 32.77	11.2	\$ 14,679.81	0	\$ -	0
3.8	\$ 7,302.64	168	\$ 32.94	4.2	\$ 5,534.34	0	\$ -	0
8.8	\$ 17,199.04	336	\$ 32.94	8.4	\$ 11,068.66	0	\$ -	0
1.4	\$ 2,765.33	0	\$ -	0	\$ -	0	\$ -	0
1.4	\$ 2,765.33	0	\$ -	0	\$ -	0	\$ -	0
1.4	\$ 2,765.33	0	\$ -	0	\$ -	0	\$ -	0
1.4	\$ 2,765.33	0	\$ -	0	\$ -	0	\$ -	0
1.4	\$ 2,765.33	0	\$ -	0	\$ -	0	\$ -	0
1.4	\$ 2,765.33	0	\$ -	0	\$ -	0	\$ -	0
1.4	\$ 2,765.33	0	\$ -	0	\$ -	0	\$ -	0
1.4	\$ 2,765.33	0	\$ -	0	\$ -	0	\$ -	0
1.4	\$ 2,765.33	0	\$ -	0	\$ -	0	\$ -	0
1.4	\$ 2,765.33	0	\$ -	0	\$ -	0	\$ -	0
1.4	\$ 2,765.33	0	\$ -	0	\$ -	0	\$ -	0
0.7	\$ 1,305.34	0	\$ -	0	\$ -	0	\$ -	0
0.7	\$ 1,305.34	0	\$ -	0	\$ -	0	\$ -	0
0.7	\$ 1,305.34	0	\$ -	0	\$ -	0	\$ -	0
0.7	\$ 1,305.34	0	\$ -	0	\$ -	0	\$ -	0
0.7	\$ 1,305.34	0	\$ -	0	\$ -	0	\$ -	0
0.7	\$ 1,305.34	0	\$ -	0	\$ -	0	\$ -	0
0.7	\$ 1,305.34	0	\$ -	0	\$ -	0	\$ -	0
0.7	\$ 1,305.34	0	\$ -	0	\$ -	0	\$ -	0
2.4	\$ 4,630.12	0	\$ -	0	\$ -	0	\$ -	0
2	\$ 3,884.20	0	\$ -	0	\$ -	0	\$ -	0
2.4	\$ 4,630.12	0	\$ -	0	\$ -	0	\$ -	0
1.4	\$ 2,765.33	0	\$ -	0	\$ -	0	\$ -	0
1.4	\$ 2,765.33	0	\$ -	0	\$ -	0	\$ -	0
307.6	\$ 595,970.16	12944	\$ 1,141	323.6	\$ 421,245.26	728	\$ 22	18.2

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

Please refer to Out-of-prison care INSTRUCTIONS tab for additional detail

Feed

Calc

GDC input

Supplier i

Step 1: Calculate POPM Costs

OUT-OF-PRISON CARE - Breakdown of relative annual costs included in the rate			Total costs Year 1 - Year 5				
No.	Title	Contract line item	Year 1	Year 2	Year 3	Year 4	Year 5
1	Medical costs						
		Ambulance costs	\$ 567,192.00	\$ 584,207.76	\$ 594,431.40	\$ 604,833.95	\$ 615,418.54
		Dialysis	\$ 10,600.00	\$ 10,918.00	\$ 11,109.07	\$ 11,303.47	\$ 11,501.28
		Emergency department	\$ 5,671,920.00	\$ 5,842,077.60	\$ 5,944,313.96	\$ 6,048,339.45	\$ 6,154,185.39
		Imaging	\$ 729,545.00	\$ 751,431.35	\$ 764,581.40	\$ 777,961.57	\$ 791,755.09
		Infusion (e.g., chemotherapy, pain management)	\$ 305,901.00	\$ 312,078.00	\$ 320,196.00	\$ 329,475.34	\$ 340,916.16
		Lab	\$ 437,780.00	\$ 450,913.40	\$ 458,804.38	\$ 466,833.96	\$ 475,003.05
		Medical hospitalization	\$ 11,632,096.00	\$ 11,981,058.88	\$ 12,190,727.41	\$ 12,404,065.18	\$ 12,621,136.28
		Other specialty services	\$ 973,080.00	\$ 1,002,272.40	\$ 1,019,812.17	\$ 1,037,658.88	\$ 1,055,871.91
		Outpatient consults	\$ 2,403,550.00	\$ 2,475,696.00	\$ 2,515,980.49	\$ 2,563,062.65	\$ 2,607,916.24
		Prosthetic	\$ 276,280.00	\$ 283,577.60	\$ 289,557.78	\$ 294,623.78	\$ 299,780.00
		Surgeries - inpatient	\$ 15,332,795.00	\$ 15,792,778.85	\$ 16,069,152.16	\$ 16,350,362.65	\$ 16,636,493.96
		Surgeries - outpatient	\$ 8,191,733.00	\$ 8,437,484.99	\$ 8,585,140.98	\$ 8,735,380.94	\$ 8,888,250.11
		Vision care	\$ 50,101.00	\$ 51,604.03	\$ 52,707.10	\$ 53,425.97	\$ 54,360.93
		Women's health incl. pregnancy and delivery	\$ 2,185,418.00	\$ 2,250,580.54	\$ 2,290,372.80	\$ 2,330,454.22	\$ 2,371,237.17
		Other out-of-prison medical costs (optional)	\$ -	\$ -	\$ -	\$ -	\$ -
2	Claims processing		\$ 4,023,418.00	\$ 4,152,960.00	\$ 4,277,548.70	\$ 4,405,875.26	\$ 4,535,051.52
3	Transportation costs		\$ -	\$ -	\$ -	\$ -	\$ -
		Total annual cost: out-of-prison healthcare services	\$ 53,000,000.00	\$ 54,590,000.00	\$ 55,997,237.00	\$ 56,623,658.01	\$ 57,669,445.43
		Total prison-provided costs paid for by the county	\$ 10,616.00	\$ 10,931.00	\$ 11,217.00	\$ 11,499.00	\$ 11,783.00

