

RFP No. 18-0022

Inmate Medical & Pharmacy Services for Muscogee County Prison (Annual Contract)

Part A. Technical Proposal

Original


May 18, 2018 | 5:00PM

Columbus Consolidated Government - Purchasing Division

P.O. Box 1340

Columbus, Georgia 31902-1340

Submitted by:

 **Centurion**TM

Detention Health Services

1593 Spring Hill Road, Suite 600

Vienna, VA 22182



DEDICATED TO ALL

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May 16, 2018

Della Lewis, CPPB
Buyer Specialist
Columbus Consolidated Government
100 Tenth Street
Columbus, GA 31901

Re: RFP No. 18-0022 Inmate Medical & Pharmacy Services for Muscogee County Prison

Dear Ms. Lewis and members of the proposal evaluation committee:

Centurion Detention Health Services, LLC (Centurion) is pleased to submit the following proposal in response to the above referenced RFP for Inmate Medical and Pharmacy Services for inmates within the Muscogee County Prison. We are confident that we are the best partner for the Columbus Consolidated Government (the City) to provide the spectrum of high quality medical and pharmacy services it seeks for its inmate population.

Centurion's unique and innovative model for delivering health services to correctional agencies combines evidence-based, integrated healthcare services with modern managed care systems to meet the needs of inmates while in custody, and better integrates them with healthcare resources in the community upon their release. We view *correctional* healthcare as an important component of *public* healthcare, and our proposal describes how our model creates better patient outcomes with linkages to resources within the community for sustainable success. We believe that healthcare plays an important role in reducing recidivism rates, and our goal is to positively impact the lives of inmates so that they can lead productive, crime-free lives in the community.

Centurion has the requisite five years of experience providing comprehensive healthcare to large jails and prisons with a population of at least 1,000 inmates for county and state clients. Centurion has a broad footprint in the state of Georgia. Our affiliated company, MHM, is the current contractor for dental and mental health services to the Georgia Department of Corrections (since 1997), including Rutledge State Prison in Columbus. We also provide medical and mental health staff at the West Central Georgia Regional Hospital in Columbus. MHM is also the contractor for mental health services to the DeKalb County Jail (since 2001).

Our corporate structure combines the innovative resources of a correctional healthcare industry leader (MHM) with the modern managed care resources of the nation's largest provider of managed care services for state Medicaid programs (Centene Corporation). Through our corporate structure, we are affiliated with Peach State Health Plan, a Georgia Medicaid and specialty health plan providing healthcare services to thousands of Georgians. Our approach takes into account that many inmates, as well as their extended families, are served under Georgia's Medicaid program. Our in-company linkages to Medicaid and other

programs in the community enable us to take a broader approach to serving inmates and their families. Our combined correctional and public health resources in Georgia will provide a much stronger holistic healthcare program for the Muscogee County Prison.

In the prison facility, Centurion will improve staffing and build a strong, collaborative relationship with prison leaders and stakeholders towards a more modern, efficient healthcare program. Centurion will also effectively manage pharmaceutical expenditures and security escorts for off-site services (e.g., hospitalization, emergency room visits).

Centurion recognizes the importance of addressing the needs of persons with co-occurring mental health and physical health issues, as well as persons with communicable diseases. Our proposal describes our industry-leading resources specific to correctional medical and pharmacy services and our integrated model for managing chronic conditions. Our team of over 30 full-time recruiting professionals, including recruiters based in Georgia, and our position in correctional healthcare as the *employer-of-choice* will ensure the highest possible staffing levels for medical and dental positions, with lower turnover rates and better training and support services for employees as compared to other companies.

The City will find Centurion to be the strongest, most flexible and transparent healthcare provider, and we encourage the evaluation committee to contact *any* of our other clients to validate our partnership approach in meeting the Muscogee County Prison's needs. While other companies struggle to operate under exorbitant financial debt and high senior management turnover, Centurion thrives under its financial strength, steady executive management and experienced leadership team. Centurion has the operational infrastructure, expertise, and technological abilities to support the City in meeting its objectives for providing timely and appropriate healthcare services to its inmate population.

We are eager to discuss the merits of our proposal with, and to personally introduce our leadership team to, the evaluation committee at an oral presentation in the near future. Please contact me at any time for additional information or to schedule a meeting to review our proposal. My contact information is provided below.

Sincerely,



Steven H. Wheeler
Chief Executive Officer
Phone: (703) 749-4600
Fax: (703) 749-1630
Email: SWheeler@CenturionMCare.com

Section 2: Affidavit for E-Verify/Georgia Security and Immigration Compliance Act (Form 1)

A properly completed, notarized E-Verify Affidavit must be included with sealed proposal; failure to do so will render the firm's proposal non-responsive and ineligible for further consideration. To access your E-Verify Company Identification Number, see <https://everify.scis.gov/emp/vislogin.aspx?JS=YES>.

Centurion submits Form 1 on the following page.

CONTRACTOR AFFIDAVIT
E-VERIFY / GEORGIA SECURITY & IMMIGRATION COMPLIANCE ACT

By executing this affidavit, the undersigned contractor 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 on behalf of **Columbus Consolidated Government** 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 contractor will continue to use the federal work authorization program throughout the contract period and the undersigned contractor will contract for the physical 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(b). Contractor hereby attests that its federal work authorization user identification number and date of authorization are as follows:

116278

May 16, 2017

Company ID Number (*numerical, 4-7 digits*)

Date of Authorization

****See <https://e-verify.uscis.gov/emp/vislogin.aspx?JS=YES> to access your E-Verify Company Identification Number.**

Centurion Detention Health Services, LLC

Name of Contractor

Inmate Medical & Pharmacy Services for MCPrison (Annual Contract); RFP No. 18-0022

Name of Project

Columbus Consolidated Government

Name of Public Employer

I hereby declare under penalty of perjury that the foregoing is true and correct.

Executed on May, 9, 2018 in Vienna (city), VA (state).



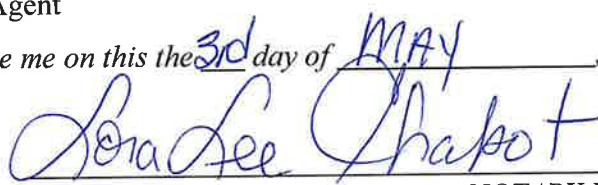
Signature of Authorized Officer or Agent

Steven H. Wheeler, Chief Executive Officer

Printed Name and Title of Authorized Officer or Agent

Subscribed and sworn before me on this the 3d day of MAY, 2018.




NOTARY PUBLIC

My Commission Expires:

05-31-22

A properly completed, notarized E-Verify Affidavit must be included with sealed proposal; failure to do so will render the firm's proposal non-responsive and ineligible for further consideration.

Section 3: Addenda Acknowledgement

**Acknowledge receipt for all addenda (if any). Addenda will be posted at:
https://www.columbusga.org/finance/purchasing/docs/opportunities/Bid_Opportunities.htm. It is the vendors' responsibility to periodically visit the web page for addenda, before the due date and before submitting a proposal.**

Centurion acknowledges being in receipt of three addenda released with the RFP.

A. Describe in detail the firm’s ability and experience in providing the medical and pharmacy services to incarcerated clients, as specified in Appendix A, as well as other clients with similar needs.








Centurion has the experience and demonstrated ability to provide effective and timely medical and pharmacy services, including those outlined in this RFP. This experience includes intake health screening, chronic care and sick call clinics, emergency and acute medical services, dental services, infection prevention and control, pharmacy and medication management services, as well as the full range of specialty care services. Although not encompassed in this procurement, Centurion also has unmatched experience and nationally recognized expertise in providing correctional mental health services.

In addition to direct care services, we provide seasoned healthcare management and administrative services, with corporate-level support, for staffing, training and education, grievance and appeals, quality assurance, reporting, and continuous quality improvement.

Our healthcare services are evidence-based and incorporate community *best-practice* standards of care. We ensure that our services meet Federal, State, and local regulations, as well as client-specific policies and procedures. We tailor our policies and procedures to comply with the standards set forth by the **National Commission on Correctional Health Care (NCHC)** and the **American Correctional Association (ACA)**.

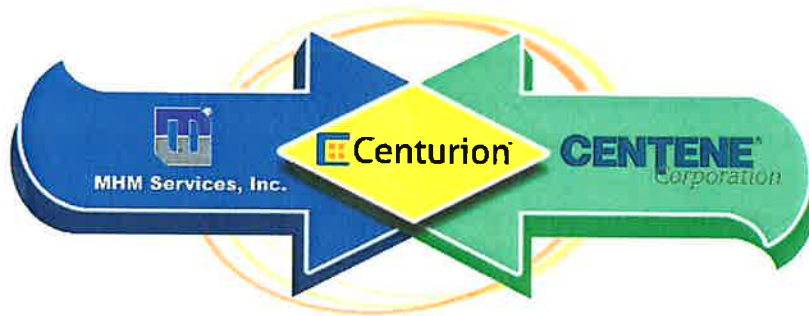
Centurion currently provides healthcare services similar in scope to those sought under this procurement for departments of corrections in seven states covering over 150,000 inmates in 150 correctional institutions. Our contract with the State of Vermont serves the states sentenced inmates as well as pre-trial detainees and new arrestees.

Current Centurion Contracts:

2013	2013	2014	2015	2015	2016	2016
						
Tennessee Department of Correction	Massachusetts Department of Correction	Minnesota Department of Corrections	Vermont Department of Corrections	Mississippi Department of Corrections	Florida Department of Corrections	New Mexico Corrections Department
ADP: 22,000 11 Facilities FTEs: 571	ADP: 9,000 15 Facilities FTEs: 550	ADP: 9,500 9 Facilities FTEs: 32	ADP: 1,500 8 Facilities FTEs: 143	ADP: 19,000 39 Facilities FTEs: 318	ADP: 88,000 61 Facilities FTEs: 2,500	ADP: 7,000 11 Facilities FTEs: 286

Centurion’s Experience and Background

Centurion was founded in 2011 by **MHM Services, Inc.**, and **Centene Corporation**, both long-standing leaders in correctional healthcare and managed Medicaid, respectively. Centurion has been providing the full spectrum of medical and behavioral health services at correctional facilities since being awarded our first contracts in 2013. Our founding companies, MHM and Centene, have been in operation since 1981 and 1984 respectively, offering over 60 years of collective services in the mental health and medical fields. MHM has been serving in correctional settings since 1997 and is widely viewed as the leader in correctional mental health services.



Since its founding in 2011, Centurion’s unique corporate offerings and managed care approach have been well received in the marketplace and Centurion currently provides services similar in scope to the services sought under this procurement for departments of corrections in seven states. Each contract is held by a state department of corrections.

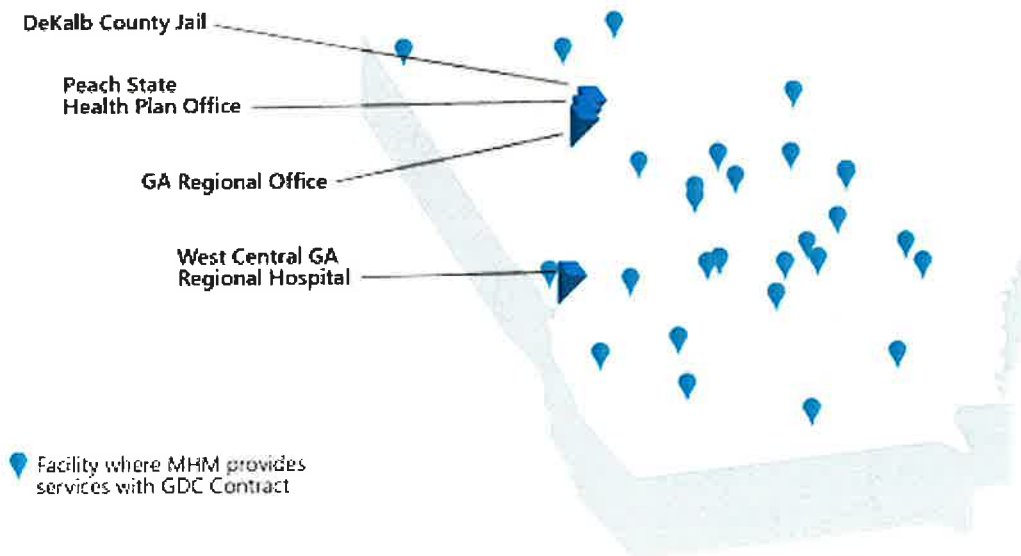
In 2012, Centurion began responding to state procurements for correctional healthcare services and was successful in winning our contracts with the Tennessee Department of Correction and the Massachusetts Department of Correction in 2013. Centurion has been extremely well received in the marketplace and now serves over 150,000 inmates in 155 facilities for seven state departments of corrections.

Centurion’s and MHM’s combined correctional healthcare, forensic, and public agency staffing programs are shown in the map that follows:



Experience in Georgia

Centurion's co-founder companies, MHM and Centene, have longstanding experience in Georgia.



MHM has been providing high quality, evidence-based, and timely mental health services and staffing to the Georgia Department of Corrections (GDC) since 1997. Today, MHM provides dental services and mental health care to 54,000 inmates housed in 37 facilities across the state, including Rutledge State Prison in Columbus. Over the past 20 years, we have worked closely with GDC to move the delivery of mental and dental health services from a reactive model to one that uses preventive measures and training to proactively address healthcare issues.



In tandem, we have worked in partnership with GDC to expand the service delivery model, using innovative strategies to enhance access to needed mental health services. We have developed processes, policies, and protocols that ensure the delivery of timely services and have worked closely with GDC to operationalize Specialized Mental Health Treatment Units (SMHTU) and Integrated Treatment Facility (ITF) services. Throughout the process, we have achieved better treatment outcomes for offenders as well as cost and process efficiencies for GDC.

MHM has been the provider of mental health services to the DeKalb County Jail since 2001 and provides services to an average daily population of approximately 2,200 detainees. MHM's staff at the jail is comprised of 29 FTEs that are experienced managers, clinical leaders, licensed mental health professionals, and nurses that continue the successful operations of the program. For this contract we provide the full spectrum of jail based mental health services, including pharmaceutical management, suicide prevention and crisis stabilization, and discharge planning, among many other services. The program places strong emphasis on crisis stabilization, rapid turnaround, community discharge, strong assessments emphasis, and audit-based community standard of care. The DKSO has achieved the prestigious "Triple Crown" status awarded by the National Sheriff's Association for achieving simultaneous accreditation with NCCHC, ACA, and CALEA.



In addition, under a contract with the Georgia Department of Behavioral Health and Developmental Disabilities, MHM has been providing primary care and psychiatry staffing services for the West Central Georgia Regional Hospital, a 194-bed forensic and psychiatry hospital in Columbus, 20 minutes from MCP. With the permission of WCGRH, we created a recruiting video promoting the hospital and living in the Columbus area that can be viewed at: <https://www.youtube.com/watch?v=L5vORVReHV4>



DBHDD

Centene has been providing healthcare services for Georgians since 2006 through **Peach State Health Plan**, the state's second largest Medicaid managed care plan. Peach State Health Plan serves thousands of Medicaid recipients throughout the state, including Medicaid program members in Muscogee County.



The relationship between MHM and Centene over the past several years has been so strong that the companies recently announced a merger to combine assets. The transaction will more closely align Centurion’s correctional healthcare services with Centene’s managed care systems, resulting in a seamless array of service offerings to correctional agencies. Centene’s investment in MHM demonstrates its commitment to continuing to build an organization that is positioned to be the leader in providing comprehensive healthcare services within the corrections environment.

With this transaction and by contracting with Centurion, the MCP’s inmate healthcare program will be directly plugged into the state’s managed care resources as well as the resources available to the Georgia Department of Corrections

Experience in Large Facilities of Similar Size

Centurion currently provides healthcare services similar in scope to the services sought by the City under this RFP to over 150 facilities in seven states. Of the 150 facilities in which Centurion provides various medical services, 24 facilities’ average daily population range is between 600-1,000. The following table shows the inmate population of Centurion’s current medical services contracts.

Centurion Statewide DOC Contract	Average Daily Population	Facilities
Florida	88,000	61
Massachusetts	9,000	15
Minnesota	9,500	9
Mississippi	19,000	39
New Mexico	7,000	11
Tennessee	22,000	11
Vermont	1,500	8

Centurion’s Ability to Provide Medical and Pharmacy Services

Any of our current clients would provide the City with strong references attesting to Centurion’s ability to provide contractually-required services within the highest standards of timeliness, quality, and compliance. They will confirm that, as partners in providing exemplary correctional healthcare services, we work in close collaboration with our clients to continuously evaluate and enhance the service delivery process. Our ability to provide these services is the result of our financial strength and the investments that we have made in our organization and its staff. While we provide an overview of the Centurion advantages in our medical and pharmacy service delivery below, we expand on this topic in our response to Section 4.C beginning on page 22.

Centurion makes a difference by being different

While our competitors struggle to operate under heavy debt loads and high management turnover, Centurion steadily operates under a stable management structure and invests heavily in our employees, operations, and bench strength of corporate and regional resources to be able to effectively support the operations of each contract. Instead of peeling funds away from contracts to pay off large debt, we invest in our operations and bench strength of resources to support our current contracts and plans for growth.

Our depth of resources is demonstrated at the startup of our new contracts when we dispatch large teams of experienced managers to the new contract location to be on the ground in the individual prison facilities. We create a high level of visibility during new contract startups to meet face to face with affected staff and begin developing working relationships with facility administrators and security personnel.

With over 30 recruiting professionals, we have the most resourced recruiting department of any correctional healthcare company.

We succeed where other companies fail in attracting and retaining qualified healthcare professionals to work in the challenging correctional environment. We are the real employer-of-choice in correctional healthcare. Staff who transition to employment with Centurion from another contractor overwhelmingly report higher levels of job satisfaction with Centurion compared to their previous employer. The City will see a real, positive difference in staffing and employee morale resulting from contracting with Centurion.

Innovative healthcare systems.

