Sealed proposals, subject to the conditions and instructions contained herein, will be received at the above office of the Purchasing Director, 4th Floor, City Hall, 2400 Washington Avenue, Newport News, Virginia, 23607, until the time and date shown below (local prevailing time), for furnishing the items or services described in the request for proposal.

It is agreed and understood this will constitute addendum #2, and shall be made part of the original RFP document. Acknowledgement, showing receipt and acceptance of the changes is to be returned with your submittal.

Addition:  Response to questions.

Contract Officer:  
Rose Kee, CPPB, Senior Buyer, (757) 926-8028, rkee@nngov.com

Company Name:  
Print Name:  _______________________________ Title:  ______________________________
Signature:  _______________________________ Date:  _____________________________

This Form Must Be Signed.
Response to Questions:

1. Please provide utilization data for items such as
   - average number of sick call per month; 2005
   - number of patients seen by physician; avg. 270 per month
   - number of off site visits: avg. 5 per month
   - percentage of inmates on medications, etc. approx. 45%

2. Please describe type of on-site X-Ray Equipment that is currently being used. A dental x-ray machine on site, and use services from Mobile-X.

3. Please list the type of medical equipment available at the facility. Just the very basic equipment.

4. What services are currently provided on-site (i.e., mobile x-ray, dialysis, etc.)? Mobile x ray is only service provided, beside basic necessary dental.

5. Off-site statistics by number and charges for 2010 by type of service i.e. hospital admission, ER runs, outpatient surgeries, specialty consultations, MRI, etc. Answer will be posted in addendum 2 which will be posted as soon as possible.

6. Copies of any current contract with hospitals or providers. No current contracts. Have a MOA with Riverside Regional Medical Center.

7. What types of services are currently being done in the jail, i.e. x-ray, dialysis, PT, etc. See answer to #4.

8. Who will be responsible for medical equipment needed for day-to-day operations such as wheelchairs, pulse-oximeter, BP machines, exam tables, exam lights, dental equipment, etc.? See section IV.J.3 of RFP.

9. Who will be responsible for maintenance of medical equipment? See section IV.J.3 of RFP.

10. How many inmates at a time can be taken to the annex from the main jail (for dental care and/or medical care)? As many as needed.

11. To save costs, if nurses are trained to check for cheeking psychotropic medications, would the City consider the use of less expensive pills or capsules in lieu of liquid psychotropic medications? Yes

12. Please describe the type of emergency for which the physician would be subject to recall within 60 minutes to the facility? Anything that could be handled on site vs. sending the inmate to the ER.

13. In order to save money, would the City consider having the physician address patient concerns by phone (as per community standard) in lieu of the physician being subject to recall within 60 minutes? That could be an option, depending on the circumstance.

14. Please describe what is involved in your background checks; how long they take; and if there is any cost to the vendor. No cost to vendor, usually completed in 48 hours.
15. Please describe how the Dental Hygienist is utilized aside from assisting the Dentist. The current Hygienist is performing the dental screenings required by standards.

16. If the Dental Hygienist is utilized mainly a Dental Assistant, would the City consider employing a Dental Assistant (instead of a Dental Hygienist) since this position typically costs less? The current dentist only uses assistants not a hygienist to assist him. The hygienist works independently.

17. Does Newport News City have AED’s on-site? Yes

18. Are there any negative air rooms available for isolation? No

19. Is there any telemedicine cable, wiring, or equipment in place currently? No

20. Does the Sheriff’s Office already utilize an EMR system? If so, will the awarded vendor be able to use the existing computers? No current EMR in use.

21. Would the City accept EMR as a separate line item on the pricing sheets? Yes

22. On page 20 of the RFP, it states that we should include benefit hours in the matrix FTEs for Category III personnel. Does that mean, for example, a 40 hour per week (1 FTE) Administrative Assistant who receives 96 hours a year (.05 FTE) of Vacation and PTO will be represented as 1.05? We are basically looking for a staffing matrix with all positions filled to include covering vacation and sick time.

23. It is our understanding that the City is requesting only salary ranges by position, and no other pricing data at this time (prices discussed at negotiations). Is this correct? Yes

24. It is our understanding that the City recently awarded the inmate health services pharmacy contract to another vendor. Will the costs of pharmaceuticals be outside the scope of this RFP because of this circumstance? No. This needs to be included either by using the current vendor’s service or another of choice.

25. If pharmaceuticals are the responsibility of the awarded vendor, will the awarded vendor be responsible for the costs of psychotropics? Yes

26. On p. 34 it is stated that:

“Currently the Newport News City Jail has a grant funded Mental Health Intervention program. This is a partnership with the Hampton/Newport News Community Services Board. In the event that this funding becomes unavailable, a re-negotiation of this contract to include a mental health piece may be necessary.”