Estimated number of offenders	42,000
Estimated number of offender months	504,000

Step 2: Add year-over-year continuous improvement

[illegible]

Step 3: Risk sharing

Select (X)	Option	Risk-share
X	1	Costs are below target or costs are above target, "gain share" or "risk-share" on total fixed POPM
	2	Other: <i>Please specify in the cost narrative</i>

Risk-share details

Risk-share allocation: Enter shared-savings allocation (% for GDC / % for supplier)

	GDC%	Sup.%
Costs are below target	60%	40%
Costs are above target	40%	60%

Costs are below target: Savings under the projected cost to be shared between supplier and GDC
Costs are above target: Additions above the projected costs to be split between supplier and GDC

Please refer to Administrative INSTRUCTIONS tab for additional detail

Step 1: Calculate POPM Costs

Step 2: Add year-over-year continuous improvement

Year-over-year							
Year 1-2		Year 2-3		Year 3-4		Year 4-5	
	3%		3%		3%		3%
	3%		3%		3%		3%
	3%		3%		3%		3%
	3%		3%		3%		3%
	3%		3%		3%		3%
	3%		3%		3%		3%
	3%		3%		3%		3%
	3%		3%		3%		3%
	3%		3%		3%		3%
	3%		3%		3%		3%
	3%		3%		3%		3%
	3%		3%		3%		3%
	3%		3%		3%		3%
	3%		3%		3%		3%
	50%		3%		3%		3%
	3%		3%		3%		3%
	22%		3%		3%		3%
	22%		3%		3%		3%

Estimated number of offenders	42,000
Estimated number of offender months	504,000



TAX COMPLIANCE

INSTRUCTIONS TO SUPPLIERS

Please complete the following information:

- Supplier's Name: **Wellpath LLC**
- Physical Location Address: 1283 Murfreesboro Road, Suite 500, Nashville TN 37217
- Federal Identification Number (FEI): 32-0092573
- Have you ever been registered in the State of Georgia? Yes
- If so, please provide the following information, if applicable:
 - State Taxpayer Identification Number (STI): 0694444
 - Sales and Use Tax Number: Pending
 - Withholding Tax Number: 3043297-PX
- What type of service will you perform? Healthcare Services
- Will you sell any tangible personal property or goods? No
- Supplier's Affiliate's Name: See Attached
 - FEI:
 - STI:
 - Sales and Use Tax Number:
 - Withholding Tax Number:

If there is more than one affiliate, please attach a separate sheet listing the information above.

- Person responsible for handling supplier's tax issues (such as the CFO, the company tax officer, etc.):
 - Name: Blair Lukasik
 - Telephone Number: 615-312-7202
 - E-mail Address: BLukasik@wellpath.us

NOTICE TO SUPPLIER:

In the event the supplier is considered for contract award, the information provided in the form will be submitted by the State Entity to the Georgia Department of Revenue ("DOR") for a determination as to whether the supplier is a "prohibited source" (as defined by O.C.G.A. §50-5-82) or whether there are any other outstanding tax issues. MISSING, INCOMPLETE, OR ERRONEOUS DATA MAY DELAY OR PROHIBIT VERIFICATION OF YOUR ELIGIBILITY FOR CONTRACT AWARD. NO PROHIBITED SOURCE MAY RECEIVE CONTRACT AWARD; THEREFORE, YOU ARE STRONGLY ENCOURAGED TO CHECK YOUR TAX STATUS NOW AND RESOLVE ANY OUTSTANDING TAX LIABILITIES AND/OR MISSING TAX RETURNS.