Because of our affiliation with Centene Corporation, Centurion offers modern managed care systems developed and perfected in free-world managed care programs. These systems cost millions of dollars to develop and took years to perfect and are designed to ensure appropriate levels of healthcare services are delivered to millions of covered lives. Our proposal describes many unique managed care offerings, available only through Centurion, that are designed to ensure inmates receive the *right care* at the *right level of service*. An example of our unique added-value services is our Envolve program, which we describe in response to *Question C* later in this section.

Our Clinical Operations department is made up of nationally recognized experts in correctional medicine.

These experts circulate among our contracts conducting audits and working with each contract to develop training programs and action plans to correct issues of concern. The Clinical Operations team is led by **Dr. Jeffrey Keller, MD, FACCP, CCHP-P**, Chief Medical Officer, who has extensive experience working with prisons. He works closely with **Ms. Angela Goehring, RN, MSA**, Centurion's Chief Nursing Officer, who has worked with and is very



Angela Goehring,
RN, MSA, CCHP
Chief Nursing Officer



Jeffrey Keller, MD,
FACCP, CCHP-P
Chief Medical Officer

knowledgeable of providing services within both prison and jail settings. More information about Dr. Keller and Ms. Goehring and other members of our Clinical Operations Department are provided later in this section.

We can lower medication expenditures because of our pharmacy management services. Centurion does not own a pharmacy company, and therefore, we have no financial incentive to drive up revenue through steadily increasing pharmacy costs in our contracts. Instead, we work with third party pharmacy providers and routinely find ways to lower pharmacy costs from predecessor vendors and return the savings to our correctional clients.



Gregg Puffenberger,
PharmD, MBA
Vice President of Pharmacy
Management

Our pharmacy management team, under the direction of **Dr. Gregg Puffenberger, MBA, PharmD,** works with the various pharmacy companies that serve the corrections industry to review pricing trends and prescribing practices and educates our prescriber staff on the latest advances in pharmacology and efficient prescribing habits. This level of participation exceeds the industry standard. We are one of the few healthcare providers in this industry, other than pharmacy contractors, that sends pharmacists into the field to visit correctional facilities and attend client meetings.

Our Pharmacy Management Team closely monitors drug cost trends and reports this data to Centurion Regional Vice Presidents, Medical Directors, and Program Managers. Our clinical pharmacy managers are experts in Hepatitis C, HIV, and psychopharmacology therapy. **Dr. Erik Hamel** is Board Certified in Pharmacotherapy. Our pharmacists work in collaboration with the Medical Directors, Directors of Nursing, Clinical Operations Department, Quality Improvement Teams, and both private and state pharmacy vendors. Our mission is to provide our clinicians with the pharmaceutical expertise that allows them to provide patient services that not only meet but exceed the community standards of care, promote rational and objective drug therapy, promote cost effective prescribing practice without compromising patient care, and utilize bioequivalent generic drugs.

Our training programs offer staff with unparalleled education and knowledge.

Centurion offers initial and ongoing training for our staff. For each client, we develop a customized training program, which begins during orientation and continues throughout the course of the contract. Focus is placed on common issues that impact inmate medical services, infection control, and managing difficult and challenging inmate situations.

We use a continuous quality improvement process to continuously evaluate and improve our services.

Centurion supports Continuous Quality Improvement (CQI) as a process for objectively and systematically monitoring and evaluating the quality, appropriateness, and effectiveness of healthcare services and the degree to which those services meet the identified needs and goals for our patients, policies, and national standards. Our Clinical Operations Team works

with our local teams and each contract's leadership to conduct CQI audits and develop training programs and action plans to correct issues of concern.

We have developed CQI audits to ensure compliance with the following aspects of care:

- Documentation of treatment goals and achievement of treatment goals
- Nursing process and patient education
- Medication administration and infection control
- Treatment complications and management
- Monthly dialysate, water culture, and endotoxin reports
- Patient satisfaction with dialysis services

Centurion has the requisite experience, technology, and staffing and human resources to meet the City's requirements in the RFP. We are confident that we will be able to provide Muscogee County Prison inmates with high quality medical services and the City a partnership that achieves clinical and financial results.

- B. Provide the names and titles of professional staff, including administrative and medical personnel, who will be dedicated to this contract to perform the services required. Provide copies of resumes, medical licenses, credentials, etc.

Centurion understands the importance of continuity of service delivery in correctional healthcare. We know that prolonged vacancies, in any position, including key personnel, can be detrimental to the success of our programs. We agree with the City in its recommended staffing plan provided in the RFP. We believe this staffing makeup will ensure ongoing medical coverage for patients and can be easily adjusted to address any increases in patient acuity, population levels, and/or volume.

The staffing plan provided below is based on the information gathered during our examination of the physical plant during the site tour, the demographics of patients in the greater Columbus area as reported by Centene's *Peach State Health Plan*, and the expertise of our prison operational staff.

Staffing Plan for Muscogee County Prison	
Position	FTE
Medical Director	1.00 @ 8 hours per week
Nurse Practitioner/Physician Assistant (NP/PA)	1.00 @ 8 hours per week
Registered Nurse	1.00
Administrative Assistant	1.00
Licensed Practical Nurse	5.00
Dentist	1.00 @ 4 hours per week
Optometrist	1.00 @ 4 hours per week
X-Ray Technician	1.00 @ 1 hour per week

Centurion personnel will be licensed, certified, or registered, as appropriate, in their respective areas of expertise, as required by applicable Georgia law and accepted standards of medical services practice. We recognize that we are on the outside looking in in terms of developing a staffing pattern and we anticipate the need to make adjustments to fine tune our staffing plan after startup of the contract. The MCP will find us to be forthright and flexible in making staffing adjustments that fit the needs of the jail over the life of the contract.

Key Personnel and Medical Staff

Medical and pharmacy services to the Muscogee County Prison will be provided by experienced and qualified staff who will undergo initial and ongoing training and routine supervisory and quality management reviews. They will work under the direction of the Medical Director.

Position Qualifications

Below and on the following pages, we have provided a summary of the qualifications we expect for each of the positions assigned to this contract.

Position	Qualifications
Medical Director	<ul style="list-style-type: none"> ▪ Documentation of education as MD or DO and completion of accredited residency program required ▪ Current license to practice medicine in Georgia required ▪ Board certification or board eligible for certification in medical if required by assigned contract ▪ Must have and maintain an active, non-restricted Drug Enforcement Agency (DEA) registration certificate ▪ Must receive approval of Credentialing Review Committee if review requested ▪ Must maintain current tuberculosis screening documentation and active CPR certification ▪ Must be able to pass background investigation and obtain agency security clearance where applicable ▪ Minimum of two years' experience as a physician in a clinical setting; supervisory experience preferred ▪ Experience in a correctional health setting or institutional setting preferred
Nurse Practitioner/ Physician Assistant (NP/PA)	<ul style="list-style-type: none"> ▪ Maintains nurse practitioner or physician assistant license, registration or certification to practice medicine with physician supervision in Georgia ▪ Must have and maintain an active Drug Enforcement Agency (DEA) registration certificate ▪ Maintains written collaborative practice agreement if required by state licensure ▪ Must show current tuberculosis screening documentation and active CPR certification ▪ Must be able to pass background investigation and obtain agency security clearance where applicable ▪ Minimum of one year's experience working in an adult primary care or urgent care practice ▪ Experience in a correctional or institutional setting preferred
Registered Nurse	<ul style="list-style-type: none"> ▪ Must hold valid RN license in Georgia ▪ Must show current tuberculosis documentation and active CPR certification ▪ Must be able to pass background investigation and obtain agency security clearance where applicable ▪ Prior experience providing nursing care and working with a high degree of autonomy required ▪ Experience working in a correctional environment preferred
Administrative Assistant	<ul style="list-style-type: none"> ▪ High school diploma or equivalent required ▪ Current tuberculosis documentation and active CPR certification ▪ Able to pass a background investigation and obtain agency security clearance where applicable ▪ Minimum of one (1) year of secretarial or office experience required ▪ Effective communication and organizational skills, professional phone etiquette, and accurate typing skills ▪ Demonstrated computer proficiency in Microsoft Office required. Prefer working knowledge of spreadsheets and data base programs

Position	Qualifications
Licensed Practical Nurse	<ul style="list-style-type: none"> ▪ Must hold valid LPN license in Georgia ▪ Must show current tuberculosis documentation and active CPR certification ▪ Must be able to pass a background investigation and obtain agency security clearance where applicable ▪ One year's work experience as a LPN preferred ▪ Experience in a correctional environment preferred
Dentist	<ul style="list-style-type: none"> ▪ DDS degree from an accredited program required ▪ Board certification or board eligible for certification in Dentistry if required ▪ Current licensure as a Dentist in Georgia ▪ Must maintain an active Drug Enforcement Agency (DEA) registration certificate ▪ Must receive approval of Company Credentialing Review Committee if review requested ▪ Must maintain current tuberculosis screening documentation and active CPR certification ▪ Must be able to pass background investigation and obtain agency security clearance where applicable ▪ Two years' experience in providing comprehensive dental services, preferably in a correctional, mental health, or indigent environment ▪ Must be proficient in exodontia techniques
Optometrist	<ul style="list-style-type: none"> ▪ Doctor of Optometry degree from an accredited program required ▪ Board certification or board eligible for certification in Optometry if required ▪ Current licensure as a Optometry in Georgia ▪ Must receive approval of Company Credentialing Review Committee if review requested ▪ Must maintain current tuberculosis screening documentation and active CPR certification ▪ Must be able to pass background investigation and obtain agency security clearance where applicable ▪ Two years' experience in providing comprehensive optometry services, preferably in a correctional, mental health, or indigent environment
X-Ray Technician	<ul style="list-style-type: none"> ▪ Associate degree or higher in any of the radiography programs ▪ Appropriate license in Georgia as a radiographic technician, if needed ▪ Must show current tuberculosis documentation and active CPR certification ▪ Must be able to pass background investigation and obtain agency security clearance where applicable ▪ Experience working in a correctional environment preferred

Focus on Local Accountability

An important distinction for Centurion as an organization is **local accountability**. We are strong proponents of empowering our local team to make the decisions that will ultimately impact the delivery of services. Though we provide extensive corporate support, our local leadership team serves as the ultimate point of decision-making for our contracts. They understand the client's needs and objectives and can respond to them quickly and effectively. We empower them to determine what is best for their client and the contract and support them in managing their programs.

If awarded the contract, Centurion will organize the MCP partnership under the direction of Mr. **Jeff Wells, MBA**, our Regional Vice President of Operations. He will be supported by key personnel, including the medical director, who will be local, full-time resident of the community. To minimize transition issues, should we be awarded the contract, we will ascertain the City's satisfaction with the current key personnel, before contacting them regarding their interest in remaining in their current position.

Corporate Support

The local leadership team will be supported by our extensive corporate resources and leadership team. Our strong medical leadership team is composed of **Dr. Jeffrey Keller, MD, FACCP, CCHP-P**, Centurion's Chief Medical Officer, **Ms. Angela Goehring, RN, MSA, CCHP**, Centurion's Chief Nursing Officer, **Karen Riley, RN, BSN, MBA**, Corporate CQI Director, and **Dr. Gregg Puffenberger, MBA, PharmD**, Vice President of Pharmacy Management. Each of these individuals have decades of experience in correctional health services delivery and management. **Ms. Gina Morris**, Vice President of Recruiting, **Lisa Denny, SPHR, CCHP**, Senior Vice President of Human Resources, and **Ms. Christie Nader, MS**, Vice President of IT, will be among the corporate leadership team that will be supporting the program, Mr. Wells, and the local management team. More information about the corporate leadership team is provided below.



Jeff Wells, MBA – Regional Vice President

Jeff Wells, MBA is Centurion's Regional Vice President. Mr. Wells currently has responsibility for Centurion/MHM contracts in Tennessee, Georgia, Michigan, and Mississippi. Mr. Wells has over 20 years of experience in correctional health and began his correctional career with the Ohio Department of Corrections. A resident of Atlanta, Mr. Wells will make routine visits to the Muscogee County program to meet with program staff and MCP leadership. Mr. Wells will continue to ensure corporate resources are appropriately allocated to the program.



Jeffrey Keller, MD, FACCP, CCHP-P – Chief Medical Officer

Dr. Keller is Board Certified Emergency physician who began providing correctional medical services 17 years ago. Dr. Keller has more than 20 years of experience as an emergency medicine physician. He is a routine expert presenter at major correctional conferences such as the National Commission on Correctional Health Care (NCCHC) and the American Correctional Association (ACA). Dr. Keller maintains a website, www.jailmedicine.com, on which he provides information about correctional medicine and responds to questions from correctional healthcare professionals nationally. Dr. Keller was instrumental in our recent contract startups and will provide medical leadership to the Muscogee County Prison transition.



Angela Goehring, RN, MSA, CCHP – Chief Nursing Officer

Ms. Goehring has almost 20 years of correctional health services management experience in both large jails and prisons as well as extensive experience with staffing analysis and development, contract startups, contract and accreditation compliance, systems development, and process improvement. She ensures that Centurion medical and nursing programs are clinically appropriate and contractually compliant. She supports contracts clinically and oversees clinical development and review of processes and procedures. She coordinates support for onsite Centurion nursing staff and supervises the nursing functions of the corporate Clinical Operations staff.



Karen Riley, RN, BSN, MBA - Director of Continuous Quality Improvement

Ms. Riley has over 15 years of CQI leadership experience, an extensive background in emergency department nursing, and over 10 years correctional nursing leadership experience. Her experience includes implementing complex, multi-site, cross-functional CQI teams that resulted in improved patient outcomes, increased client satisfaction, decreased patient grievances, improved staff recruitment and retention, and removal of court ordered program sanctions. She will work with and support the CQI staff in reviewing CQI operations during the contract transition followed by further developing and enhancing the CQI program.



Gregg Puffenberger, MBA, PharmD - Vice President of Pharmacy Management

Dr. Puffenberger has over 25 years of experience in pharmacy program management, including 10 in the correctional industry. He has helped MHM and Centurion clients save over \$152 million in cost avoidance for medications during his tenure. The Pharmacy Management team provides oversight and any coordination needed between Centurion and the Pharmacy vendor to ensure an un-interrupted succession of events occurs to maintain continuity of care.



Rebecca Luethy, MSN, RN, CNS, LNC - Director, Operations Development

Ms. Luethy has over 30 years of experience in managed correctional healthcare services. She is well versed in correctional nursing operations, developing nursing policies and procedures, and in orientation and education of healthcare providers in both jail and prison markets. Her expertise includes correctional operations, network development, business development, and strategic planning and operations liaison for Centurion's specialty lines of business through the Envolve Programs.



Christie Nader, MS - Vice President of Information Technology

Ms. Nader joined the MHM/Centurion team in 2013 and has over 20 years of experience in Information Technology Systems. She leads a team of over 30 individuals to assist, develop, and implement IT needs for the entire company. Ms. Nader is responsible for ensuring IT teams are deployed throughout the state, IT resources are available within compliance deadlines, and communications are coordinated between sites, regional and corporate offices. During the transition, her IT operations team will install any necessary equipment in Muscogee County Prison.

Maintaining Consistent and Stable Staffing

Hiring and retaining consistent and stable staffing is one of the centerstones in Centurion's ability to maintain effective and qualify medical and pharmacy services. Centurion utilizes a two-pronged approach to making sure that we continuously have key personnel and medical staff available for the Muscogee County Prison program.

We appreciate that the quality of correctional medical programs starts with the ability to attract and retain competent and dedicated professionals who are motivated to serve the needs of Muscogee County Prison inmates. Retention is the primary way we ensure the continuous and uninterrupted availability of staff. Centurion is highly successful in retaining staff. We offer competitive wages and benefits, as well strong support systems and training programs to ensure employees feel respected and valued for the difficult tasks they perform. We provide more information about our retention plans later in this response.

We realize that there will be occasions where we will experience vacancies in some of our positions. We will fill these positions expeditiously with qualified replacements. To do so, we rely on our strong recruiting team of professionals to maintain an evolving list of potential candidates for the key and other positions. Our recruiting team continuously sources for candidates relying more on referrals from known sources, including our pool of over 7,000 current employees, than the common *post-n-pray* approach of other companies who simply *post* job openings online, then *pray* viable candidates will respond.

We network with and build relationships with institutional sources (e.g., universities, professional societies, residency programs, etc.). We take a longer-term approach to recruiting than other healthcare companies and we know that if a job may not be a good fit for a candidate today, it might be a good fit, or another job in our system might be a good fit, in years to come.

When there is an opening for any positions, our recruiters quickly review the list of potential candidates for those who may have the qualifications sought by the City. The recruiters work with the program's leadership to review available candidates, conduct interviews, and shortlist the strongest candidates in an expeditious manner. They assist

program leadership in finalizing any required background checks and submitting the proposed candidate for the City's approval.

Our contract with the Florida Department of Corrections (FDC) is an example of our recruiting success. In this contract, we have succeeded where all other companies have failed. We have been able to attract and retain, long term, quality healthcare professionals to work in the difficult correctional environment. Since our current contract startup with FDC, over the period of April 2016 through June 2017, we recruited and hired over 1,700 correctional healthcare professionals to work in FDC facilities, including 22 site medical directors and four statewide/regional directors.



In our contract with the FDC, we recruited and hired over 1,700 personnel in the period of April 2016 – June 2017.

Recruiting and Retaining High Quality Staff

Centurion has a proven track record of recruiting and retaining qualified healthcare staff to maintain higher than industry average fill rates for staffing levels in our correctional healthcare contracts. No other company in correctional healthcare can claim the depth of resources and expertise that Centurion commits to recruitment.

Centurion's recruiting department is led by **Ms. Gina Morris, Vice President of Recruiting**. Under Ms. Morris's direction, the recruiting team uses a multi-faceted approach to address each contract's unique staffing needs. Ms. Morris will be supported by **Teffany Dowdy**, Regional Manager, who has extensive experience recruiting and hiring providers for our contracts in Georgia. Their experience and knowledge of recruiting for Georgia will be complimented by having a national team of recruiters around the country to support their efforts.