Thus, is the Newport News Community Services Board currently responsible for the costs of psychotropics? No

27. Please list the grant funded programs that provide medical, dental, and mental health services including all services of the type listed in Section IV.B.3. on page 18 of the RFP. No current grants.
28. (From #27) For each grant or contract listed the:

(a) Number persons and FTEs, by type and licensure of health providers assigned to each program.
(b) Amount of annual funding
(c) Dates of expiration for each contract and term of award for each grant

29. Please list the staff (FTE by title and/or type of licensure) assigned to the Mental Health Intervention program referred to in Section IV.F (page 34 of the RFP). N/A

30. Does the Mental Health Intervention program staffed by the Hampton/Newport News Community Services Board provide all the coverage needed for a psychiatrist or psychiatric medical provider? At this time, yes.

31. Please clarify whether, with the Mental Health Intervention program, the City does not expect or require the contractor to provide any coverage by a psychiatrist or psychiatric nurse practitioner? That is correct. Only possibly a referral to this group due to inmate’s behavior or assessment.

32. Please provide historical data on the cost of psychotropic medications including:

(a) Number of prescriptions per month. 97
(b) Cost of psychotropic medications per month. $5643
(c) Number of prescriptions and volume of liquid psychotropic medications administered. None
(d) Formulary for psychotropic medication. N/A

33. How is the Newport News Community Services Board accountable for the cost management of mental health services including medications? No answer available.

34. Is the Mental Health Risk Assessment currently performed at booking on intake? Yes

35. Is the Mental Health Risk Assessment performed by: Currently classification officers.

(a) Staff of the Mental Health Intervention program described above and staffed by the Newport News Community Services Board?
(b) Medical services staff listed in Section IV.C.1.c. on page 21 (Current Staffing Level)? or
(c) Officers or other staff employed by the City?

36. What is the timeframe (within 72 hours of referral, 14 days of intake, etc.) for completion of the Intake Mental Health Assessment? At physical within 14 days.

37. Please clarify who currently performs the Intake Mental Health Assessment: Currently by staff nurses at physical (this is just a screening).

a. Staff of the Mental Health Intervention program described above and staffed by the Newport News Community Services Board?
b. Medical services staff listed in Section IV.C.1.c. on page 21 (Current Staffing Level)? Or
c. Officers or other staff employed by the City?
38. Are any qualified mental health providers (licensed psychiatrists, psychologists, professional counselors) employed by the Sheriff’s Office? **No**

39. Has the Newport News Community Services Board recommended the appropriate or required level of mental health provider to perform the Mental Health Risk Assessment that is required? If so, what level of staff is recommended? **They do not do this across the board for all inmates.**

40. Please provide the form which is presently used to complete the Mental Health Risk Assessment. **N/A**

41. Please provide the form which is presently used to complete the Intake Mental Health Assessment. **N/A**

42. Is the City requiring the contractor to engage a local pharmacy to provide pharmaceuticals under this contract? **Whatever is needed to fulfill the needs.**

43. Does the current pharmacy provider bill inmate insurance for any pharmaceuticals? If so, what has been the record of reimbursement? **No**

1. Are there currently any health care provider staffing vacancies? **Yes, 3 part time.**
2. Are any members of the current medical staff part of a bargaining unit? **They will all be available for hire.**
3. Can current health services staff salaries be provided? **Information will be provided in addendum 2 (to be posted soon).**
4. Is there statistical data available to include emergency and scheduled off-site trips, hospitalizations and inpatient days? **Hospital admissions=approx. 2 per month, avg. 5 days per month. Approx. 6 emergency visits per month.**
5. Can a breakdown of off-site appointments by type (such as dialysis, OB-GYN, ortho etc.) be made available? **Breakdown not available.**
6. In order to ensure a staffing plan that meets your needs, it would be helpful if we had statistical information regarding the volume of on-site services. Such as, intake screenings, sick call by provider (nurse/midlevel/MD), health assessments, dental evaluations, x-rays, labs, treatments, on site clinic numbers etc. Can on-site services statistical data be made available? **Monthly averages: Physicals-159, mental health referrals-19, nurse sick call-1735, Dr sick call-270, dental screenings-113, dental treatments-43, x-rays-28, labs-36.**
7. What hospital(s) are currently being utilized? **Riverside Regional Medical Center**
8. What radiology provider is currently being utilized? **Mobile X**
9. What laboratory provider is currently being utilized? **Riverside Regional Medical Center**
10. Can the county provide a list of the current utilized medical specialists? **That is whoever the current physician or emergency room physician refers to.**
11. Are there currently any on-site specialty clinics being conducted? **No**
12. Is the county currently contracting with any local MBE/SBE/WBE providers and if so with whom? **N/A**
13. Can the County provide a listing of the top twenty medications ordered by price and top twenty prescribed or a copy of the past three pharmacy bills? **N/A**
14. Will the offeror have any responsibility for the mental health services staff other than coordination of services with the Hampton/Newport News Community Services Board? **Just coordination of services.**
15. Is the County currently utilizing an electronic medical record? **No**
16. Would the County entertain an option for an electronic medical record other than CorEMR which may represent a cost savings for the County? **Only another third party application.**