STATE ENTITY: Please submit this form via email to DOR at tsd-state-contractors@dor.ga.gov for processing in accordance with the *Georgia Procurement Manual*.

Contract# 46700-054-GDC0000946

SUPPLIER'S AFFILIATE LISTING

COMPANY NAME	FEIN	WITHHOLDING TAX	UNEMPLOYMENT TAX
California Forensic Medical Group, Inc.	77-0005793		
California Health and Recovery Solutions, P.C.	26-4571554		
CCS Kastre Nevada P.C.	27-3894546		
CCS-CMGC Intermediate Holdings 2, Inc.	83-1435061		
CCS-CMGC Intermediate Holdings, Inc.	83-1387234		
CHC Companies LLC	20-5114318		
CHC Pharmacy Services, LLC	27-0632166		
Colorado Correctional Medical Group PLLC	81-1385662		
Conmed Healthcare Management, LLC	42-1297992		
Conmed, LLC	52-1530272		
Correct Care Holdings, LLC	46-1501406		
CORRECT CARE OF SOUTH CAROLINA, LLC	63-1166611	1997628-YJ	NA
Correct Care of South Carolina, LLC	63-1166611		
CORRECTIONAL HEALTHCARE COMPANIES, LLC	27-1813172	3287088-WL	387869-01
Correctional Healthcare Companies, LLC	27-1813172		
Correctional Healthcare Holding Company, LLC	46-1580164		
Correctional Mental Health Services, LLC	30-0100814		
Emerald Healthcare Services, P.C.	47-2492256		
GRAND PRAIRIE HEALTH CARE SERVICES P. C.	47-2265809	3188400-OP	301456-00
Great Peak Dental Services	47-3972605		
Great Peak Healthcare Services, P.C.	47-3221767		
Health Cost Solutions, LLC	30-0999604		
Health Professionals, Ltd.	35-2416196		
Jessamine Healthcare, Inc.	90-0580757		
Kansas Health and Recovery Solutions, P.C.	81-4420308		
League Medical Concepts, LLC	33-0996921		
Massachusetts Correctional Healthcare Services, P.C.	82-1122906		
Midwest Center, P.C.	35-1442136		
New Garden Healthcare Services, P.C.	47-2455285		
New York CCS Medical Services, P.C.	27-2698906		
Northwest Correctional Medical Group PLLC	47-5001502		
OLD EMPIRE DENTAL, P.C.	47-3811751	3190955-HS	301467-07
Old Empire Dental, P.C.	47-3811751		
OLD EMPIRE PSYCHOLOGY, P.C.	47-5551784	3208502-WX	301464-04
Old Empire Psychology, P.C.	47-5551784		
Physicians Network Association, Inc.	75-2450559		
SOUTHEAST CORRECTIONAL MEDICAL GROUP LLC	46-2323369	3102747-OF	226726-08
Southwest Correctional Medical Group Inc.	46-5054653		
Southwest Correctional Medical Group PLLC	47-4979907		
Texas Health and Recovery Solutions, P.A.	81-4607570		
Wellpath CFMG, Inc.	46-1363407		
Wellpath Community Care, LLC	84-4922477		
Wellpath Group Holdings, LLC	27-3482253		
Wellpath Holdings, Inc.	83-1316669		
WELLPATH LLC	32-0092573	3043297-PX	055168-09
Wellpath LLC	32-0092573		
WELLPATH MANAGEMENT, INC.	46-1365058	3257476-XJ	329305-07
Wellpath Recovery Solutions, LLC	65-0749307		

Contractor Affidavit under O.C.G.A. § 13-10-91(b)(1)

The undersigned contractor ("Contractor") executes this Affidavit to comply with O.C.G.A. § 13-10-91 related to any contract to which Contractor is a party that is subject to O.C.G.A. § 13-10-91 and hereby verifies its compliance with O.C.G.A. § 13-10-91, attesting as follows:

- a) The Contractor has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program;
- b) The Contractor will continue to use the federal work authorization program throughout the contract period, including any renewal or extension thereof;
- c) The Contractor will notify the public employer in the event the Contractor ceases to utilize the federal work authorization program during the contract period, including renewals or extensions thereof;
- d) The Contractor understands that ceasing to utilize the federal work authorization program constitutes a material breach of Contract;
- e) The Contractor will contract for the performance of services in satisfaction of such contract only with subcontractors who present an affidavit to the Contractor with the information required by O.C.G.A. § 13-10-91(a), (b), and (c);
- f) The Contractor acknowledges and agrees that this Affidavit shall be incorporated into any contract(s) subject to the provisions of O.C.G.A. § 13-10-91 for the project listed below to which Contractor is a party after the date hereof without further action or consent by Contractor; and
- g) Contractor acknowledges its responsibility to submit copies of any affidavits, drivers' licenses, and identification cards required pursuant to O.C.G.A. § 13-10-91 to the public employer within five business days of receipt.