Gina Morris
Vice President of Recruiting

Ms. Teffany Dowdy, who has supported our contracts in Georgia for many years, will act as the Regional Manager. Ms. Dowdy has been the full-time Regional Manager for Recruitment for the Georgia contracts for over 10 years. During her tenure with the Ms. Dowdy has been very successful with recruiting provider-level candidates. Since 2008, she has hired over 86 Georgia providers throughout the state, resulting in what has been a 0% vacancy for dentists for most of the GA Department of Corrections contract and a 3.4% vacancy rate for psychiatric providers in the mental health program. Ms. Dowdy lives in Atlanta and is a dynamic individual who develops strong, lasting referral relationships with numerous recruiting resources.



Teffany Dowdy
Regional Manager

Outreaching to Current Staff. Centurion’s philosophy and practice during the start of a new contract relationship is to recognize the importance of transitioning interested and qualified staff employed by the current MCP healthcare contractor who are in good standing with Georgia licensure and credentialing requirements. Centurion will give first consideration to current and qualified providers and staff who are in good standing with the City to become Centurion employees. Centurion strongly believes that this is critical to maintain quality of care as well as facility knowledge. We have historically transitioned well over 90% of incumbent staff during the startup phase.

Prompt access upon contract award will be critical to Centurion’s ability to hire for identified open positions and ensure adequate staffing is available at contract startup. Our goal will be to meet with transitioning staff as soon as the City and CCS allow. Through this process, we will begin the activities necessary to receive pertinent new hire information from current employees and transition them into the Centurion Human Resources system and activate their employment and benefits.

A smaller version of the Centurion logo, consisting of a blue square with a white grid pattern inside, enclosed in a blue circle.

We have historically transitioned well over 90% of incumbent staff during the startup phase.

Centurion will have open dialogue with interested incumbent healthcare staff, as approved by the City, through open communication of wages, benefits, and other terms and conditions of employment immediately upon contract award.

We believe individualized attention to each transitioning provider is essential to reducing anxiety and confirming the commitment to hire. We have recognized the need to augment our recruiters with operations management staff to assist in the necessary activities needed to retain existing staff. This strategy provides Centurion recruiters with time to recruit new candidates for vacancies while providing personalized attention for the transitioning provider staff.

Centurion Recruitment Process. Centurion understands that personnel we place to work on this project will work as collaborative members of a broader team of staff at the MCP and under the direction of the City’s healthcare leadership and other administrators and security personnel. This *blended* system is quite common across our many contracts and we are accustomed to our personnel working alongside employees of the agencies we serve, often in similar job roles, as well as alongside personnel of other vendors. For this reason, we do not have company-wide, cookie-cutter policies and procedures for service delivery, as we always adapt our services to fit the needs, preferences, and standards of each facility we serve at a local level.

While other companies place their recruiters in the corporate office only, or outsource their recruiting services, Centurion strategically places most of its recruiters in various locations

throughout the US. We have recruiters on both coasts and several states in between. Our team of **more than 30 full-time recruiters** has experience attracting healthcare professionals for hard-to-fill positions, and we use a unique *relational* approach to recruiting. Using this approach, our recruiters maintain a constant dialogue with thousands of candidates using various communication tools, ensures a steady pipeline of qualified candidates for position openings that may occur.

Over 30 Full-Time Recruiters

Recruiters
based
throughout
the USA

Relational
Approach to
Recruiting

Active candidate
database
of over
50,000 candidates

Preferred
Employer in
correctional
healthcare

We have fine-tuned and honed our recruiting approach over many years and have found our discipline-specific model to be more effective than the more common generalist approach of a single recruiter being designated to recruit all positions in a given contract.

For most large contracts, we use a dedicated team of professional recruiters, comprised of Provider Recruiters and Allied Healthcare Recruiters. The recruiters are specialized by discipline and have expertise in discipline specific practice and licensure processes and credentialing requirements as well as have specialized networking channels within the various disciplines.

Our recruiters are focused on developing a clear understanding of the specific requirements and nuances of each program and the facilities. Additionally, they strive to develop a strong synergy with the program management team and program leadership. Recruiters tour the institutions to gain firsthand knowledge of the environment, the protocols and composition of the treatment teams. ***This model has historically proven to be successful, unique to the industry and has been one of the primary reasons for maintaining a 94% fill rate for over 7,000 positions across each of the company-wide contracts.***

In addition, Centurion's recruiting team continuously sources for candidates relying more on referrals from known sources, including our pool of over 7,000 current employees. We network with and build relationships with institutional sources (e.g., universities, professional societies, residency programs, etc.). We take a longer-term approach to recruiting than other healthcare companies and we know that if a job may not be a good fit for a candidate today, it might be a good fit, or another job in our system might be a good fit, in years to come.

In addition, we incorporate social networking in our recruiting as more professionals are turning to *LinkedIn*, *Facebook*, and various professional websites for networking. We use

data-mining techniques to constantly add new candidates and new graduates to our recruiting database.

Employee Retention. To minimize staff turnover, we augment our innovative recruiting approach with a staffing model that supports our employees with strong benefits, an empowering work environment, and resources for professional development. **By investing in our staff, we can develop a stable workforce of healthcare professionals who work together towards a more effective, efficient system.**

Centurion’s recruiting department is supported by a Human Resources Department designed to facilitate rapid on-boarding and transitioning for new employees. Led by **Lisa Denny, SPHR, CCHP**, Senior Vice President of Human Resources, a team of 25 human resources professionals are dedicated to activities related to human resources including on-boarding, benefits, employee relations, and training for over 7,000 employees. The Human Resources department is based out of our corporate office in Vienna, Virginia, but each contract is supported directly by a field-based Human Resources Business Partner. This individual’s responsibility is to provide support for each employee and to understand the specific challenges an employee may face.



Lisa Denny, SPHR, CCHP
Senior Vice President,
Human Resources



Matt Weis, PHR, CCHP
Senior HR Business Partner

Matt Weis is our Georgia-based Senior HR Business Partner who will be assigned to support the Chatham contract. Mr. Weis has been with the company for over seven years and supports our approximately 300 current employees in Georgia, as well as other contracts in surrounding states. Our contract-specific HR Business Partners are not only an advocate and resource for employees, but they support and train managers in performance management and conflict resolution.

The mission of our Human Resources department is to support the Company’s goals and objectives by providing services that are characterized by exceptional treatment of staff, open communication, personal accountability, trust and mutual respect. We seek and provide solutions to workplace issues that support and optimize the operating principles of the organization and its clients. We are focused on delivering quality customer service; and are committed to recruit, develop, reward, and retain our national workforce. In 2010, 2012, and 2014, our HR teams were recognized by the HR Leadership Awards for excellence in Leadership, Recruiting, HR Technology, and Employee Relations.

A Comprehensive Benefits Package. One of the strongest indicators of a company’s commitment to its employees is through its benefits program. We are committed to providing a comprehensive benefit program that offers each employee the security and comfort that they are covered in times of need. In efforts to offer healthcare benefits to as many employees as possible, employees scheduled to work 30 or more hours per week are

eligible to enroll themselves and their dependents. It is our goal to make healthcare accessible, while providing education so employees are equipped to make the right healthcare decision for themselves and their families.

We believe that healthcare is a personal decision and have developed programs and coverage that maximizes employee’s control over how they utilize their healthcare dollars, most recently with a company-sponsored Health Savings Account where the Company matches employee contributions toward their healthcare expenses. This is an example of how our Benefit Department is open to new ways to maximize benefits to our employees.

We value the work our employees perform and appreciate the unique and stressful environments they work in every day. Employees need adequate time away from work for health and to enjoy time with family and friends, so they can be most productive at work. Centurion will offer a Paid Day Off (PDO) program beginning with the first year of employment for both full-time and part-time employees.

By combining our paid vacation and sick leave into a single pool of earned time off for each employee, employees actually enjoy more ‘planned’ vacation time and are not incentivized to call in sick at the last minute in order to use their paid leave benefit. This model is especially valuable for agencies like prisons and hospitals that need staff every day of the year. We are proud to provide this benefit as one small way to give back to employees who give so much of themselves each day.

Summary of Paid Days Off	
Employee Status	Paid Days Off Earned Each Year
Full Time* with 0-5 years of service	20 days
Full Time* with 5-10 years of service	23 days
Full Time* with over 10 years of service	26 days
Part Time (20-29 hours per week)	10 days

**Employees working 30 hours or more per week are considered Full-time*

Summary of 2018 Employee Benefits	
Benefit	Description
Medical	Employees have a choice of PPO plan options, all including prescription drug coverage. Also offered will be the option to participate in a Health Savings Account (HSA) with matching company dollars if an employee participates in the High Deductible plan.
Dental and Vision	Dental insurance will cover expenses for preventive, basic, major, and child orthodontic services. Our dental benefits program allows employees to carry over a portion of their unused benefit to the next year. The vision insurance offered covers expenses for exams and screening while offering discounts for frames, lenses, and many other vision services, such as Lasik surgery.

Summary of 2018 Employee Benefits	
Benefit	Description
Company-paid Life Insurance	At no cost to the employee, benefit-eligible employees receive group term life insurance in addition to Accidental Death and Dismemberment insurance. We extend company-paid coverage to offer spousal life insurance as well.
Voluntary Life Insurance	Employees can elect additional life insurance coverage for themselves or dependents.
Disability Insurance	At no cost to the employee, benefit-eligible employees will be enrolled in Short Term Disability coverage the first of the month after six months of employment. Employees can elect to enroll in Long Term Disability coverage.
Critical Illness Plan	Covered employees and their families receive a flat benefit amount to assist with expenses if diagnosed with a serious illness or condition.
Health Savings Accounts (HSA)	Employees enrolled in the High Deductible Health plan can to set aside pre-tax dollars in a personal savings account to pay for eligible medical, dental, and vision expenses. We match employees' contributions to this account.
Flexible Spending Accounts (FSA)	Employees can receive reimbursement for eligible medical or dependent care expenses with pre-tax dollars. Employees who participate in the High Deductible health plan with Health Savings Account can participate in a limited FSA for dental and vision expenses.
401(K) Retirement Savings Plan	Full- and part-time employees are eligible to participate in the 401(k) plan immediately upon employment. We match employee contributions up to a certain percentage of salary and matching dollars are immediately vested.
Wellness Activity Subsidy	To encourage employees to live a healthy lifestyle, benefit-eligible employees are eligible to receive a stipend each year for activities toward ongoing health, fitness or weight management programs.
Employee Assistance Program	Employees are given the benefit offering of confidential assistance with life's daily challenges – from workplace stress to family issues. Mental health counselors are available 24/7 and offer up to three face-to-face counseling visits for employees. This benefit is at no cost to the employee.
Employee Discount Programs	Centurion can take advantage of MHM's relationship with vendors to provide discounts to employees for products and services with companies such as FedEx, Verizon, AT&T, T-Mobile, Dell and many others.
Commuter Benefits	Centurion offers employees an opportunity to reduce commuting costs by using pre-tax monies to pay for passes to use public transportation as well as paying for parking up to IRS limits through a convenient Commuter Check Card.
Adoption Assistance	Centurion offers an adoption assistance stipend to eligible employees/families that are going through the adoption process.
Workers Compensation	Workers Compensation is a state-mandated insurance program which provides wage replacement and medical benefits to employees injured during employment. All Centurion employees are eligible for Workers Compensation.

Summary of 2018 Employee Benefits	
Benefit	Description
Paid Leave Donation Program	Centurion employees can donate PDO to fellow employees who have exhausted their own PDO for certain situations.
Career Development	Full-time employees are offered an annual stipend for courses (including online), seminars, and conferences that are job related or state-specific. Associated travel and lodging is also reimbursed. In addition, employees can take the days off required to participate in developmental opportunities and not use PDO.
Identify Theft Program	If employees become a victim of identity theft, they can get assistance through a Cigna program which offers real time, one-on-one assistance and unlimited access to personal case managers until the problem is resolved.
Pet Insurance	Centurion's Pet Insurance program will allow employees to opt for a program that covers check-ups, illness, and accidents for their <i>furry</i> family members.
Accident Insurance	New for 2018, employees can opt in for Accident Insurance which covers costs associated with accidental injury.

C. Attach additional facts about your firm that you feel will be an asset in evaluating your proposal.

Centurion is pleased to take this opportunity to provide additional information about our capability to provide high quality comprehensive medical and pharmacy services to the inmates incarcerated at Muscogee County Prison.



Centurion views *correctional* healthcare as an integral component of the overall *public* health system. Our experience and approach, supported by scientific literature, has shown that most inmates incarcerated at prisons across the country present with undiagnosed and unmet healthcare needs. For many, prison is the first time they are receiving comprehensive and needed medical and mental health services. With close to 95% of incarcerated individuals eventually returning to their communities, addressing these health issues within the correctional facility in an effective manner is integral to maintaining both the individual inmate's and the community's health. To reduce post-release recidivism for

inmates with medical issues, access to and partnerships within the non-corrections healthcare system is equally essential.

The most effective healthcare partner for the City and Muscogee County Prison is an organization that understands the singular role that correctional healthcare plays in public health and has worked in and understands both the corrections and healthcare systems in Georgia. Such an organization can provide the required medical services, while utilizing its presence in the community to assist inmates bridge the gap between the corrections and non-corrections healthcare systems. **Centurion is that company.**

Centurion fully meets the Vendor Qualification requirements noted in the RFP. In addition, we offer the City the following capabilities:

- Experience and knowledge of the **Georgia** culture and landscape, including the corrections healthcare system in the state
- **Open communication**, active partnership, and ongoing transparency
- Use of **integrated** medical services
- One of, if not the most impactful, **staffing programs** within the corrections healthcare industry, augmented with extensive **training opportunities** for our staff
- **Corporate resources** and functions that are ready and able to fully support our local teams with reporting,
- **Innovative solutions** that enable appropriate clinical decision-making
- A **pharmacy management program** that can reduce medication costs while improving patient outcomes

- Successful and seamless transition from the current vendor

Georgia Footprint

The most effective healthcare partner for the City is an organization that understands and has worked in both the corrections and healthcare systems in the state. Such an organization can provide the required medical services, while utilizing its presence to assist inmates bridging the gap between the corrections and non-corrections healthcare system. Centurion is the company that can do so.

Centurion's co-founders, MHM and Centene, have long-standing ties in Georgia and networks of providers and services in the metro Columbus area as well as throughout the state. MHM has been the contractor for mental health and other specialty services to the Georgia Department of Corrections since 1997 and provides staffing of medical and mental health positions to the Georgia Department of Behavioral Health and Developmental Disabilities at the state forensic hospital in Columbus. Centene has been providing healthcare services for Georgians since 2006 through Peach State Health Plan, the state's second largest Medicaid managed care plan. Peach State Health Plan serves thousands of Medicaid recipients throughout the state, including Medicaid program members in Muscogee County.



Peach State serves the Medicaid and PeachCare for Kids (CHIP and TANF) population in partnership with the Georgia Families Program. The Plan offers services to those eligible for Medicare and the dual Medicare/Medicaid eligible. Through Ambetter, Peach State delivers healthcare solutions to Georgia residents obtaining coverage through the Health Insurance Marketplace, as a component of recent federal healthcare reform initiatives (i.e., Affordable Care Act).

No other company responding to this procurement can match Centurion's depth of relationships in the medical community in the metro Columbus area and throughout Georgia stemming from Centurion's parent companies. We have very strong relationships with local Federally Qualified Health Centers (FQHCs), which are often used by inmates for their healthcare services following their release from prison and are instrumental in managing chronic conditions related to infectious diseases (HIV, Hepatitis C). In addition, we currently provide primary care and psychiatry staffing services for the West Central Georgia Regional Hospital in Columbus and only 20 minutes from MCP.

Correctional healthcare organizations who only provide services within the corrections system cannot offer Centurion's unique capabilities.

As a result of the above contracts, we know the Georgia healthcare system, its provider network, and the community programs that work closely with healthcare practitioners and patients. This knowledge is essential in ensuring that inmates have access to the right provider at the right time, both while they are incarcerated and following their release. Correctional healthcare organizations who only provide services within the corrections system cannot offer this unique capability. Through Centurion, the City will become an even stronger component in the larger public health system.

A Focus on Partnership and Open Communication

The hallmark of any successful partnership is open, transparent, and respectful communication between the vendor and stakeholders involved in the service delivery system. Centurion is committed to building and maintaining a partnership with the City, MCP administrative staff, and security staff, that is based on mutual respect and effective communication.

We will partner with the City to implement an effective medical and pharmacy program. We will utilize our corporate resources to offer the City innovative solutions to traditional healthcare issues. In addition, we will routinely review program reports and performance with the City to identify any issues of concern as well as service delivery enhancements that will increase access to care for inmates. We will work with the MCP to minimize any litigation issues. Our Chief Legal Counsel, **Deana Johnson, Esq.**, is a nationally recognized expert in correctional health law and frequent presenter at national correctional conferences. If needed, Ms. Johnson and our Clinical Operations experts can assist the City in addressing legal concerns and, more importantly, work to prevent future litigation from being brought against the MCP. We have been effective in helping client agencies rapidly resolve litigation with reasonable solutions that satisfy each of the parties. We appreciate that the MCP remains under a Settlement Agreement with the **Department of Justice** and believe the City will not find another healthcare provider that can provide the same level of expertise to support rapid resolution of this action.



Deana Johnson, Esq.
Executive Vice President & Chief
Legal Counsel

Our leadership and facility-based team will work closely with their counterparts to ensure the use of efficient and effective processes. We will work in tandem with the facility staff, especially the security staff, to address any issues related to patient transportation for medical services. We realize the exorbitant cost of security for offsite services. We will actively pursue and increase the number of services that can be offered onsite and will implement a staff scheduling process that we will continuously and proactively communicate with MCP staff.

For another contract, we have developed a process whereby the security team notify Centurion of days or weeks when there is a shortage of security staff due to vacations, illness, training, etc. In such cases, we make every effort to minimize the number of offsite visits, thus decreasing the transportation burden on the staff. We look forward to working closely with Warden **H. Dwight Hamrick** and Deputy Warden **Daniel King** in developing clear and strong communication processes between our staffs.

If desired, we will work with the Muscogee County Prison leadership and the City to develop and provide the prison staff with additional training on subjects such as managing suicidal inmates, behavioral health issues, and infection control.