17. Is internet service available to the offeror? **Yes**

18. What is the current JMS system being utilized? **Intergraph**

19. Is the facility currently NCCHC or ACA certified? **Not at this time.**

20. Can you provide information for the past three years regarding the County Medical Services budget and by how much the County has been under or exceeded the allotted budget by line item? **Information will be provided in addendum 2 (to be posted soon).**

21. Please include the actual cost of offsite care for the past three years. **Information will be provided in addendum 2 (to be posted soon). Only last year and current. 3 year not available.**

22. Please provide the total number of claims in the past three years that have exceeded $25,000 and of those that have, by how much? **N/A**

23. Who are the members of the Evaluation Committee? **This information is not provided, but will be staff from NNSO.**

24. What is the County’s targeted Contract start date? **ASAP**

25. How much time is required by the County for the Sheriff’s Office orientation of new employees? **Usually less than 1 day.**

26. Page 2; item 1. Indicates that all proposals shall be submitted on and in accordance with this form and if more space is required to attach a letter that will be made a part of the proposal. Can you clarify what form is referenced here and is there a limit to the number of pages to be attached? **The RFP document and any pages that require a response. The RFP document does not specify a limit.**

27. Is there currently a “Keep on Person” medication program? **No**

28. Does the offsite CAP include the cost of ambulance and other necessary transport services? **Currently there is no charge for ambulance service through our Fire Department.**

29. Can the County provide a current equipment inventory to include age and condition of all equipment? **All equipment is just very basic. Not able to give a breakdown of age and condition.**

1. While reviewing the RFP, we noticed a part on page 52, no. 8 that CorEMR must be used. Our questions are;
   1. Is this a must?
   2. Are you disqualified from the process if you are not using CorEMR?

   **We will accept proposals that offer a third party application equal or better than CorEmr. It is imperative that it be a third party application, so that should a contract end, the program and all its records will still belong to the Newport News Sheriff’s Office.**

2. Who currently services the contract?
   Do they subcontract all or parts of the required services?
   Is there a way to obtain the current pricing?
   If there was a pre proposal conference on this RFP, can you please forward me the agenda and minutes to what was discussed.

   **This is the first RFP the City has released for medical services. There's no previous contract through this office.**
3. Please provide the 2010 and 2011 YTD medical care budgets, as well as actual annual spend for each.

<table>
<thead>
<tr>
<th></th>
<th>2010 Actual</th>
<th>2011 Year-to-Date</th>
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</thead>
<tbody>
<tr>
<td><strong>Sheriff’s Office Personnel</strong></td>
<td></td>
<td></td>
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<tr>
<td>Medical Supervisor</td>
<td>41,060</td>
<td>19,395</td>
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<tr>
<td>Medical Staff</td>
<td>252,430</td>
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<tr>
<td>Part Time Staff *</td>
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<td><strong>Sub Total:</strong></td>
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<td><strong>Fringe Benefits (Full Time Staff - 11.31%)</strong></td>
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<tr>
<td>FICA 7.65%</td>
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<tr>
<td>Retirement 3.33%</td>
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<tr>
<td><strong>Fringe Benefits (Part Time Staff)</strong></td>
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<td></td>
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<tr>
<td>* FICA 7.65%</td>
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<td>1,824</td>
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<tr>
<td><strong>Sub Total:</strong></td>
<td>$34,139</td>
<td>28,166</td>
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<tr>
<td><strong>Total Sheriff’s Office Personnel:</strong></td>
<td>$339,988</td>
<td>$284,912</td>
</tr>
</tbody>
</table>

| **Professional Health Services** |             |                   |
| Dentist                     | 36,065      | 23,410            |
| Dental Assistants           | 6,725       | 4,815             |
| Dental Hygienist            | 9,600       | 6,400             |
| Doctor                      | 56,020      | 36,400            |
| Nurse Staffing Services     | 170,911     | 43,902            |
| Mobile X-Ray Services       | 31,080      | 16,320            |
| Out of Facility Care        | 480,420     | 115,064           |
| Medical Supplies & Equipment| 306,939     | 157,276           |
| **Total Professional Health Services:** | $1,097,760 | $403,587 |

| **Total Sheriff’s Office Medical Cost:** | $1,437,748 | $688,499 |
4. Page 29 of the RFP states: “The offeror must be able to provide service using “CorEMR” computer medical records management program, and must be currently using this program in a jail facility.” In specifically listing “CorEMR,” it could be construed that the City is impeding the competitive nature of the bid. Will the City accept proposals which include other EMR / EHR systems that are as capable and perhaps more capable than “CorEMR”? See response on page 6, item #1 of this addendum.

5. Who is the current vendor for your inmate healthcare? See response on page 7, item #2 of this addendum.

6. Would it be possible to schedule a site visit to tour the facilities prior to submitting our questions regarding RFP? Check our web site (www.nngov.com/purchasing) for addendum 1 which scheduled a site visit for this Thursday, March 24, 2011 at 10:00 a.m. at the NNSO (City Jail). There will not be another site visit after this date.