69740
 Federal Work Authorization User Identification Number
Wellpath LLC
 Name of Contractor
Department of Corrections
 Name of Public Employer

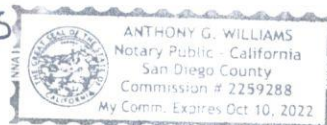
4.17.2015
 Date of Authorization
Physical Healthcare Services
 Name of Project

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on MARCH, 16, 2021 in SAN DIEGO (city), CALIFORNIA (State).

[Signature]
 Signature of Authorized Officer or Agent

JAVIER RINCON VICE PRESIDENT
 HUMAN RESOURCES
 Printed Name and Title of Authorized Officer or Agent



SUBSCRIBED AND SWORN BEFORE ME
 ON THIS THE 16 DAY OF MARCH, 2021.

[Signature]
 NOTARY PUBLIC
 My Commission Expires: 10/10/2022

Subcontractor Affidavit under O.C.G.A. § 13-10-91(b)(3)

17174

Accountable Healthcare Staffing, Inc.

Wellpath Care RFP

Georgia DOC RFP/ Wellpath Care

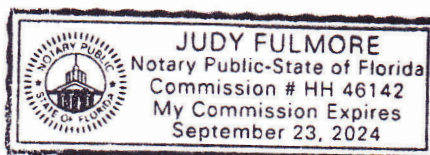
DocuSigned by:
Lisa Fitzmorris
2B14A5E58A20A407

Lisa Fitzmorris, Vice President

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE 24 DAY OF February, 2021

My Commission Expires:

9/23/2024



Subcontractor Affidavit under O.C.G.A. § 13-10-91(b)(3)

By executing this affidavit, the undersigned subcontractor verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services under a contract with Wellpath on behalf of Georgia Department of Corrections has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned subcontractor will continue to use the federal work authorization program throughout the contract period and the undersigned subcontractor will contract for the physical performance of services in satisfaction of such contract only with sub-subcontractors who present an affidavit to the subcontractor with the information required by O.C.G.A. § 13-10-91(b). Additionally, the undersigned subcontractor will forward notice of the receipt of an affidavit from a sub-subcontractor to the contractor within five business days of receipt. If the undersigned subcontractor receives notice that a sub-subcontractor has received an affidavit from any other contracted sub-subcontractor, the undersigned subcontractor must forward, within five business days of receipt, a copy of the notice to the contractor. Subcontractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

27-3217558
Federal Work Authorization User Identification Number

3/12/2021
Date of Authorization

Robert Andrew Wingert on behalf of Audicus, Inc
Name of Subcontractor

Physical Healthcare Services pursuant to eRFP number GDC0000946
Name of Project

Georgia Department of Corrections
Name of Public Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on March, 15, 2021 in Seattle (city), WA (state).

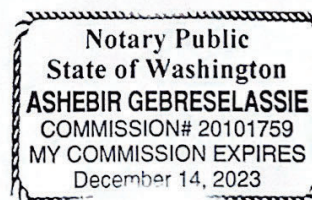
[Signature]
Signature of Authorized Officer or Agent

Robert Andrew Wingert
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE 15 DAY OF March, 2021

[Signature]
NOTARY PUBLIC

My Commission Expires:
12/14/2023



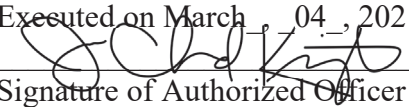
Subcontractor Affidavit under O.C.G.A. § 13-10-91(b)(3)

By executing this affidavit, the undersigned subcontractor verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services under a contract with Wellpath on behalf of the Georgia Department of Corrections has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned subcontractor will continue to use the federal work authorization program throughout the contract period and the undersigned subcontractor will contract for the physical performance of services in satisfaction of such contract only with sub-subcontractors who present an affidavit to the subcontractor with the information required by O.C.G.A. § 13-10-91(b). Additionally, the undersigned subcontractor will forward notice of the receipt of an affidavit from a sub-subcontractor to the contractor within five business days of receipt. If the undersigned subcontractor receives notice that a sub-subcontractor has received an affidavit from any other contracted sub-subcontractor, the undersigned subcontractor must forward, within five business days of receipt, a copy of the notice to the contractor. Subcontractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

397142
 Federal Work Authorization User Identification Number
03/15/2011
 Date of Authorization
AWC Networks, LLC
 Name of Subcontractor
Physical Healthcare Services pursuant to eRFP number GDC0000946
 Name of Project
Georgia Department of Corrections
 Name of Public Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on March 04, 2021 in Atlanta (city), GA (state).