Integrated Medical Services

Centurion believes that providing patients with the right services at the right time can prevent disease progression and the need for high levels of care, including hospitalizations.

Many studies have described the high incidence of co-occurring medical and mental health disorders among inmates and the importance of an integrated treatment plan in the inmate's ability to achieve optimal healthcare outcomes. Providing fully integrated healthcare services within a correctional setting is the hallmark of our service delivery model. We are the only company that can combine Centurion's expertise in providing medical care with MHM's background in correctional mental health service delivery.

Centurion has created processes that make sure clinicians assess for and address dual diagnosis among prison inmates. We have developed clinical guidelines and chronic care management programs that combine medical and mental health/substance abuse evidence-based practices. Our policies, procedures, and service practices meet or exceed client expectations, NCHC and ACA accreditation standards, as well as best practice standards.

Integrated services begin at the time of the initial assessment and continues until the inmate's discharge. Throughout the course of the care delivery process, our staff and providers consider each diagnosis independently and their interplay on each other. They provide services that incorporate both treatment processes, making sure that the inmate has equal access to both disciplines and that there is coordination of care between the medical and mental health/substance abuse providers.



Our integrated program includes a strong pharmacy benefits management function that, for example, ensures that medications provided for a mental health/substance abuse condition do not adversely impact the inmate's medical diagnosis or condition. Our staff is trained

and empowered to ensure the use of integrated person-centered approaches and will work closely with other stakeholders within the community to make sure that the inmate has access to medically necessary services following release to decrease the risk of recidivism.

We are committed to providing the patients at Muscogee County Prison with medical services that are integrated and consider the full spectrum of a patient’s healthcare needs.

Experienced and Dedicated Staff

The quality and efficiency of any correctional healthcare program depends on the personnel working day-to-day to address patient needs. For the past 20 years, our co-founder company, MHM, has maintained staff in Georgia to support our contracts in the state. Today, these staff members are part of the social fabric of the communities in which they live and reflect the Georgian values of respect, integrity, and ethics in their social and professional interactions. We are proud of their contributions to Georgia and the pride and commitment with which they serve the state.

We know from experience that hiring the right staff is the first step in meeting staffing needs. However, retaining staff who have experience with a prison system and client, understand the inmate population, and can provide consistency in service delivery is equally critical in managing a successful healthcare program. Centurion expends much energy and resources in not only recruiting but retaining high quality staff, thus minimizing service disruptions that may result from staffing changes. As described in detail in response to *Section B* above, Centurion invests in recruiting and human resources management systems to ensure full staffing of our programs. In addition, to extensive health and personal benefits, we provide our staff with initial and ongoing training. This focus on growth and development, described in detail in *Section B* above, is an integral component of our ability to maintain high employee satisfaction while offering exemplary medical services.

In addition, we have many years of experience recruiting and staffing correctional facilities in Georgia. We will bring the resources of our Georgia-based and corporate recruiting and human resources staff and our multi-faceted recruiting approach, under the direction of Ms. Gina Morris, Vice President of Recruiting, to staffing this contract. Our staff are our most important assets and we invest in them and in their ability to meet their job responsibilities. As a result, we enjoy strong staff longevity rates. For example, in our parent company, MHM’s current contract with the Georgia Department of Corrections, 43% of our current staff have been with us for over five years; 21.5% have been with MHM for over 10 years, and one staff member has been with that contract for over 20 years. We bring this capability to this contract.

43% of our current GDC contract staff have been with MHM for over five years. 21.5% have been with us for over 10 years, and one staff member has been with this contract for over 20 years.

Corporate Resources and Supports

Centurion's local leadership team dedicated to this account will have access to the full scope of resources and knowledge that is available through our corporate departments. Our leadership is composed of many of the leaders in the field of correctional healthcare who provide ongoing support to our local teams and ensure that our programs benefit from their extensive experience. We have provided information on the individuals heading our various corporate departments and their qualifications in *Section B* above.

These departments will be involved in supporting the medical and pharmacy services provided daily by the local team at Muscogee County Prison. For example, our **utilization management team** will be available to support the local team with pre-authorization, concurrent and retrospective reviews, and discharge planning services. They will work closely with the facility-based and specialty providers and inpatient services to ensure that patients receive the *right care at the right time and in the right location*. They will ascertain and make sure that services are medically necessary, provided onsite as often as possible, and meet NCCHC, ACA, and Centurion medical guidelines.







We appreciate the importance of transparent communication, detailed measurement, and timely, **comprehensive reporting** as a key method for supporting quality correctional healthcare services. Our ability to collect, analyze and disseminate quality information can impact how effectively we provide healthcare services, manage cost and ensure operational integrity. We will ensure comprehensive reporting and the utilization of internal data to analyze treatment outcomes as well as to identify opportunities for improved healthcare services and administrative efficiency. Though our local team will be responsible for generating, analyzing, and reviewing clinical and administrative reports with the City, our corporate reporting team will be available to support the local team as needed.

We also realize the importance of ongoing evaluation of the clinical services we provide. Our healthcare staff will receive extensive initial and ongoing training on the wide spectrum of clinical issues that may address within the prison. These trainings are augmented by education on issues of relevance in the prison, updated evidence-based practices, and other relevant medical information. The team will have access to our corporate Clinical Operations team for support, additional educational opportunities, and resources. Furthermore, our clinical staff will be actively involved in CQI activities focused on the delivery of high quality medical and pharmacy services. These CQI projects will further inform our ability to provide impactful and responsive clinical staff to the patients at MCP.

Innovative Solutions

Centurion is committed to improving the health of the community one person at a time through healthcare programs for incarcerated patients. We will offer providers and our staff with access to healthcare related information that will enhance their ability to make appropriate clinical decisions for the patients they serve. Some of these include:

- **Engolve**, an award-winning program developed by Centene, that provides disease-specific resources in English as well as Spanish. Another program offered through Engolve is the **Vision Van**, described on the next page. 
- **Krames Library**, an on-line library with up-to-date information on a broad range of healthcare related topics. These resources are accessed by healthcare staff and printed, as needed, for patients in their care. This valuable resource provides healthcare information on over 4,000 topics in both English and Spanish. 
- **UpToDate** – an evidenced-based, physician-authored clinical decision support resource. While not directly accessed by patients, the information gained by healthcare staff is often shared with patients as part of the patient education component of each healthcare encounter. 
- **RubiconMD** – a web-based eConsult system. This resource provides our medical providers quick access to clinical specialists, who provide consultation at the point of care and increase our ability to make clinically informed decisions. Results often shared with patients as part of the patient care and education process. 

Community Involvement

Centurion believes in **re-investing** in and supporting the communities in which we work. We hire locally and work hard to support the local economy. We outreach to and re-invest in local community programs and services, both as a source of support for inmates following their release and as a way of further enhancing the communities in which we work.

Although our patients are incarcerated, their families are not. Centurion believes that a holistic biopsychosocial approach to patient caregiving is necessary for the health and stability of our patients and communities. That is why Centurion has a dedicated Community Engagement Program that touches the friends, families, and communities of our patients.

Centurion is proud to be named, in concert with our parent company, Centene, the Youth Wellness Partner of the Big Brothers Big Sisters organization. This strategic alliance interplays with our involvement in the Association of Clinicians for the Underserved and our new



relationship with the Pro Football Hall of Fame and their *Strong Youth/Strong Communities* initiative. This initiative, launched in 2015 in partnership with Pro Football Hall of Famer, **Darrell Green**, allows us to work closely with community-based organizations.

In addition, we have entered into partnerships with the following entities in support of this special youth initiative:

- YWCA USA
- Big Brothers Big Sisters
- National Alliance for the Mentally Ill
- Beyond Difference
- National Urban League
- UnidosUS (formerly the National Council of LaRaza)



National Urban League



Engolve Vision Van. Centurion builds ongoing, permanent relationships in the communities we serve. We apply a collective vision of health literacy for the benefit of our communities.

One example of our service is use of our **Engolve OptiCare Vision Van**. The Vision Van is a complete mobile optometry clinic on wheels. The van serves visitors, family, and children of our patients during family days or other celebrations at correctional institutions where Centurion provides services. It is available to support our community partners at their community events.

500+

Family members, children,
and friends of our patients
benefited from
OptiCare's Vision Van Service.



The van provides free vision screenings and free basic eye examinations to adults and children. The goal of the Vision Van at these events are to provide a sampling of Centurion's healthcare services to the families of inmates so they could see firsthand the same type of care and services their family members receive while incarcerated. **To date, the Vision Van has served over 500 family members, children, and friends of our patients, across each of the Centurion facilities.**

This service will be an available option for the Muscogee County Prison.

Pharmacy Management Services

Centurion is unlike other healthcare companies that own their own pharmacy subsidiaries and have a conflicting incentive against controlling medication costs. We focus our pharmacy

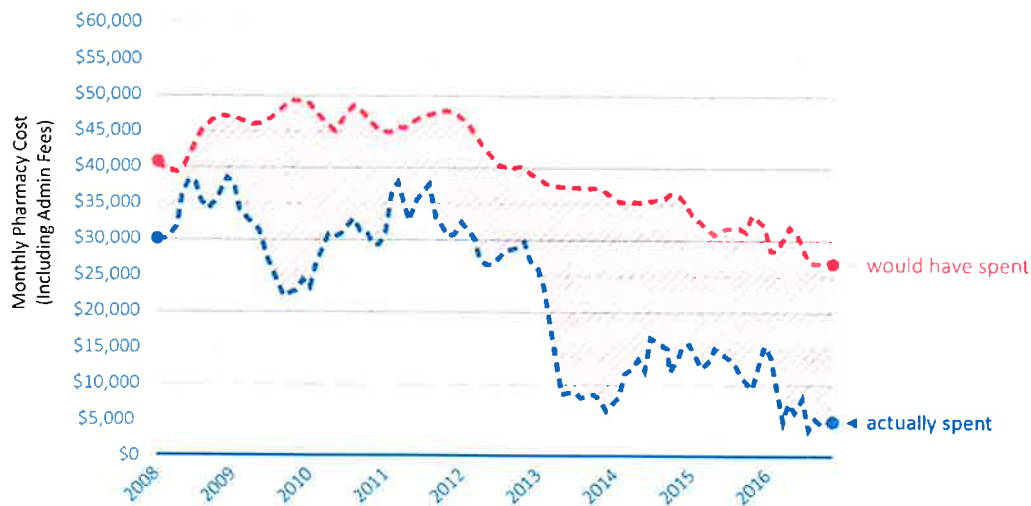


management efforts on providing evidence-based, cost-effective, care. We partner with various reputable pharmacy companies that serve correctional agencies, and we propose to partner with **Diamond Pharmacy Services, Inc.** for pharmacy services at MCJ. Our mission is to provide our clinicians with the pharmaceutical expertise that allows them to provide patient services that not only meet but exceed community standards of care, promote rational and objective drug therapy, promote cost effective prescribing practice without compromising patient care, and utilize bioequivalent generic drugs.

We customize our pharmacy solutions to meet the needs of our specific clients and the facilities we serve. **Dr. Gregg Puffenberger, MBA, PharmD**, Vice President of Pharmacy Management, works closely with the local and corporate staff to support this process.

Centurion and MHM have managed medication costs in 14 contracts over the last 11 years with initial forecasted costs of \$333 million. Implementing formulary management, utilization of generic medications, along with other cost savings initiatives, resulted in approximately \$145 million in cost savings and avoidance for our clients.

An example of pharmacy cost trends and cost reduction project for one of our clients from 2008 – 2016 is provided below. For this client, we began implementing pharmacy initiatives to provide pharmaceutical care in a cost-effective manner in 2008. Utilizing evidence-based practices and market forecasts in selecting formulary medications for mental health drugs we were able to achieve significant cost savings and avoidance of approximately \$1.9 million since 2008.



Seamless Transition from the Current Vendor

Centurion can transition this contract from the current vendor in a seamless manner with minimal to no disruptions to the delivery of services for patients or undue administrative burdens for City, MCSO, and Muscogee County Prison. We will customize our well-

developed comprehensive and tested transition process for the City, engaging both corporate and local resources to ensure the timely implementation of the contract.

Our ability to transition healthcare service delivery systems is well demonstrated in Centurion's most recent transitions including the Mississippi Department of Corrections, Florida Department of Corrections, and New Mexico Corrections Department. Examples of other transitions are provided in the table below.



Mississippi Department of Corrections

Effective July 2015

- Involved transitioning services and staff from two vendors
- Included transitioning three state correctional facilities, four privately contracted correctional facilities, 17 community correctional facilities, and 15 county regional correctional facilities
- Coordinated services for medical, behavioral health and dental care for approximately 18,000 inmates



Florida Department of Corrections

Spring 2016*

- Transitioned comprehensive healthcare services for over 50 institutions, 72,000 inmates, and nearly 1,800 FTEs in northern and central Florida
- Transition completed in over five weeks as required by FDC
- Transitioned services from Corizon



New Mexico Corrections Department

June 2016*

- Transitioned medical, psychiatric, and dental services
- Transition occurred in two weeks, necessitated by the state procurement process
- Coordinated staff and service transition for over 7,000 inmates in 10 facilities
- Transitioned services from Corizon



Florida Department of Corrections

June 2017*

- Transitioned comprehensive healthcare services
- 10 institutions, 13,000 inmates, and 445 FTEs in southern Florida
- Transition completed within six weeks
- Transition occurred on an urgent basis after the FDC terminated the prior healthcare contractor.

**Transition occurred on urgent / emergency basis.*

In Summary

The City has a unique opportunity to advance its overall inmate healthcare program at Muscogee County Prison to the *next generation* by awarding the medical contract to Centurion.

We believe that we are the best partner for City to manage inmate medical and pharmacy services. In addition to an integrated model of care, operational commitment, and innovative solutions, we offer the City stability, flexibility, and transparency in our correctional healthcare partnership. The collaborative partnership is coupled with innovative managed care systems that will generate new efficiencies and better clinical outcomes for the MCP.

With over \$40 billion in annual revenue and positive cash flows from operations, Centurion's parent companies make us the financially strongest company in correctional healthcare, by far. While other companies in our industry struggle to operate under heavy debt loads and high senior management turnover, Centurion's stable team of executives continues to invest in advancing our service capabilities and management resources to better serve our client agencies. Our anticipated integration into Centene's corporate structure further strengthens our financial standing. We strongly encourage the evaluation committee to speak with our current clients to hear how we have made improvements in their programs compared to their previous vendors.

We are honored by the opportunity to present the City with a new option for medical and pharmacy services for the MCP. Our innovative service model has been widely received in the marketplace and has resulted in positive service enhancements for our client agencies. We believe awarding Centurion the medical and pharmacy services contract achieves a new level of efficiency in inmate healthcare service delivery approach.

Section 5: Client Work History

Use Form 2 to provide details of the last three (3) state, county or private jails/prison for which you have provided the specified services. The City reserves the right to contact additional clients not listed.

Form 2 has been completed and it is included on the following page.

CLIENT WORK HISTORY

Provide details of the last three (3) state, county or private jails/prison for which you have provided the specified services. The City reserves the right to contact additional clients not listed.

Facility Name: Agency Name: Georgia Department of Corrections (contract covers 37 facilities) Contact Name: Jack Randall Sauls, MBA, FACHE, <i>Assistant Commissioner</i>		
Address: 300 Patrol Road Forsyth, GA 31209	Telephone: 478-992-5879	
	Fax Number: n/a	
	E-Mail Address: randy.sauls@gdc.ga.gov	
Description of Services Provided: Mental Health staffing and services, Pharmaceutical Management, Dental program, Suicide Prevention, Crisis Stabilization Units: 38 male beds and 3 female beds, Acute Care Units Overflow: 62-beds, Step Down Units/Isolation Cells, Utilization Review, Female mental health & co-dependency programs, Regional Office in College Park, GA, Approximately 300+ Employees		
Facility Name: Agency Name: Tennessee Department of Correction (contract covers 11 facilities) Contact Name: Dr. Kenneth Williams, <i>Chief Medical Officer</i>		
Address: Rachel Jackson Building, Fifth Floor 320 Sixth Avenue North Nashville, TN 37243	Telephone Number: 615-979-5631	
	Fax Number: 615-532-3065	
	E-Mail Address: Kenneth.williams@tn.gov	
Description of Services Provided: Comprehensive healthcare services, which reflects a larger scope of services than the preceding contract with a prior vendor (Corizon, Inc.), Addition of nursing and ancillary services, Significant increase in use of on-site infirmaries to reduce off-site transportation, Focus on use of the Centene portfolio of programs and specialty companies, Off-site hospital services coordination and management, On-site MRI and CT, Regional Office in Nashville, Approximately 571 FTEs		
Facility Name: Agency Name: Mississippi Department of Corrections (contract covers 39 facilities) Contact Name: Dr. Gloria Perry, <i>Medical Director/Health Services Director</i>		
Address: 633 North State Street Jackson, MS 39202	Telephone Number: 601-359-5162	
	Fax Number: 601-359-5725	
	E-Mail Address: gperry@mdoc.state.ms.us	
Description of Service Provided: Comprehensive medical, mental health, and dental services statewide that integrates state-run institutions with privately-run institutions, Comprehensive pharmacy management: new and improved pharmacy delivery program; maintenance of three pharmacy licenses, Active 340B program, Limited network development and contracting services, Active recruiting, retention, and academic partnership liaison programs, Implementation of health information technology for care coordination and integration, Telemedicine services, Expanded use of onsite diagnostics, Regional Office in Jackson, Approximately 318 FTEs		

Centurion Detention Health Services, LLC
Company Name



Authorized Signature

5/9/2018
Date

A. Describe the firm's understanding of the Scope of Services.

Centurion will ensure that healthcare services are provided in a manner that meets or exceeds the Muscogee County Prison (MCP) RFP and contract requirements. Our healthcare policies and procedures are intentionally designed to meet or exceed national standards established by the **National Commission on Correctional Health Care (NCCHC)** and the **American Correctional Association (ACA)**. The 2018 NCCHC *Standards for Health Services in Prisons* have just been released, and we are in the process of updating our policies and procedures to reflect the newest changes from the Commission.

As a result of our contract with the **Georgia Department of Corrections (GDC)**, our services are designed to meet or exceed the statewide correctional healthcare standards of the **Medical Association of Georgia (MAG)** and the requirements of the GDC. Should the MCP decide to pursue accreditation with any of the national or state-level accreditation agencies, we have expertise in both establishing and maintaining these accreditation standards.

We have extensive correctional healthcare experience in both jails and prisons across the country. As a result, we are confident of our ability to meet to exceed MCP's expectations for effective and efficient healthcare service delivery in each of the listed scope of service areas noted in this RFP. We look forward to discussing with Deputy Warden Daniel King, and other MCP staff, how we can leverage our correctional healthcare expertise to advance the quality of care for offender patients at the MCP, and enhance the level of collaboration, transparency, and effective partnership between the medical vendor and the MCP.

Centurion's understanding is that the MCP only houses male inmates. As a result, the healthcare services described in this RFP response do not include women's health services. We appreciate that most of the inmates housed at MCP have been medically cleared to work and therefore are less likely to have serious chronic healthcare needs, compared with the jail population at Muscogee County Jail (MCJ). We understand that the current inmate population is approximately 576, which includes 528 from GDC and 48 from the County.

To meet the requirements of the scope of services, we will use the following partners:

- Medical supplies/equipment: McKesson Medical-Surgical
- Laboratory services: LabCorp
- X-ray: Mobilex USA
- Dental supplies: Henry Schein
- Audiology/hearing aids: Your Hearing Network
- EKG services: CompuMed
- Medical waste removal: Stericycle
- Optometry/eyeglasses: Institutional Eye Care
- Pharmaceutical Services: Diamond Pharmacy Services

Intake Screening

For admissions to the MCP, Centurion will complete intake healthcare screenings as soon as possible following acceptance of the inmate into the facility and within the MCP required timeframes. We are familiar with the intake screening timeframes and process for Georgia state prison inmates as a result of our contract with the GDC. We anticipate that most inmates will be transferred to MCP from other GDC facilities or from the MCJ and, as such, will have already undergone a receiving screening and health assessment.

In the unlikely event that patients cannot undergo the receiving screening within the required timeframe due to combativeness, intoxication, or other conditions, or who cannot be screened timely due to institutional factors, Centurion will complete and document observations of the inmate at timeframes required by the MCP. Because inmates will typically be admitted from the GDC or other correctional institutions, we recognize that those presenting with these conditions will be very rare.

Centurion's staffing plan is consistent with MCP requirements and sufficient to complete the receiving screening on time. Based on 2017 intake data provided in Appendix C of the RFP, we understand that on average 19 inmates are received at MCP each month, or approximately 230 annually. This volume is substantially lower than the volume of 8 to 15 intakes a week reported in the 2013 answer #12 to bidders' questions but consistent with our understanding of the facility mission. We will meet MCP requirements for staffing the intake/receiving area weekdays and as required by the MCP.

Our receiving screening process will be compliant with MCP and GDC requirements and NCCHC and ACA standards. We recognize that the screening process must include not just medical but mental health and dental concerns as well. Centurion is accustomed to completing comprehensive intake screenings covering each of these three domains.

Centurion understands the importance of maintaining a strong intake process. It is imperative that intake healthcare staff are trained, experienced, and accomplished at obtaining a complete health history, observing and identifying signs and symptoms of acute illness including mental illness, drug and alcohol withdrawal potential and other acute or communicable disease processes. Rapid and early identification of these conditions facilitates medical intervention of high risk and potentially high cost diagnoses.

We recognize the complexity of the receiving screening process, the importance of getting it right, and the necessity of staffing the intake posts with the appropriately trained and licensed healthcare professionals. Centurion will collaborate with designated MCP staff to coordinate acceptance or the rare rejection of the inmate at the prison. Again, we anticipate that arriving inmates will almost always be medically cleared for admission to MCP prior to their arrival at the facility.

For inmates who have not already undergone a receiving screening prior to admission to MCP, the receiving screening will be conducted in a confidential setting and include the following:

- **Inquiry into:**
 - Any past history of infections or communicable illnesses, any treatment or symptoms that are suggestive of such illnesses
 - Name of any medical or mental health care providers seen prior to incarceration
 - Nature of treatment by any medical or mental health care providers prior to incarceration
 - Current illnesses and health problems, including communicable diseases
 - Dental problems
 - Use of alcohol and other drugs, including types of drugs used, mode of use, amounts used, frequency used, date or time of last use, and history of any withdrawal problems that may have occurred after ceasing use
 - Immunization history
 - Suicidal ideation or intent
 - Medications, other special needs (e.g., disabilities, chronic illnesses)
 - History of victimization or predation

- **Observation of the following:**
 - Behavior, including state of consciousness, mental status, appearance, conduct, tremor, and sweating
 - Body deformities, ease of movement
 - Condition of the skin, including trauma markings, bruises, lesions, jaundice, rashes, infestation, recent tattoos, and needle marks or other indications of drug abuse
 - Vital signs including weight

- **Services offered during the intake process will include the following:**
 - Appropriate x-rays, as determined by the physician.
 - Laboratory testing for Syphilis, Gonorrhea, and Chlamydia.
 - Offering and administration of rapid HIV testing, with confirmatory HIV testing if clinically indicated.
 - A tuberculin skin test (TST, formerly known as a PPD test) Mantoux or

- equivalent, except for patients who have a documented previous positive test.
 - Tuberculin skin test reading within 48 to 72 hours of implantation by trained Centurion healthcare staff, with results documented in the health record.
 - For patients with positive reactions to TB testing, a chest x-ray to rule out active disease and a symptom screening followed by a confirmatory IGRA blood test.
 - For patients with positive IGRA tests, evaluation by the provider for preventive therapy.
 - Medical isolation of patients with symptoms of active disease, using holding cells, masks, and evaluation for treatment. Patients will be issued appropriate masks and educated on the reason for the mask. Officers and medical staff in direct contact with the inmate will be issued a N95 mask. They will be transported to Piedmont Medical Center using airborne precautions transportation instructions.
 - Chest x-ray and sputum tests obtained as required from Piedmont Medical Center and in coordination with the Georgia Public Health Department.
 - Viral Hepatitis screening as indicated.
 - Offering of immunizations according to **Center for Disease Control (CDC)** recommendations and Prevention/Advisory Committee on Immunization Practices.
 - Blood glucose testing as medically indicated.
 - Peak flow measurement as clinically indicated.
 - Identification, documentation, and referral for special needs, e.g., blind, hearing impaired, disabled, etc.
 - Verification of medications prescribed in the community.
- **Medical disposition:**
 - General population
 - General population with referral to appropriate healthcare service
 - Immediate referral to appropriate healthcare service for treatment

At the time of the intake health screening, the patient health record will be initiated according to the MCP-authorized format. The health record will be managed to record individualized, comprehensive care over time and used during any encounter with the patient. Observations during the receiving screening will be documented in the patient record.

Documentation in the health record will include but not be limited to:

- Problem list
- Medication list
- Treatment plan if indicated
- Provider order sheet
- Progress notes if indicated

As part of the intake process, Centurion nursing staff will verify medications when possible and verification will be documented in the health record. We will ensure that medications that are needed urgently or emergently for chronic medical conditions or infectious disease are provided as soon as possible. We will generate dental and mental health referrals through an automated referral system.

As part of the screening process, Centurion will ensure that our pharmacy partner, **Diamond Pharmacy Services**, and our providers receive faxed copies of the Consent for Release for Information forms as provided by MCP within 24 hours. In addition, Centurion will ensure that arriving inmates have a signed authorization for treatment documented in the health record.



14-Day Physicals

Centurion will meet MCP and GDC requirements along with ACA and NCCHC standards for completion of the comprehensive health assessment. For inmates who do not have a current health assessment, we will complete the health assessment within 14 days of arrival and sooner for patients who are acutely ill or who suffer from complex medical conditions such as Type 1 diabetes. We will conduct annual health assessments thereafter for patients remaining at the MCP more than one year.

In the unexpected instance that the patient is determined to have critical healthcare needs during the receiving screening process, Centurion healthcare staff will refer the patient for an immediate provider assessment. Depending on the severity of the patient's healthcare issues, our provider may conduct the comprehensive health assessment during this encounter.

The initial physical examination process will be documented on a template approved by the MCP. Healthcare staff will present the patient's health record, including the receiving screening and a complete set of vital signs, to the provider. Vital signs will include height, weight, pulse, blood pressure, temperature, and respiration. The provider will review this information and any additional data needed to complete the patient's medical, dental, and mental health histories.

In addition to the testing completed as part of the receiving screening, the following tests will be considered at the time of the health assessment:

- Hemoglobin A1C
- Chemistry 24
- Thyroid Stimulating Hormone (TSH)
- Complete Blood Count (CBC)

During the health evaluation, the provider will determine if the patient requires placement in a chronic care clinic for long-term disease management if such placement has not already occurred. When indicated, the Centurion provider will develop a treatment/care plan identifying significant diagnoses and providing a clinically indicated intervention plan.

Centurion staff will perform a 12-lead electrocardiogram for patients

- Over the age of 40 years
- Exhibiting clinical signs and symptoms consistent with heart disease, hypertension, diabetes mellitus, or hyperlipidemia
- With a family history of cardiac disease

The provider conducting the health assessment will review the findings. Patients with positive findings will be enrolled in the cardiovascular chronic care clinic for follow-up.

Additionally, Centurion will complete record reviews, medical examinations, medical summaries, and/or medical certifications for MCP food handling and work clearances. We understand that these clearances must be completed within MCP required timeframes, once the inmate names are provided to us.

Patient Plans of Care

The provision of medically necessary care is supported by the development of an individualized treatment plan that addresses the patient's acute, chronic, and/or convalescent conditions. Treatment plans function as a "road map" for providing the care that is needed to restore and maintain health or stabilize acute and chronic conditions. Centurion's treatment planning process will meet or exceed the requirements established by MCP policies.

At a minimum, we will ensure that these treatment plans include the following elements:

- Frequency of follow-up for medical appointments and evaluations
- Clinically indicated adjustments in treatment modalities
- Types and frequencies of diagnostic testing and therapeutic interventions
- Dietary instructions when applicable

- Patient self-management strategies and health education addressing preventive care, disease management, and comorbid/co-occurring disorder interactions
- Diet and exercise instructions when applicable
- Adaptations to correctional environment/special accommodations when applicable
- Administration of medications

Although we would expect few, if any, MCP inmates to fall into the following categories, we want to emphasize that Centurion will support the development of individualized special needs treatment plans for:

- Patients with serious communicable diseases
- Physically disabled patients
- Developmentally disabled patients (in collaboration with the mental health provider)
- Patients with serious mental health needs (in collaboration with the mental health provider)
- Frail or elderly patients
- Terminally ill patients

Patient treatment/care plans will address medications, laboratory testing, use of protocols, and specialty consultation and review if needed. The Centurion provider will input significant medical conditions, allergies, and other essential information on the Problem List of the patient's health record.

When results of laboratory testing are received, the provider will review the results and if necessary schedule the patient for a follow-up appointment. Health assessments, patient treatment plans, and provider reviews of diagnostic tests will be documented in the patient health record.

Sick Call

Centurion has extensive experience with establishing and maintaining sick call protocols and services that meet or exceed client expectations. We will coordinate the sick call program to ensure that access to routine medical care is consistent with prison operations and meets or exceeds NCCHC and ACA standards and GDC requirements. Our sick call services are designed to meet the following standards:

- Implementation of sick call policies and procedures that support access to care and a triage system using routine, urgent, and emergent acuity levels
- Completion of a face-to-face sick call encounter within 24 hours of receipt of the sick call request, seven days a week

- Provision of two sick call clinics a day, seven days a week prior to the 6:00am work call and after the 5 pm work call
- Continuation of each sick call clinic until each patient scheduled to be seen has received a face-to-face sick call encounter
- Assurance that nursing staff involved in screening, triaging, and seeing sick call patients are Registered Nurses with current (within prior six months) training in physical assessment
- Completion of a face-to-face encounter by a medical doctor, nurse practitioner, or physician assistant within 48 hours of referral from the sick call registered nurse, or sooner as clinically appropriate
- Maintenance of an electronic sick call log that meets MCP specifications

Requests for sick call services will include patient verbal self-referral, patient completion of a sick call request, and/or referral from healthcare, mental health, security, administrative, or other staff. Each sick call request will be managed as required by MCP policies. We recognize that sick call is, for many patients, their first encounter with medical services following the intake and assessment process, and that sick call may be requested at any time. Nursing staff will use MCP-approved Nursing Protocols in the evaluation and treatment of patients.

Centurion will conduct nursing and provider sick call in accordance with contractual staffing locations in the prison under the direction of our Medical Director or mid-level provider. Sick call services will be delivered in a manner that accommodates facility schedules and needs. Sick call clinics will be provided Mondays through Fridays except holidays, unless otherwise agreed to by the MCP. We will ensure that all patients have access to the sick call process, including those in special confinement units. In collaboration with facility administration, Centurion will ensure that the sick call process is not conducted during hours which would be considered barriers to care.

The sick call process will include a system of prioritizing provider responses as emergent, urgent, or routine based on the acuity of the request or referral. Responses to patient requests and referrals will be managed using registered nursing staff, physicians, registered nurse practitioners, and physician assistants as appropriate based on the referral or patient complaint. Nursing sick call responses will be provided within 24 hours of a patient's submission of a sick call slip indicating a symptom or clinical need. We appreciate that RFP Appendix C indicates approximately 261 sick call requests were received each month in calendar 2017.

Patients will have access to a sick call/health request form or, if provided by the MCP, an electronic kiosk system for initiating contact with healthcare services. Unless otherwise directed by the MCP, Centurion healthcare staff will collect sick call slips daily on the evening shift from locations designated by the prison. Verbal requests to staff will be honored, and the nurse will document the request on the sick call form. A registered nurse

with the training, skills, and knowledge required to recognize emergent and urgent healthcare issues will date stamp and review each sick call request to identify whether the concern is related to medical, behavioral health, and/or dental issues.

If the sick call request suggests that the problem is of an emergent nature, nursing staff will notify the Shift Commander or designee and arrange for the patient to be brought to the clinic, or will visit the patient in the housing unit immediately. Only healthcare staff will have access to completed sick call requests, in keeping with patient confidentiality. Sick call requests will be filed permanently in the patient health record when completed. The nurse will document the sick call request and response in the patient health record.

Patients will be assessed in sick call by a registered nurse or higher level provider within 24 hours of receipt. The sick call registered nurse will use Nursing Protocols that have been approved by the MCP and are consistent with the Georgia nursing regulations.

Centurion has developed written protocols to support the sick call process. Our *Guidelines for Common Health Problems*, more commonly referred to in the correctional healthcare environment as “Nursing Protocols,” outline the steps to be taken by licensed nursing staff in providing first aid and interventions commonly provided as self-care in non-correctional environments. These written protocols will only be performed by licensed nursing staff who are designated within the State to perform these duties.

The Centurion *Guidelines for Common Health Problems* address routine, urgent/emergent and mental health complaints. The Table of Contents for these guidelines is provided on the following page to illustrate the scope of healthcare problems that are addressed.

Guidelines for Common Healthcare Problems



Correctional Environment

1. Correctional Environment Documentation
2. "Use of Force" Examination
3. Pepper Spray Exposure
4. Taser (or Other Conducted Electrical Weapon) Exposure

Head, Eyes, Ears, Nose, Throat

1. HEENT Documentation
2. Cold (Common Cold Symptoms)
3. Earache And Ear Wax
4. Eye Foreign Body or Chemical Irritation
5. Hay Fever (Allergic Rhinitis)
6. Headache
7. Nosebleed (Epistaxis)

Musculoskeletal

1. Musculoskeletal Documentation
2. Low Back Pain (Lumbar Strain)
3. Strains, Sprains And Minor Trauma

Guidelines for Behavioral Health Problems

1. De-Escalation
2. Extrapyrimalidal Syndrome
3. Mania
4. Neuroleptic Malignant Syndrome
5. Polydipsia – Hyponatremia
6. Psychosis
7. Therapeutic Restraints
8. Withdrawal

Digestive

1. Digestive Documentation
2. Constipation
3. Diarrhea
4. Heartburn (Acid Reflux)
5. Hemorrhoids
6. Vomiting (Nausea)

Dental

1. Tooth Ache
2. Tooth Avulsion

Guidelines for Potentially Urgent/ Emergent Problems

1. Abdominal Pain
2. Anaphylaxis/Allergic Reaction
3. Asthma
4. Chest Pain
5. Heat Syndrome
6. Hypoglycemia
7. Naloxone (Narcan): Suspected Opiate Overdose Emergency Response Procedure
8. Seizure

Skin Integrity

1. Skin Integrity Documentation
2. Abrasion
3. Acne
4. Athlete's Foot (Tinea Pedis)
5. Bite/Sting
6. Blister
7. Burn (Minor 1st or 2nd Degree)
8. Dandruff
9. Jock Itch (Tinea Cruris)
10. Laceration
11. Lice (Pediculosis Capitis, Corporis, Pubus)
12. Rash
13. Scabies
14. Shave Bumps (Pseudofolliculitis Barbae)
15. Skin or Soft Tissue Infection (Boil, Infected Wound or Insect Bite)
16. MRSA

The *Centurion Guidelines for Common Health Problems* provide basic information about common healthcare complaints and outline the steps to be taken in providing interventions and follow-up. Each guideline includes a handout for the patient that provides education, self-care instructions, and reminders for follow-up. Each set of guidelines includes a relevant documentation form. The documentation form supports use of the Centurion Guidelines and helps nursing staff assess, document, and implement the guidelines consistently based on patient complaint. Only approved over-the-counter medications are permitted for use by the guidelines.

Our sample guideline for common cold symptoms is included on the following pages to illustrate the detail of our approach to nursing protocols.