 Signature of Authorized Officer or Agent
J. Chad Knight, EVP & Chief Development Officer
 Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
 ON THIS THE _____ DAY OF _____, 2021.

 NOTARY PUBLIC

My Commission Expires:

Subcontractor Affidavit under O.C.G.A. § 13-10-91(b)(3)

By executing this affidavit, the undersigned subcontractor verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services under a contract with Wellpath of Georgia, LLC on behalf of the Georgia Department of Corrections has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned subcontractor will continue to use the federal work authorization program throughout the contract period and the undersigned subcontractor will contract for the physical performance of services in satisfaction of such contract only with sub-subcontractors who present an affidavit to the subcontractor with the information required by O.C.G.A. § 13-10-91(b). Additionally, the undersigned subcontractor will forward notice of the receipt of an affidavit from a sub-subcontractor to the contractor within five business days of receipt. If the undersigned subcontractor receives notice that a sub-subcontractor has received an affidavit from any other contracted sub-subcontractor, the undersigned subcontractor must forward, within five business days of receipt, a copy of the notice to the contractor. Subcontractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

SDOW1403
Federal Work Authorization User Identification Number
05/14/2020
Date of Authorization
CharDonnay Dialysis
Name of Subcontractor
Physical Healthcare Services pursuant to eRFP number GDC0000946
Name of Project
Georgia Department of Corrections
Name of Public Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on 2, 10, 2021 in Danville (city), IL (state).

[Signature]
Signature of Authorized Officer or Agent

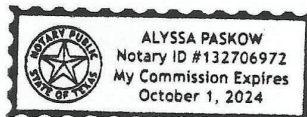
JOE BURKE
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE 10th DAY OF FEBRUARY, 2021.

[Signature]
NOTARY PUBLIC

My Commission Expires:

10/01/2024



Subcontractor Affidavit under O.C.G.A. § 13-10-91(b)(3)

By executing this affidavit, the undersigned subcontractor verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services under a contract with Wellpath LLC on behalf of Georgia Department of Corrections has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned subcontractor will continue to use the federal work authorization program throughout the contract period and the undersigned subcontractor will contract for the physical performance of services in satisfaction of such contract only with sub-subcontractors who present an affidavit to the subcontractor with the information required by O.C.G.A. § 13-10-91(b). Additionally, the undersigned subcontractor will forward notice of the receipt of an affidavit from a sub-subcontractor to the contractor within five business days of receipt. If the undersigned subcontractor receives notice that a sub-subcontractor has received an affidavit from any other contracted sub-subcontractor, the undersigned subcontractor must forward, within five business days of receipt, a copy of the notice to the contractor. Subcontractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

1654834
Federal Work Authorization User Identification Number

____ 3/15/21 _____
Date of Authorization

EDGE Biomedical, LLC
Name of Subcontractor

Physical Healthcare Services pursuant to eRFP number GDC0000946
Name of Project

Georgia Department of Corrections
Name of Public Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on March, 16th, 2021 in Franklin (city), TN (state).

Ryan R...
Signature of Authorized Officer or Agent

____ Ryan Rose, VP of Sales and Service _____
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE DAY OF , 201 .

NOTARY PUBLIC

My Commission Expires:

Subcontractor Affidavit under O.C.G.A. § 13-10-91(b)(3)

By executing this affidavit, the undersigned subcontractor verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services under a contract with Wellpath LLC on behalf of Georgia Department of Corrections has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned subcontractor will continue to use the federal work authorization program throughout the contract period and the undersigned subcontractor will contract for the physical performance of services in satisfaction of such contract only with sub-subcontractors who present an affidavit to the subcontractor with the information required by O.C.G.A. § 13-10-91(b). Additionally, the undersigned subcontractor will forward notice of the receipt of an affidavit from a sub-subcontractor to the contractor within five business days of receipt. If the undersigned subcontractor receives notice that a sub-subcontractor has received an affidavit from any other contracted sub-subcontractor, the undersigned subcontractor must forward, within five business days of receipt, a copy of the notice to the contractor. Subcontractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

APOW2235
Federal Work Authorization User Identification Number

12/10/2020
Date of Authorization

TMG Gases Inc. d/b/a EspriGas
Name of Subcontractor

Physical Healthcare Services pursuant to eRFP number GDC0000946
Name of Project

Georgia Department of Corrections
Name of Public Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on March 12th, 2021 in Columbus(city), Ohio (state).