Head, Eyes, Ears, Nose, Throat | Cold (Common Cold Symptoms)

Information for Staff

The common cold (viral upper respiratory tract infection) is a self-limited illness that can be caused by many different types of virus. It is not possible for the body to develop resistance against all of the types. The common cold is the most frequently occurring illness in the world. Symptoms of the common cold include nasal stuffiness or drainage, sore or scratchy throat, hoarseness, cough, feeling tired and achy, and less often fever and headache. These symptoms typically last from 3 to 7 days. Other illness may have similar symptoms to the common cold. The common cold and influenza share some symptoms but typically the common cold is milder. Individuals with influenza are usually sicker and have a more abrupt onset of illness with fever, chills, headache, body aches, dry cough, and extreme weakness. A sore throat and fever with no other cold symptoms may be strep and require antibiotics. Facial pain, yellow/green nasal drainage and fever may indicate sinus infection and require antibiotics.

(S) Subjective Documentation

- Symptoms present (include presence or absence of chest pain, difficult breathing, severe headache and neck stiffness)?
- Color of sputum? Color of nose drainage?
- When did symptoms start?
- Smoking history?
- Previous history and treatment?

(O) Objective Documentation

- Vital Signs (TPR, BP)
- Examination for signs and symptoms of secondary bacterial infection such as
- Purulent nasal discharge and facial pain around sinuses
- Drainage or inflammation of ear canal
- Swollen, reddened or palpable neck and jaw lymph nodes
- Exudates on back of throat
- Purulent sputum from productive cough observed

(A) Assessment

- Alteration in comfort

Follow-Up

- Per physician, nurse practitioner or physician assistant if contacted
- Schedule an appointment if needed
- Return to healthcare if no improvement in 3 to 4 days, if pain worsens or symptoms change

(P) Plan of Care

- Contact physician, nurse practitioner or physician assistant if sore throat with fever and no other symptoms, facial pain with yellow/green nasal discharge and fever, chest pain with shortness of breath, severe headache and neck stiffness
- Refer to physician, nurse practitioner or physician assistant if chronic lung problems or if patient not responding to protocol or third time with same complaint
- OTC multi-symptom pseudoephedrine-free Cold Relief Capsules 1 or 2 capsules 2 to 3 times daily as needed for symptoms (or as directed on label).
- No kitchen duty until resolved
- Activity restrictions if indicated

(E) Education

- Educate about self-care

Cold (Common Cold Symptoms)



Patient Name:

Patient ID#:

M

Date and Time of Encounter:

Age:

F

Subjective:

Presents with chief complaint of:

Onset of symptoms and description of activity or injury:

Patient complains of:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> None of the following | <input type="checkbox"/> Nasal Stuffiness/
drainage | <input type="checkbox"/> Fever | <input type="checkbox"/> Intense eye pain |
| <input type="checkbox"/> Sore or scratch throat | <input type="checkbox"/> Achy/tired | <input type="checkbox"/> Cough | <input type="checkbox"/> "Worse headache of my
life" |
| <input type="checkbox"/> Bloody discharge from
ear | <input type="checkbox"/> Eye irritation | <input type="checkbox"/> Eye scratching | |
| <input type="checkbox"/> Nausea or vomiting with
headache | <input type="checkbox"/> Wheezing | <input type="checkbox"/> Vision changes | |
| <input type="checkbox"/> Other, explain | <input type="checkbox"/> Increased tearing | <input type="checkbox"/> Stiff neck | |

Previous history of complaint? Yes No If yes, explain:

Previous treatment? Yes No If yes, explain:

Objective:

Vital Signs: (If must defer a vital sign or leave blank, explain why)

BP:

Pulse:

Respirations:

Temperature:

Eye Exam:

Not applicable to complaint

Right Eye:

PERL Yes No

Foreign Body Observed: Yes No

Signs of inflammation/infection Yes No

Left Eye:

PERL Yes No

Foreign Body Observed: Yes No

Signs of inflammation/infection Yes No

Not applicable to complaint

Ear Exam:

Right Outer Ear Canal:

Excess wax: Yes No

Red/swollen: Yes No

Ear Drum Visualized: Yes No

Normal: Yes No

Bulging/Red: Yes No

Pain Moving Pinna: Yes No

Left Outer Ear Canal:

Excess wax: Yes No

Red/swollen: Yes No

Ear Drum Visualized: Yes No

Normal: Yes No

Bulging/Red: Yes No

Pain Moving Pinna: Yes No

Not applicable to complaint

Throat Exam:

Red: Yes No

Swollen: Yes No

Exudates (Yellow Patches): Yes No

Neck and jaw lymph nodes: Not applicable

Swollen, tender to palpation: Yes No



Cold (Common Cold Symptoms)

Nose Exam:

Bleeding right nostril Bleeding left nostril Deformaty

Lung Exam: Lungs Clear Bilaterally Not applicable to complaint

Right Lung:

Wheezing Inspiratory
 Expiratory Other describe

Left Lung:

Wheezing Inspiratory
 Expiratory Other describe

Assessment:

Alteration in comfort Potential for infection

Related to:

Common Cold Symptoms Eye foreign body/chemical irritation
 Ear Wax Earache
 Hay fever (allergic rhinitis) Headache

Plan: (check all applicable)

Physician, nurse practitioner or physician assistant contacted for same day treatment/orders
 Referred to physician, nurse practitioner or physician assistant

Check all applicable reason(s) for referral or medical staff contact:

Facial pain, fever, purulent nasal drainage Facial pain, fever, purulent nasal drainage
 Chronic lung problems Purulent sputum
 Fever 101 or greater Severe headache
 Chest pain with shortness of breath Bulging/dull ear drum
 Unable to visualize ear drum Unable to remove wax
 Penetrating eye injury Eye foreign body unable to remove
 Wheezing Abnormal neuro exam
 Worst headache of life Diastolic blood pressure 100 or over
 Nosebleed caused by trauma or does not stop with 15 minutes of pressure
 Condition not responding to guidelines or third recent complaint for same problem
 Explain:

Upon contract award, Centurion will submit our guidelines for common health problems, potentially urgent/emergent problems, and behavioral health problems to the MCP for review and consideration. If the MCP prefers to use nursing protocols/guidelines that have already been established by the prison, we will comply with the MCP's preference. The Centurion Medical Director will collaborate with **Deputy Warden Daniel King** and other designed MCP staff in determining the nursing protocols/guidelines that will be used by licensed nursing staff. Once these determinations have been made, we will incorporate the approved protocols/guidelines into our orientation and competency review for our nursing staff.

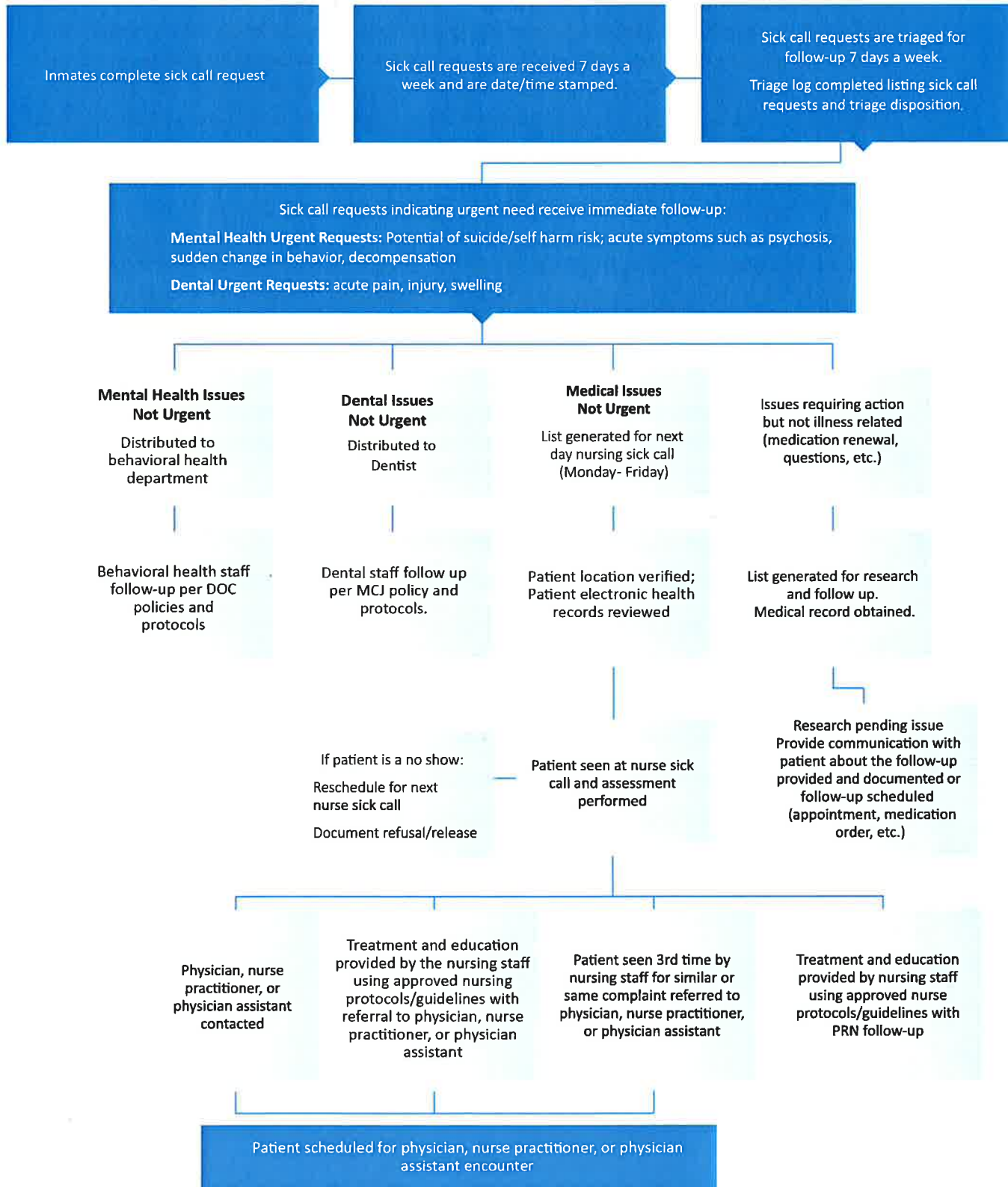
Using the approved nursing protocol/guideline, appropriate treatment with over-the-counter medications will be initiated. If the patient is treated three times for the same complaint, or if the registered nurse is unable to treat the patient with protocol medications, the patient will be referred to a provider to be seen at the next available provider clinic.

The sick call encounter and disposition will be documented in the patient's health record according to MCP procedures. As a result of the sick call encounter, the patient will receive one or more of the following services and dispositions:

- Receive evaluation and treatment by the nurse, using approved protocols/guidelines, with no need for follow-up
- Receive evaluation, treatment, and a follow-up appointment
- Be referred to a provider to be seen in the next provider clinic
- Receive immediate evaluation and treatment by an onsite provider or in consultation with an on-call provider
- Receive referral to mental health staff
- Receive immediate referral to Emergency Department for treatment
- Receive referral to dentist for evaluation and treatment after use of nursing protocol

The flow chart provided on the following page represents Centurion's proposed approach to sick call for MCP inmates.

Centurion Sick Call Process



Special Confinement Inmates

Centurion healthcare staff will conduct health rounds in special confinement (segregation) units daily and speak with each inmate. Visual and verbal contact is required. Consistent with NCHC prison and jail Standards P-E-02 and J-E-02, *Segregated Inmates*, special confinement rounds will be documented on an inmate-specific form each week. The form will be transferred to the patient's health record. Based on 2013 City answers to bidders' questions, we understand there are an average of 20 inmates in segregation at MCP.

As part of nursing rounds, each inmate will be asked if he/she has any medical, dental, or behavioral health needs. The nurse will observe the inmate for signs and symptoms of decompensation. Healthcare rounds are used to screen these inmates for medical, behavioral health, and/or dental problems that may go unreported by the inmate or staff. When signs or symptoms of behavioral health concerns are identified, our nurses will refer the inmate to mental health services. When dental concerns are raised, the patient will be referred to the dental provider.

Inmates in restrictive housing will be provided with access to sick call/health request forms. Sick call requests will be triaged daily by our registered nurse. Sick call requests that describe a symptom or clinical need will be seen for a face-to-face response. The appointment is scheduled to take place within 24 hours of receipt. When the sick call request contains an indication of immediate need, the inmate is seen on an emergent basis to ensure safety.

Sick call will not be conducted cell-side but will be conducted using a room in the special confinement unit designated and equipped for that purpose. If the registered nurse is unable to treat the patient adequately in the unit, the patient will be brought to the healthcare unit for assessment.

A list of the day's pending medical appointments will be distributed to appropriate custody staff at least 12 hours in advance.

Sick Call Log

Centurion will ensure that all received sick call requests are entered into a log that monitors the timeliness and outcome of each sick call request. At a minimum, the log will contain the following information:

- Patient name, ID number, gender
- Dates of receipt, triage, and encounter
- Acuity level
- Assessment
- Plan, including referrals to other service providers

Sick call volume and compliance trends will be reported to the MCP at least monthly, or as requested. Any required corrective actions will be addressed by designated staff assigned to Continuous Quality Improvement functions.

Chronic Care

Centurion appreciates the need to identify and closely monitor patients who have been diagnosed with chronic medical conditions or are receiving medications that require close surveillance for effectiveness. Based on RFP Appendix C, we understand a total of 244 chronic care encounters occurred during calendar 2018, or about 20 a month. We will conduct chronic care clinics as determined by the needs of the facility population and in compliance with relevant MCP and GDC policies.

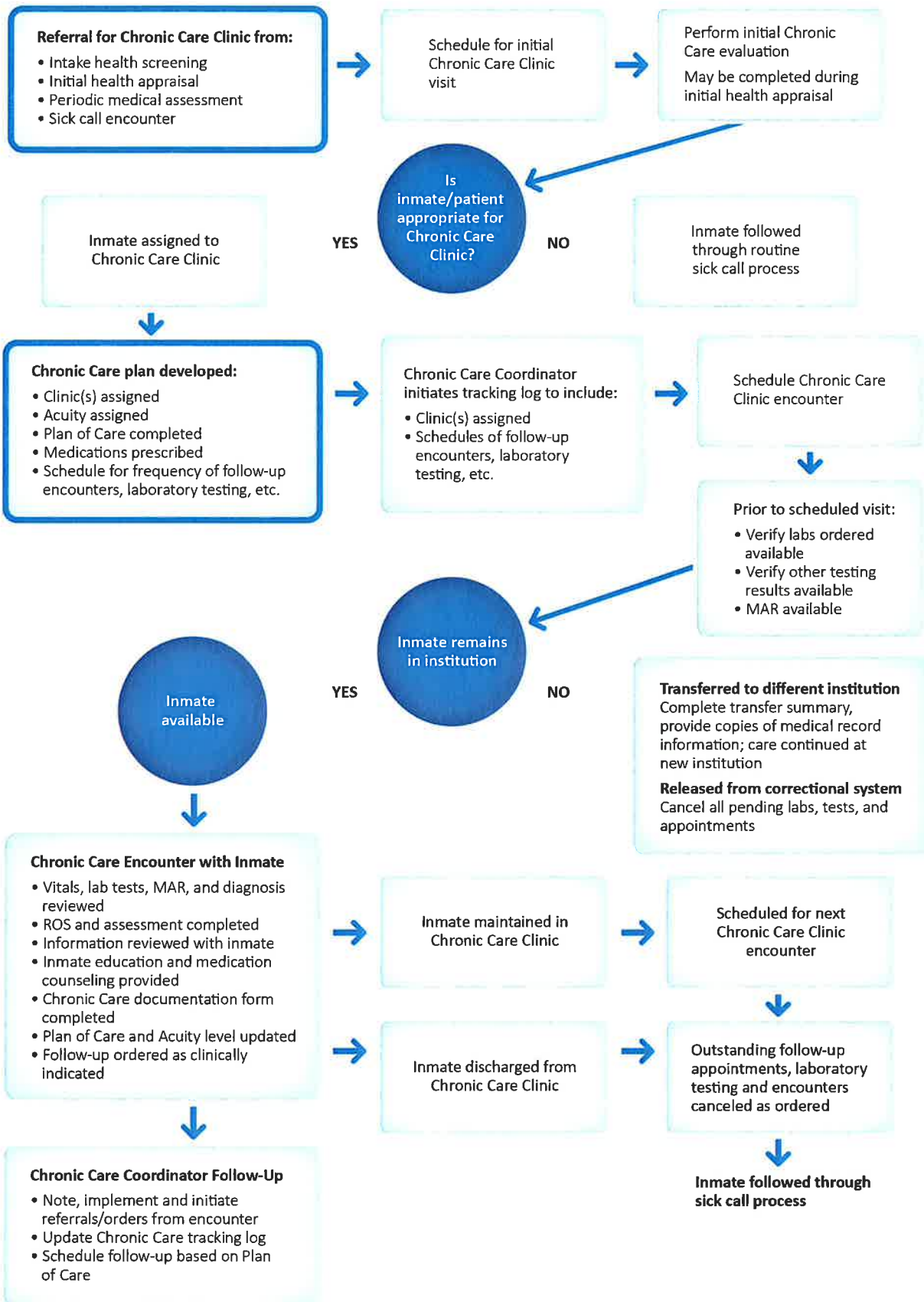
Although we are prepared to provide the following chronic care clinics, we understand that there may be no chronic healthcare needs in some of the listed categories:

- Asthma and other Pulmonary conditions
- Atrial fibrillation
- Cancer and terminal illnesses
- Cardiovascular conditions
- Dyslipidemia
- Diabetes
- Endocrine disorders
- Epilepsy and other Neurological conditions
- Gastrointestinal conditions
- Hepatitis C
- HIV
- Hypertension
- Infectious diseases
- Tuberculosis
- Patients receiving warfarin therapy

Centurion medical providers will provide patients with a chronic care encounter within 30 days of intake. A registered nurse, physician's assistant, or registered nurse practitioner will review chronic care patients as needed thereafter. Centurion nursing staff will be responsible for scheduling patients for disease management/chronic care clinics and for maintaining an electronic log or computerized tracking system for chronic care patients.

At the time of the scheduled chronic care clinic, Centurion healthcare staff will conduct a focused physical examination. Assessment of vital signs and body weight, pertinent blood work and diagnostic testing results, and the patient education provided will be reviewed by the examining medical provider. Results of the chronic care encounter will be documented in the patient health record on a MCP-authorized chronic clinic encounter template. Chronically mentally ill individuals will be referred to the mental health services provider.

The flow process used to train Centurion staff in the identification and management of chronic disease is provided in the diagram that follows. This flow chart provides an overview of the disease management/chronic care model Centurion uses today.



In providing chronic care, Centurion seeks to minimize the disease burden, medication burden, and service delivery burden on patients. The disease burden is minimized for the patient when the chronic condition is well-controlled and risk factors for exacerbations and comorbidities have been addressed through self-management skills and lifestyle changes. The medication burden is minimized for the patient through careful selection of medications, ongoing pharmacy management review to reduce polypharmacy, and dosing protocols that ensure adequate trials on adequate doses are completed before adding or switching medications.

The service delivery burden is reduced when the patient is able to access effective care from a team of healthcare professionals who understand the complexities of comorbid and co-occurring conditions. Centurion believes that providing the patient with the right services at the right time can prevent disease progression and the need for high levels of care, including hospitalizations. Providing the patient with the right amount of engagement and encouragement at the right time can result in improved self-management and decreased reliance on health services. Our goal in providing care is to provide intervention at the lowest level of care that achieves desired health outcomes while ensuring conditions are appropriately diagnosed, treated, and controlled to prevent and minimize decompensation.

Centurion recognizes that effective chronic care services can improve disease control and prevent the need for offsite specialty consultation, emergency department trips, and hospitalization. Along with optimizing patient health, reduction of preventable hospitalizations and the associated need for custody transportation and security resources is a major goal of our chronic care services.

Our providers will rely on Centurion's *Disease Management Guidelines* and *Chronic Care Flow Sheets* as approved by the MCP for this process. Our *Diabetes Type 2 Disease Management Guideline* and *Chronic Care Flow Sheet* are provided on the following pages as an example of our Chronic Care Flow Sheets.



Treatment guidelines do not apply to all patients. Use your clinical judgment.
When these guidelines do not apply, document the clinical rationale for your treatment decision.
When there are differences, the DOC's policies and guidelines supersede Centurion guidelines.

Diagnosis:

Preferred method of diagnosing Diabetes Mellitus in non-pregnant adults is with Glycosylated Hemoglobin (A1C)

- A1C of greater than 6.4 is diagnostic of Diabetes
- A1C of 5.7 to 6.4 is diagnostic for Pre-Diabetes
- Fasting blood sugar of greater than 125 is highly suggestive of diabetes and should be followed with A1C
- Random blood sugar of greater than 200 is highly suggestive of diabetes and should be followed with A1C

Screening:

Following patients should be screened for diabetes:

- At age 45 and every three years thereafter
- Patients younger than 45 with hypertension screened for diabetes every three years
- Pregnant women
- Pre-diabetic patients screened for diabetes annually
- Any patient when clinically indicated

Clinical Evaluation:

All patients with diabetes to receive history and physical examination focusing on following:

- Evidence of macrovascular complications (coronary vascular disease, diabetic foot disease)
- Evidence of microvascular complications (retinal disease, renal disease)

For newly diagnosed diabetic patients, following baseline diagnostic testing is considered:

- Complete Metabolic Profile
- Complete blood count
- Lipid profile
- Urinalysis including microalbuminuria
- Thyroid Stimulating Hormone (TSH) test
- Electrocardiogram (EKG)

Treatment Goals:

- A1C goal for each patient depends on following factors: Age/life expectancy, Diabetes duration, Patient preference, Comorbid conditions, Risk of hypoglycemia
- Aggressive therapy aims for A1C less than 6.5
 - Short diabetes duration
 - No coronary vascular disease
 - Long life expectancy
- Standard therapy for average patients aims for A1C less than 7.0
- Less stringent therapy aims for A1C less than 8.0
 - Recurrent hypoglycemia episodes
 - Co-morbid conditions
 - Failure to achieve more stringent goals
 - Limited life expectancy
 - Long term diabetes



Centurion Preferred Oral Anti-Diabetes Drugs:

- Tier 1 Preferred Drug
 - Metformin (Class: Biguanide)
- Tier 2 Drugs
 - Acarbose (Class: Alpha Glucosidase inhibitor)
 - Glimepiride (Class: Sulfonylurea or related)
 - Glipizide (Class: Sulfonylurea or related)
 - Glyburide (Class: Sulfonylurea or related)
 - Repaglinide (Class: Sulfonylurea or related)
 - Pioglitazone (Class: Thiazolidinedione)

Treatment:

- All patients with diabetes counseled regarding life style modification, including dietary recommendations and importance of weight loss and exercise
- Treatment should normally proceed in a stepwise fashion using following approaches:
 - Step 1: Lifestyle intervention
 - Step 2: Metformin is preferred initial medication for Diabetes – Type 2
 - Step 3: Basal insulin (injectable long acting insulin or oral hypoglycemic)
 - Step 4: Intensify insulin
 - Step 5: Consider second oral agent (e.g. gliptins)

Diabetes Chronic Care Clinic Follow-Up:

A1C Testing:

- Every 3 months for patients not meeting treatment goals or have had treatment changes
- Every 6 months for patients meeting treatment goals

Diabetes – Type 2 Chronic Care Clinics occur annually and include the following: Complete Metabolic Profile

- Urine albumin testing
- Screening for distal extremity neuropathy
- Measurement of BMI
- Foot exam
- Dilated retinal exam performed within one year of diagnosis and every two years thereafter. If retinopathy found, frequency of dilated retinal exam increased to annually

References:

- American Diabetes Association. Standards of Medical Care in Diabetes-2014. Diabetes Care. 2014;37: S14-S80
- National Commission on Correctional Health Care: Guideline for Disease Management in Correctional Settings, Diabetes. April, 2013

Diabetes Type 2 Chronic Care Clinic Flow Sheet



Establish Patient's Current Status

- Blood Pressure
- Weight
- Exercise?
- Dietary compliance

Physical Examination

- Focus on evidence of end organ damage
- Foot examination
- Screening for distal extremity neuropathy
- Measurement of BMI
- Dilated eye exam every two years (every year if the patient has known retinopathy)

Diagnostic Studies

- A1C (and review of any A1Cs done since last Chronic Care visit)
- Complete Metabolic Profile (Kidney function, liver function)
- Urine albumin testing

Determine Level of Control

- Good Control: A1C meets treatment goal
- Fair Control: A1C greater than treatment goal but less than 9 or 10 (depending on goal)
- Poor Control: A1C greater than 9 or 10 (depending on treatment goal)

Therapy Adjustments As Needed to Achieve Good Control

- Review compliance with diet, exercise and weight loss recommendations
- Consider Stepwise increase in medication therapy

Patient Counseling

- Life style modifications needed: Importance of weight loss, exercise and diet
- Discuss pathophysiology of Type 2 Diabetes including risk for arterial disease, kidney disease, retinal disease, etc.
- Set short and long term goals with the patient

Examples of Long Term Treatment Goal(s) – to be achieved within next 5 to 10 years

- Practice lifestyle changes to decrease physical effects of Diabetes Type 2 on the body
- Decrease morbidity and mortality from Diabetes Type 2

Examples of Short Term Treatment Goal(s) – to be achieved within next six months

- Lose weight
- Faithfully eat a diabetic compliant diet
- Take medications faithfully

References

- American Diabetes Association. Standards of Medical Care in Diabetes-2014. Diabetes Care. 2014;37: S14-S80

To support provision of chronic care services, Centurion providers follow evidence-based Disease Management Guidelines for chronic and/or infectious diseases, Clinical Guidelines for a range of diagnostic and treatment interventions, and Prescribing Guidelines for specialized medical conditions. While the Clinical and Prescribing Guidelines are intended to address screening, assessment, tests, special procedures, new symptoms and patient requests, and other aspects of ambulatory care, our Disease Management Guidelines directly support chronic care services.

Centurion’s Disease Management Guidelines developed in May 2018:



- ▶ Asthma Disease Management Guidelines
- ▶ Diabetes Type 1 Disease Management Guidelines
- ▶ Diabetes Type 2 Disease Management Guidelines
- ▶ Hepatitis C Disease Management Guidelines
- ▶ HIV Disease Management Guidelines
- ▶ Hypertension Disease Management Guidelines
- ▶ Lipid Disease Management Guidelines
- ▶ Seizure Disease Management Guidelines
- ▶ Sickle Cell Disease Management Guidelines
- ▶ Tuberculosis Disease Management Guidelines

These guidelines will be tailored to meet the needs of the population of the Muscogee County Prison and will be reviewed and updated on an annual basis. Given the general health of the population we will be serving, we anticipate that not all the guidelines will be needed. Each Disease Management Guideline includes guidance on diagnosis, screening/clinical evaluation/testing, treatment goals, indicators for level of disease control or severity, medication recommendations, frequency of follow-up based on level of disease control, and references.

Centurion providers are expected to follow the Disease Management Guidelines except in special clinical circumstances. When a Centurion provider chooses to treat the patient outside of approved guidelines, we require the provider to document the rationale for the variance in the patient’s health record.

Centurion providers will follow patients with special needs on an ongoing basis, with assessments on a periodic basis as determined by the patient’s treatment plan.

Chronic Care Treatment Planning

We recognize the importance of an individualized treatment planning process. Centurion providers will develop and manage patient-specific, individualized treatment plans for each patient enrolled in a chronic care clinic. The treatment planning process is a primary means of coordinating care. As previously noted, treatment plans function as a “road map” for providing the care that is needed to restore and maintain health or stabilize acute and chronic conditions.

In developing individualized treatment plans, Centurion providers will integrate findings from the patient assessment with findings developed by other members of the multidisciplinary treatment team. Our medical providers will identify treatment plan goals and interventions addressing the chronic illness and issues presented at the time of exam, in the context of other findings and recommendations from the treatment team.

The treatment plan will be modified depending on the patient’s degree of control and the severity of the illness. As discussed, we have developed disease-specific indicators for level of control, and our providers will use these to establish treatment goals and guide interventions. Patients whose illnesses are in poor or fair control will be seen more frequently than patients with illnesses in good control. Approved Disease Management Guidelines and provider orders will determine the frequency of interventions.

At the time of the chronic care visit, the provider will evaluate the patient’s medication regimen and continue or modify the regimen as needed. When follow-up appointments indicate that treatment needs are becoming more complex or acute, the provider will review and adjust interventions and refer the patient for a higher level of care or specialty consultation when clinically indicated. Patient medications will be ordered with sufficient renewals to last until the next chronic care visit is scheduled. Centurion providers and nursing staff will work with **Diamond Pharmacy Services** to ensure that there is no lapse of medication for the patient while awaiting a chronic care appointment.



Patient Health Education

Centurion has developed an extensive set of patient education and self-management tools to support patient engagement in the treatment process and to promote healthy behaviors. These tools cover exercise, healthy eating, oral hygiene, personal hygiene and cleanliness, self-monitoring for health, sleep hygiene, smoking cessation, stress management, and specific chronic care conditions. For each chronic care condition, multiple tools are available to ensure patient-specific issues can be addressed succinctly. Patient education and self-management tools for chronic medical conditions developed as of May 2018 include the following:

Chronic Medical Condition	Patient Education and Self-Management Tools
Asthma	Asthma: General Information
	Proper Use of Inhaler
	Understanding Asthma
Diabetes	Diabetes: Basic Information
	Diabetes: Caring for Your Body
	Diabetes: Foot Care
	Diabetes: Health Eating Tips
	Diabetes: High and Low Blood Sugar Symptoms
	Diabetes: Inspecting Your Feet
	Diabetes: Understanding Carbohydrates, Fats, and Protein
	Diabetes: Understanding Carbohydrates
	Exercise to Manage Your Blood Sugar
	Long-Term Complications of Diabetes
	Managing Diabetes: The A1C Test
	Managing Stress When You Have Diabetes
	Understanding Type 2 Diabetes
	What is Diabetic Retinopathy?
	What is Type 2 Diabetes?
Hypertension	Controlling High Blood Pressure
	Hypertension
	What is High Blood Pressure?
	Your High Blood Pressure Risk Factors
	High Blood Pressure and Kidney Disease
Hyperlipidemia	Cholesterol Basics
	Dyslipidemia Basics
	Patient Fact Sheet on High Cholesterol
	Weight Control Information for Patients
Seizures	Information about Seizures

The patient education tool addressing information about Diabetes Type 2 is provided on the following page as an example.



What Is Type 2 Diabetes?

Type 2 diabetes is a chronic (lifelong) condition. With diabetes, the sugar level in your blood is too high. Diabetes keeps your body from turning food into energy. That's why you may feel tired and rundown, especially after eating. Controlling your diabetes means making some changes that may be hard at first. The medical staff will help you.

Check Your Blood Sugar

You will need to check your blood sugar. This tells you whether your blood sugar is within your target range:

- ▶ The medical staff will tell you how often and when you need to test.
- ▶ When your blood sugar is within your target range, your treatment plan, activity plan and medication are working to keep you healthy.
- ▶ If your blood sugar is too high or too low, the medical staff may make changes in your treatment plan, activity plan or adjust your medication.

Follow Your Treatment Plan

Following your treatment plan helps control the amount of sugar in your blood. It helps you control your weight. Excess weight keeps your body from using its own insulin to turn food into energy:

- ▶ The medical staff may ask that you have a special diet.
- ▶ You don't have to give up all the foods you like. But you may need to eat smaller amounts of some foods. Eating balanced meals with vegetables, fruits, lean meats, and whole grains will help control your blood sugar.
- ▶ Make sure that the food that you buy from the commissary is OK for you.
- ▶ You need to eat the right amount of food. Eat your meals and snacks at about the same time each day. Do not skip meals.

Be Physically Active

Being active helps lower your blood sugar. It does this by helping your body use insulin to turn food into energy. Activity helps you manage your weight:

- ▶ The medical staff will work with you to create an activity program that's right for you.
- ▶ Your activity program will be based on your age, general health, and what type of activity you like to do. For many people, walking is a great start.

Take Care of Yourself

When you have diabetes, you may be more likely to develop other health problems. These include foot, eye, heart, and kidney problems:

- ▶ The medical staff will tell you how to care for yourself to help prevent these problems.
- ▶ You will be scheduled for Chronic Care Clinics. The clinics will include checkups, including eye and foot exams, and blood tests. You will receive an A1C test. This blood test helps show how well you have been controlling your blood sugar in the past 2 to 3 months.

If you smoke, quit! Smoking makes your diabetes and the problems you can have from it even worse.

Centurion currently provides disease management/chronic care services in seven correctional systems. Our providers use multiple tools and resources to improve patient health, including:

- Centurion Disease Management Guidelines, Clinical Guidelines, and Prescribing Guidelines
- Centurion disease-specific educational patient handouts
- Centurion health-promoting educational patient handouts
- Centurion Guideline in Integrated Treatment Planning for Co-Occurring Disorders
- Clinical consultation through Centurion's Medical Director
- Online access to *UpToDate*
- Access to board-certified consultants through Centurion's contract with Advanced Medical Reviews, which provides independent, evidence-based medical reviews completed by board certified consultants in medical specialties and sub-specialties
- Access to board-certified specialists through the RubiconMD web-based eConsult system
- Infectious Disease consultations through Centurion's Infectious Disease Consultant, Dr. Dewsnap
- Pharmacotherapy consultations through Centurion's Pharmacy Management team
- Pharmacy management reports
- Centurion's utilization management process when chronic care services result in referrals for specialty care
- Advanced Medical Reviews consultation when chronic care services result in identification of complex cases requiring specialty second opinion

Our chronic care providers regularly consult with other members of the treatment team, including consultation with psychiatric providers for shared patients with complex treatment needs.

Clinical Pharmacy Involvement in Chronic Care

Centurion's corporate pharmacy management team will be available to collaborate with onsite chronic disease management staff as active consultants to the treatment team. We describe our pharmacy services and pharmacy management in our description of our approach to medication administration. Clinical pharmacists will participate in chronic disease management with real-time interventions and communications that include but are not limited to:

- Consulting with providers when drug-drug interactions and medical contraindications to ordered medications are identified

- Identification of cost-effective therapeutic equivalents to high cost medications and medications with narrow therapeutic ranges
- Utilization review and consultation to reduce polypharmacy
- Identification of and consultation regarding unusual prescribing patterns
- Identification of clinically effective therapeutic equivalents to medications that are commonly diverted and abused
- Identification of over-utilizations medications and strategies for intervention

Centurion is unlike other healthcare companies that own their own pharmacy subsidiaries and have a conflicting incentive against controlling medication costs. We focus our pharmacy management efforts on providing evidence-based, cost-effective, care. Our mission is to provide our clinicians with the pharmaceutical expertise that allows them to provide patient services that not only meet but exceed the community standards of care, promote rational and objective drug therapy, promote cost effective prescribing practice without compromising patient care, and utilize bioequivalent generic drugs. We are one of the few healthcare contractors in this industry, other than pharmacy contractors, that sends pharmacists into the field to visit correctional facilities and attend client meetings.

Outcome Measurement in Chronic Care

Centurion recommends that overall effectiveness of chronic care services can be measured through the following indicators:

- Improved clinical condition and disease control
- Increased patient self-management and understanding
- Improved patient adherence with medications and care regimens
- Degree of wellness, assessed through case management scores
- Decreased offsite service utilization
- Decreased polypharmacy

Centurion outcome measures for chronic care clinics are based on disease-specific thresholds for degree of control. For each chronic disease, Centurion has developed indicators for level of control based on nationally accepted thresholds and standards. Our providers will use these indicators to establish treatment goals and guide interventions. Because clinical targets for chronic diseases necessarily represent population averages, we recognize that clinical goals vary according to patient-specific conditions such as age, gender, and comorbid conditions.

For example, goals for hypertension management vary by age and condition:

Hypertension Chronic Care Clinic		
Level of Control	Definition of Level of Control	Frequency of Hypertension Chronic Care Follow-Up
<i>Good Control</i> (age 59 or below):	Blood pressure less than 140/90	Patients have their blood pressure rechecked at six months. If blood pressure remains in Good Control, further routine follow-up occurs annually.
<i>Good Control</i> (age 60 or above):	Blood pressure less than 150/90	
<i>Fair Control</i> :	Blood pressure greater than good control but less than 160/100	Patients have follow-up visits every three months until blood pressure improves.
<i>Poor Control</i> :	Blood pressure greater than 160/100	Patients have follow-up visits monthly until blood pressure improves.