Signature of Authorized Officer or Agent

Emmart Y Hoy III / VP of Healthcare
Printed Name and Title of Authorized Officer or Agent

Subcontractor Affidavit under O.C.G.A. § 13-10-91(b)(3)

By executing this affidavit, the undersigned subcontractor verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services under a contract with WellPath on behalf of the Georgia Department of Corrections has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned subcontractor will continue to use the federal work authorization program throughout the contract period and the undersigned subcontractor will contract for the physical performance of services in satisfaction of such contract only with sub-subcontractors who present an affidavit to the subcontractor with the information required by O.C.G.A. § 13-10-91(b). Additionally, the undersigned subcontractor will forward notice of the receipt of an affidavit from a sub-subcontractor to the contractor within five business days of receipt. If the undersigned subcontractor receives notice that a sub-subcontractor has received an affidavit from any other contracted sub-subcontractor, the undersigned subcontractor must forward, within five business days of receipt, a copy of the notice to the contractor. Subcontractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

198740

Federal Work Authorization User Identification Number

03/2009

Date of Authorization

Global Diagnostic Services, INC.

Name of Subcontractor

Physical Healthcare Services pursuant to eRFP number GDC0000946

Name of Project

Georgia Department of Corrections

Name of Public Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on February 5, 2021 in Conyers(city), Georgia (state).

Demi Murray

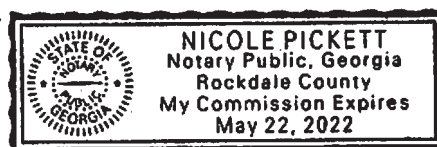
Signature of Authorized Officer or Agent

Demi Murray, General Manager

Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME
ON THIS THE 12th DAY OF March, 2021.

NOTARY PUBLIC

My Commission Expires: 5/22/22

Nicole Pickett 3/12/21

Contract# 46700-054-GDC0000946

Subcontractor Affidavit under O.C.G.A. § 13-10-91(b)(3)

By executing this affidavit, the undersigned subcontractor verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services under a contract with Wellpath LLC on behalf of Georgia Department of Corrections has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned subcontractor will continue to use the federal work authorization program throughout the contract period and the undersigned subcontractor will contract for the physical performance of services in satisfaction of such contract only with sub-subcontractors who present an affidavit to the subcontractor with the information required by O.C.G.A. § 13-10-91(b). Additionally, the undersigned subcontractor will forward notice of the receipt of an affidavit from a sub-subcontractor to the contractor within five business days of receipt. If the undersigned subcontractor receives notice that a sub-subcontractor has received an affidavit from any other contracted sub-subcontractor, the undersigned subcontractor must forward, within five business days of receipt, a copy of the notice to the contractor. Subcontractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

1575506

Federal Work Authorization User Identification Number

11/30/2020

Date of Authorization

Hanger Prosthetics & Orthotics, Inc. dba Hanger Clinic

Name of Subcontractor

Physical Healthcare Services RFP

Name of Project

Georgia Department of Corrections

Name of Public Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on March, 18, 2021 in _____(city), _____(state).

Mark T Davis

Signature of Authorized Officer or Agent

Mark Davis, Vice President, Managed Markets

Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE _____ DAY OF _____, 2021

NOTARY PUBLICMy Commission Expires:

Contract# 46700-054-GDC0000946

Subcontractor Affidavit under O.C.G.A. § 13-10-91(b)(3)

By executing this affidavit, the undersigned subcontractor verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services under a contract with Wellpath LLC on behalf of Georgia Department of Corrections has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned subcontractor will continue to use the federal work authorization program throughout the contract period and the undersigned subcontractor will contract for the physical performance of services in satisfaction of such contract only with sub-subcontractors who present an affidavit to the subcontractor with the information required by O.C.G.A. § 13-10-91(b). Additionally, the undersigned subcontractor will forward notice of the receipt of an affidavit from a sub-subcontractor to the contractor within five business days of receipt. If the undersigned subcontractor receives notice that a sub-subcontractor has received an affidavit from any other contracted sub-subcontractor, the undersigned subcontractor must forward, within five business days of receipt, a copy of the notice to the contractor. Subcontractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

125446

Federal Work Authorization User Identification Number

7 July 2008

Date of Authorization

Morehouse School of Medicine (HI BRIDGE Solutions HIE)

Name of Subcontractor

Physical Healthcare Services

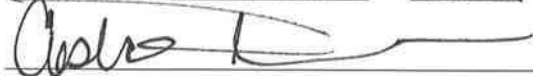
Name of Project

Georgia Department of Corrections

Name of Public Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on 18 March 2021 in Atlanta (city), GA (state)



Signature of Authorized Officer or Agent

Constance A. Mack-Andrews, Ed.D. – Director, Talent & International Programs

Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE ____ DAY OF _____, 2021

NOTARY PUBLIC

My Commission Expires:

Subcontractor Affidavit under O.C.G.A. § 13-10-91(b)(3)

By executing this affidavit, the undersigned subcontractor verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services under a contract with Wellpath on behalf of The Georgia DOC has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned subcontractor will continue to use the federal work authorization program throughout the contract period and the undersigned subcontractor will contract for the physical performance of services in satisfaction of such contract only with sub-subcontractors who present an affidavit to the subcontractor with the information required by O.C.G.A. § 13-10-91(b). Additionally, the undersigned subcontractor will forward notice of the receipt of an affidavit from a sub-subcontractor to the contractor within five business days of receipt. If the undersigned subcontractor receives notice that a sub-subcontractor has received an affidavit from any other contracted sub-subcontractor, the undersigned subcontractor must forward, within five business days of receipt, a copy of the notice to the contractor. Subcontractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

875526
Federal Work Authorization User Identification Number

05/15/2015
Date of Authorization

Institutional Eye Care, LLC
Name of Subcontractor

Physical Healthcare Services pursuant to eRFP GDC0000946
Name of Project

Georgia Department of Corrections
Name of Public Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on February, 10, 2021 in Raleigh (city), NC (state).

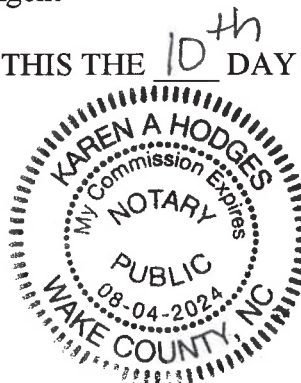
[Signature]
Signature of Authorized Officer or Agent

Zachary Lorse, Member
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE 10th DAY OF February, 2021

Karen A. Hodges
NOTARY PUBLIC

My Commission Expires: 08/04/2024



Contract# 46700-054-GDC0000946

Subcontractor Affidavit under O.C.G.A. § 13-10-91(b)(3)

By executing this affidavit, the undersigned subcontractor verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services under a contract with WellPath, Inc on behalf of Georgia Department of Corrections has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned subcontractor will continue to use the federal work authorization program throughout the contract period and the undersigned subcontractor will contract for the physical performance of services in satisfaction of such contract only with sub-subcontractors who present an affidavit to the subcontractor with the information required by O.C.G.A. § 13-10-91(b). Additionally, the undersigned subcontractor will forward notice of the receipt of an affidavit from a sub-subcontractor to the contractor within five business days of receipt. If the undersigned subcontractor receives notice that a sub-subcontractor has received an affidavit from any other contracted sub-subcontractor, the undersigned subcontractor must forward, within five business days of receipt, a copy of the notice to the contractor. Subcontractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

19959

Federal Work Authorization User Identification Number

3/21/2012

Date of Authorization

Laboratory Corporation of America Holdings

Name of Subcontractor

Physical Healthcare Services pursuant to eRFP number GDC0000946

Name of Project

Georgia Department of Corrections

Name of Public Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on February, 12th, 2021 in Burlington, NC.

Bryan Vaughn

Signature of Authorized Officer or Agent

Bryan Vaughn

Printed Name and Title of Authorized Officer or Agent

Contract# 46700-054-GDC0000946

Subcontractor Affidavit under O.C.G.A. § 13-10-91(b)(3)

By executing this affidavit, the undersigned subcontractor verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services under a contract with Wellpath LLC on behalf of Georgia Department of Corrections has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned subcontractor will continue to use the federal work authorization program throughout the contract period and the undersigned subcontractor will contract for the physical performance of services in satisfaction of such contract only with sub-subcontractors who present an affidavit to the subcontractor with the information required by O.C.G.A. § 13-10-91(b). Additionally, the undersigned subcontractor will forward notice of the receipt of an affidavit from a sub-subcontractor to the contractor within five business days of receipt. If the undersigned subcontractor receives notice that a sub-subcontractor has received an affidavit from any other contracted sub-subcontractor, the undersigned subcontractor must forward, within five business days of receipt, a copy of the notice to the contractor. Subcontractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

761854

Federal Work Authorization User Identification Number

09/08/2009

Date of Authorization

Language Line Services, Inc.

Name of Subcontractor

Physical Healthcare Services pursuant to eRFP number GDC0000946

Name of Project

Georgia Department of Corrections

Name of Public Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on 03 . 17 . 2011 in Monterey (city), CA (state).

DocuSigned by:

Bonaventura A. Cavaliere

BDC191FC317A43C...

or Agent

Bonaventura A. Cavaliere

Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE _____ DAY OF _____, 201__.

As per customer, notary is not required

NOTARY PUBLIC

My Commission Expires:

Subcontractor Affidavit under O.C.G.A. § 13-10-91(b)(3)

By executing this affidavit, the undersigned subcontractor verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services under a contract with Wellpath, LLC on behalf of Georgia Department of Corrections has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned subcontractor will continue to use the federal work authorization program throughout the contract period and the undersigned subcontractor will contract for the physical performance of services in satisfaction of such contract only with sub-subcontractors who present an affidavit to the subcontractor with the information required by O.C.G.A. § 13-10-91(b). Additionally, the undersigned subcontractor will forward notice of the receipt of an affidavit from a sub-subcontractor to the contractor within five business days of receipt. If the undersigned subcontractor receives notice that a sub-subcontractor has received an affidavit from any other contracted sub-subcontractor, the undersigned subcontractor must forward, within five business days of receipt, a copy of the notice to the contractor. Subcontractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

40635

Federal Work Authorization User Identification Number

December 18, 2019

Date of Authorization

McKesson Medical-Surgical Minnesota Supply Inc.

Name of Subcontractor

Physical Healthcare Services pursuant to eRFP # GD0000946

Name of Project

Georgia Department of Corrections

Name of Public Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on February, 25, 2021 in Jay Haulville (city), NC (state).Deborah S. Haywood
Signature of Authorized Officer or AgentDeborah S. Haywood Vice President Government
Printed Name and Title of Authorized Officer or AgentSUBSCRIBED AND SWORN BEFORE ME ON THIS THE 25th DAY OF February, 2021Patricia Ann Jones
NOTARY PUBLIC

My Commission Expires:

5/31/2024

Subcontractor Affidavit under O.C.G.A. § 13-10-91(b)(3)

By executing this affidavit, the undersigned subcontractor verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services under a contract with Wellpath LLC on behalf of Georgia Department of Corrections has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned subcontractor will continue to use the federal work authorization program throughout the contract period and the undersigned subcontractor will contract for the physical performance of services in satisfaction of such contract only with sub-subcontractors who present an affidavit to the subcontractor with the information required by O.C.G.A. § 13-10-91(b). Additionally, the undersigned subcontractor will forward notice of the receipt of an affidavit from a sub-subcontractor to the contractor within five business days of receipt. If the undersigned subcontractor receives notice that a sub-subcontractor has received an affidavit from any other contracted sub-subcontractor, the undersigned subcontractor must forward, within five business days of receipt, a copy of the notice to the contractor. Subcontractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

90-0152624

Federal Work Authorization User Identification Number

7-1-2007

Date of Authorization

REGENCY OFFICE PRODUCTS

Name of Subcontractor

Physical Healthcare Services pursuant to cRFP number GDC0000946

Name of Project

Georgia Department of Corrections

Name of Public Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on FEB 12, 2011 in NASHVILLE (city), TN (state).

[Signature]
Signature of Authorized Officer or Agent

JEFFERY D. YOUNG
Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE _____ DAY OF _____, 201__.

NOTARY PUBLIC

My Commission Expires:

Subcontractor Affidavit under O.C.G.A. § 13-10-91(b)(3)

By executing this affidavit, the undersigned subcontractor verifies its compliance with O.C.G.A. § 13-10-91, stating affirmatively that the individual, firm or corporation which is engaged in the physical performance of services under a contract with Wellpath LLC on behalf of Georgia Department of Corrections has registered with, is authorized to use and uses the federal work authorization program commonly known as E-Verify, or any subsequent replacement program, in accordance with the applicable provisions and deadlines established in O.C.G.A. § 13-10-91. Furthermore, the undersigned subcontractor will continue to use the federal work authorization program throughout the contract period and the undersigned subcontractor will contract for the physical performance of services in satisfaction of such contract only with sub-subcontractors who present an affidavit to the subcontractor with the information required by O.C.G.A. § 13-10-91(b). Additionally, the undersigned subcontractor will forward notice of the receipt of an affidavit from a sub-subcontractor to the contractor within five business days of receipt. If the undersigned subcontractor receives notice that a sub-subcontractor has received an affidavit from any other contracted sub-subcontractor, the undersigned subcontractor must forward, within five business days of receipt, a copy of the notice to the contractor. Subcontractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

62-0760182

Federal Work Authorization User Identification Number

March 12, 2021

Date of Authorization

RJ Young

Name of Subcontractor

Physical Healthcare Services pursuant to eRFP number GDC0000946

Name of Project

Georgia Department of Corrections

Name of Public Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on March, 12, 2021 in Nashville (city), TN (state).

[Signature]
Signature of Authorized Officer or Agent

AJ Baggott

Printed Name and Title of Authorized Officer or Agent

SUBSCRIBED AND SWORN BEFORE ME

ON THIS THE 15TH DAY OF MARCH, 2021

[Signature]
NOTARY PUBLIC

My Commission Expires:

09.07.2021