Due to patient variability, Centurion recommends the adoption of disease control *ranges* or *sets* rather than a single data point to measure degree of disease control for chronic medical conditions. Centurion’s disease management guidelines include measurable treatment goals that can be used for regular outcome measurement.

Centurion’s CQI program performs barrier analyses for indicators that fall below desired performance and makes recommendations regarding the need for more in-depth evaluation and development of improvement strategies. We recognize that when negative outcomes occur or target outcomes are not achieved, examination of the service delivery process is a necessary next step. Centurion’s CQI program encompasses both outcome and process studies as complementary strategies for improving patient care. As described later in our response, the CQI program oversees the implementation of corrective action plans, monitors outcomes, and reports progress.

Medication Delivery

Centurion will administer medications with practices that are consistent with MCP requirements, professional standards and nursing scope of practice in the State of Georgia, NCCHC and ACA standards, and state and federal laws. Only healthcare staff who are authorized by state law to administer or deliver prescription medication will do so.

We recognize the importance of timely and accurate initiation and administration of medications based on provider orders. Centurion will train our staff on the methods of ordering to ensure that medications needing more urgent initiation are designated as such. Centurion will work closely with the pharmacy subcontractor, **Diamond Pharmacy Services**, to ensure that ordering, delivery of medications, receipt of medications, access to onsite stock medications, and access to a backup pharmacy for more urgent medications are adequate to meet the MCP requirements. We will ensure a starter or bridge dose and stat

medications are available for intake, sick call, and emergency encounters.

Staff who administer medication must be qualified and hold an active license in Georgia. Centurion qualified staff include registered nurses, licensed practical nurses, nurse practitioners, physician assistants, physicians, and dentists.

As described below, Centurion nursing staff will be trained as needed in matters of security, accountability, common side effects, and documentation of administration of medications. Daily procedures will comply with prison and jail NCCHC Standards P- and J-D-01, *Pharmaceutical Operations*, P- and J-D-02, *Medication Services*, and P- and J-C-05 *Medication Administration Training* (2018). As noted, the 2018 NCCHC *Standards for Health Services in Prisons and Jails* have just been released, and we are in the process of updating our policies, procedures, and staff trainings to comply with the new standards. These updates will be ready by the start of the MCP contract.

Our nursing staff will administer prescription medication to patients only on the order of the provider. Providers order medication based on the approved Centurion formulary, which is routinely updated. Centurion has a process in place for providers to order non-formulary medications, as needed.

Medication Administration Records (MARs) will be completed by Centurion nursing staff to clearly and fully document the medication administration process. As discussed later in our proposal, we are proposing to implement Diamond's electronic medication administration record system (eMAR) as part of the proposed electronic healthcare record, **Sapphire**. Our experience in other contracts is that use of the Sapphire system significantly improves efficiency and accuracy in medication administration while simultaneously eliminating the need for stand-alone, manualized logs and manualized transcription of orders onto paper medication administration records.



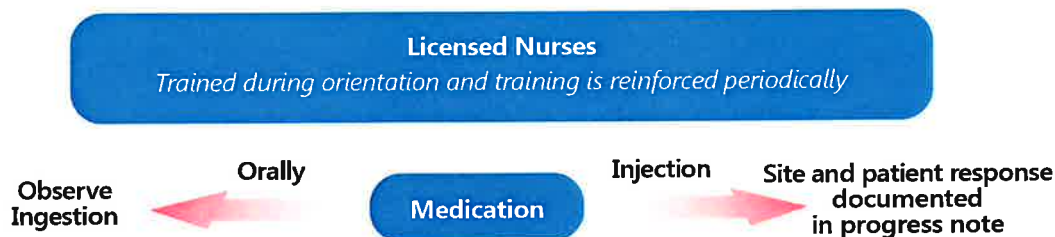
Centurion stresses that medications are delivered and administered according to the five medication "rights:" the "right" medication is administered to the "right" patient, at the "right" time, in the "right" amount, and in the "right" route or form.

Centurion's guidelines for medication administration during medication administration lines include but are not limited to:

- Patients will be required to present Prison identification at the time of medication administration as verification of identity. Patients who do not have identification will be referred to the correctional officer.
- After verification of the patient's identity, the medication order(s) on the eMAR will be compared with information on the medication container.

- After verifying the medication order, the nurse will place the medications in a medication cup and offer them to the patient. Crushed medications may be dissolved in liquid but will never be directly placed in the patient's hand.
- Observation of medication ingestion is critical. We have assumed that a correctional officer will be available during medication administration to maintain order, provide security, and assist with observing ingestion of medication.
- Documentation of the administration is recorded in the block provided for the date and time of the administration on the patient's eMAR. If the medication is accepted, initials are placed in the appropriate block. Appropriate abbreviations are listed on the eMAR and are used when medication is not accepted.
- If the patient asks medication-related questions that cannot be adequately addressed at the pill line or the patient exhibits behavior suggesting medication-related issues, a referral is made to staff of the appropriate discipline for patient follow-up.

Medication Administration



If a patient refuses medication, reports medication-related problems, or exhibits negative side effects during the medication administration, the nurse will complete a refusal of medication or referral to provider, if indicated.

When Centurion nursing staff administer medication, they will observe medication ingestion in collaboration with security staff. When injectable medication is ordered, the patient will be provided privacy consistent with safety considerations when receiving the injection. The nurse will document the injection on the patient's MAR and in a brief progress note in the approved format indicating any difficulties or patient reports during the process.

Based on our April 24, 2018 tour of the facility, we understand that medication administration is done from the health services clinic and not on the housing units. We anticipate that the exception to this practice is for patients who are housed in segregation, where medication administration will need to take place on the unit. Our understanding is that there are currently two medication administration times at the MCP, once in morning

and again in the evening. Our staffing plan is sufficient to meet these medication administration expectations. Centurion's routine practice is to order medications for administration no more frequently than twice a day.

Additionally, based on answer #18 to bidders' questions in the 2013 RFP (provided in the current RFP Addendum 2), we recognize that many patients may be provided medications through a Keep on Person (KOP) program. Centurion is fully prepared to administer a KOP program and describe our approach below.

Medications are kept under control of nursing staff at all times. Medications are checked daily for outdated, expired, discontinued, and recalled medications. Centurion ensures that discontinued or outdated medications are returned to the pharmacy in a timely manner, or sent to a reverse distributor for destruction.

Nursing staff will document delivery and administration of daily medication, confirming that medications have been administered to patients as prescribed. Any medication errors are immediately reported and medication occurrence reports are generated.

Medication Administration Training

Centurion will provide the medication administration training required to ensure nursing staff administer medications as required. Nursing staff will receive training during orientation that addresses policies, procedures, and professional responsibilities regarding medication administration and documentation. Qualified healthcare staff receive an initial training and annual reviews regarding medication administration. Training will include special circumstances that may be encountered when administering medications in a correctional environment. The following areas are covered in the training:

Areas of Centurion's training related to medical administration include:

- ▶ Medication preparation prior to administration
- ▶ Medication Administration Record: Single/Unit Dose Documentation and Keep-on-Person medication documentation
- ▶ Provider orders: written orders, telephone orders
- ▶ Medication security and control
- ▶ Administration of Medications: Oral, Sublingual, Intra-Muscular, Subcutaneous, Intradermal, Topical, Suppositories, Ophthalmic, Otic, Insulin, Nebulized/Aerosolized Treatment
- ▶ Medication key control
- ▶ Medication storage
- ▶ IV Insertion/Care and IV equipment, if applicable
- ▶ Controlled medication
- ▶ Medication error or occurrence

The training will be reinforced periodically, particularly when CQI studies and auditing indicate a need for additional staff training. Compliance with medication administration and documentation policies will be regularly assessed by Centurion supervisory staff.

Keep-On-Person Medications (KOP)

A self-administration/keep on person (KOP) medication program will be made available at the prison as agreed upon by Centurion and the MCP. As noted, the 2013 answers to bidders' questions provided in the current RFP Addendum 2 indicate that many if not most patients receive medications through a KOP program. Centurion will support the KOP program. We hope to collaborate with the MCP to define safety limitations on the type of medication and the amount of medication that can be provided as part of the KOP program.

Centurion recommends that no anticoagulants or medications with a narrow therapeutic window are administered through the KOP program. Examples of medications that we believe need to be administered through directly observed therapy (DOT) for safety reasons, and not through the KOP program, include:

- All anti-neoplastic and immunosuppressant medications
- All anticoagulants
- All injectable medications
- All anticonvulsants
- All anti-tuberculosis agents
- All psychotropic medications
- Narcotic analgesics and other controlled substances
- Digoxin
- Methotrexate
- Cyclobenzaprine

A provider may require any medication be changed from KOP to direct observation therapy, if patient healthcare and/or outcomes may be compromised. KOP programs include limitations on the type of medication and the amount of medication that can be provided (e.g., 1 card of 30 or a 30-day supply).

Patients participating in the KOP medication program will be provided education and sign a MCP-approved KOP consent or agreement prior to beginning participation in the program. Patients allowed to self-administer medication are made knowledgeable regarding their responsibilities. Centurion nursing staff will randomly select patients receiving KOP medications and monitor for compliance. KOP medications will be retrieved/reviewed. If non-compliance is identified, the patient will be counseled by the nursing staff. Non-compliance may lead to revocation of KOP privileges.

In addition to mental health caseload patients, patients are excluded from the KOP program for the following reasons:

- Failure to comply with the rules and regulations of the program.
- Determined to be at-risk for abuse of the program or inability to comprehend the rules and regulations as determined by medical or mental health staff members. Criteria include known health status, behavioral or clinical concerns, and institution drug history.
- Temporary or permanent housing arrangements do not have an individual, lockable storage location within the inmate's living area to secure his/her medication.

If a patient is excluded from participating in the KOP program, this will be documented on the problem list and in the comment section of the MAR, with the date and signature of the provider.

Centurion recognizes that certain life-saving medications must remain on the patient's person or within the patient's reach always. Following contract award, Centurion will collaborate with the MCP to ensure we understand the prison's protocols for such medications. When a patient who is on life-saving medications requires a mental health watch, we will collaborate with the mental health contractor to provide consultation regarding the advisability of the patient maintaining the life-saving medications on his/her person.

Life-saving medications that must remain on the patient's person include:

- Nitroglycerin sublingual tablets
- Oral asthma inhalers
- Oral glucose tablets
- Epi-pens, on a case-by-case basis

Medication Non-Compliance

We recognize that patients have the right to refuse prescribed medications. If a patient reports medication-related problems or exhibits negative side effects during the medication administration, patient will receive an immediate assessment by a qualified health professional and a referral to provider, if indicated. The documentation of medication administration on an electronic or paper MAR will include an approved entry for each instance of a missed dose. The nurse administering medications must document the reason for a patient's refusal or "no show."

When a patient refuses medication, the refusal will be made directly to the nurse who will document the refusal in the medication administration record and on a medical refusal form. Our nurse will explain to the patient health risks related to non-compliance of the medication, and have the patient to sign the refusal form. The nurse will sign as a witness. If the patient refuses to sign, the nurse will document the refusal on the form and obtain a witness signature from the officer.

We will monitor each refusal and if the patient continues to refuse medications or laboratory tests required for these medications, the nursing staff will notify the provider. Follow-up on “no show” patients will be based on the type of medication missed. Centurion considers non-compliance to be a pattern of three consecutive missed doses or a pattern of missed doses, such as refusing morning or evening medications, for chronic or critical medication. Additionally, the Centurion Medical Director will provide the medication administration staff with a list of critical medications that will be reported if a patient misses a single dose. Medications will be modified or discontinued as indicated by the provider.

Centurion will work with Prison security to develop a system when patients not showing for medication pass are identified. With MCP security staff assistance, each patient will come for the scheduled medication administration unless extenuating security situation exists. We will track and trend medication refusals to ensure that refusals are not caused by system disincentives.

Nursing Services

In accordance with NCCHC standards and RFP requirements, Centurion’s licensed nursing staff will be available 24 hours a day, 7 days a week to provide the services required in the Prison. We will maintain sufficient nursing levels to make sure that inmates requiring medical services outside of scheduled sick call rounds are seen within 24 hours of triaging their non-emergency request. Onsite nursing services staff will have access to an onsite or on-call provider 24 hours a day, 7 days a week.

Centurion nursing staff will be responsible for providing initial triage and screening, medication administration, sick call management, managing medical emergencies, and providing additional support to the onsite providers.

Centurion’s nursing staff must demonstrate the following qualifications:

- Must hold valid license in Georgia
- Must show current tuberculosis documentation and active CPR certification
- Must be able to pass background investigation and obtain agency security clearance where applicable
- Prior experience providing nursing care and working with a high degree of autonomy required

- Experience working in a correctional environment preferred

The nursing staff will have access to onsite providers for direction and consultation on healthcare-related issues, managing challenging patients, and addressing complex cases. They will have access to and support from our corporate leadership team, including **Angela Goehring, RN, MSA, CCHP**, Centurion’s Chief Nursing Officer. Ms. Goehring has 25 years of experience in correctional healthcare.



**Angela Goehring,
RN, MSA, CCHP**
Chief Nursing Officer

Infirmary

Based on responses provided in the 2013 RFP, our understanding is that the MCP does not have an infirmary but does have two beds reserved for patients who may require close monitoring and care before a decision is made to send the patient offsite for emergency room or offsite hospitalization. Centurion looks forward to working collaboratively with Deputy Warden Daniel King and other MCP staff to ensure we optimize use of these rooms.

Receiving Screening

Centurion nurses will conduct the receiving screening as described earlier. We appreciate the importance of ensuring patient access to care, continuity of care, and safety for the facility and inmate population.

Medication Administration

Centurion nurses will conduct medication services as described earlier. We believe our description of these services demonstrates our awareness of the complexity and importance of accurate medication administration, patient education and counseling, and required documentation.

Sick Call Management

A key role for Centurion nurses will be completion of the sick call request triage and response process. We described our approach to sick call earlier in this proposal. Centurion will ensure nurse sick call services meet applicable NCCHC standards, GDC requirements, and Georgia Board of Nursing and Georgia’s nurse practice guidelines.

Timely Response to Emergencies

Centurion emergency services will be available 24 hours a day for unexpected or acute healthcare needs of patients requiring immediate intervention. We will provide emergency medical services to visitors and MCP staff, as needed and medically appropriate.

In cases of an emergency, the medical staff, including nurses, will respond to the location of the emergency with emergency response equipment to provide first aid and, whenever possible, move the individual to the healthcare unit for further examination and care. If the individual's condition is life-threatening, medical staff will request additional equipment and assistance while performing life-support measures such as CPR and bleeding control. We anticipate that security staff will assist in performing these actions as needed. When the individual's condition is life-threatening, medical staff will activate a call for the emergency medical services (EMS, 911) and notify the shift commander that emergency medical services (EMS) is required.

The onsite nurse will contact the emergency room to give a report on the patient's status. This contact will be documented in the patient's health record. Transporting officers will be reminded of the need to have both the patient and information from the emergency room returned to the healthcare unit if the patient is returned to MCP following release from the emergency room. Pertinent emergency room/ hospital visit documentation will be included in the patient's health record.

The nursing staff will see patients returning from an emergency room in the medical unit upon return to the MCP. Paperwork returned with the patient will be reviewed by a provider if on site or by the onsite nurse in charge in telephone consultation with the on-call provider. Discharge orders from the emergency room will be reviewed and medical orders for follow-up obtained. If a provider is not on site when the patient returns from the emergency room, the patient will be scheduled for a provider visit the next day a provider is on site. Justification for modifications in the emergency room discharge recommendations will be documented in the patient's health record.

Provider Support Services

Our providers and nurses function as part of an interdisciplinary team, continuously communicating and working collaboratively in addressing patient needs. Nurses often function as a provider's eyes and ears, providing critical information about a patient's healthcare status that might otherwise be missed. They provide providers with much needed clinical support and ease the provider's administrative burden.

In addition to providing assessment, treatment, and other medical interventions under the direction of the provider, the nursing staff will support providers in performing their medical responsibilities. Some of the provider support services that our nurses will provide include, but are not limited to the following:

- Assisting in completing history and physicals
- Assisting in chronic care clinic activities
- Assisting in completing medical procedures
- Completing ancillary services, such as blood draws and EKGs
- Following up on laboratory and radiology results

- Facilitating communication between the provider and specialists
- Following up on results of specialty care services
- Completing medical documentation
- Following up on medications
- Providing patient education

Emergency Services

Centurion will meet or exceed Columbus Consolidated Government requirements, GDC requirements, and NCCHC and ACA national standards for emergency medical services. We recognize that emergency care is an essential aspect of providing medically necessary care. Centurion appreciates the importance of timely communication and collaboration with designated correctional staff. We will ensure that designated MCP staff are notified immediately in the event of any life-threatening emergent situation in the facility.

Based on the MCP's response to vendor questions, we understand that the **Piedmont Columbus Regional** hospital system is utilized, as needed, for the provision of emergency care that cannot be provided adequately on site. We understand that such care includes medical, dental and, on rare occasions, mental health emergency services. Our staffing plan ensures that there at least one healthcare staff member is available, either onsite or on-call, at the Prison 24 hours a day, 7 days a week who can authorize the emergency transport of a patient to an outside hospital.



Staff Training on Emergency Responses

In preparing staff to manage healthcare emergencies, Centurion requires training during initial orientation and annually thereafter for assigned institutional staff. Centurion licensed healthcare staff are trained on how to respond to health-related emergencies that occur within institutional properties or settings. Medical staff are trained in proper emergency transfer procedures to better facilitate emergency medical services access, evacuation, and transfer of the patient.

The basic emergency training includes:

- Recognition of signs and symptoms and knowledge of required actions
- Administration of basic first aid
- Methods of obtaining assistance
- Suicide intervention including hanging procedure
- Signs and symptoms of mental illness, violent behavior, and acute chemical intoxication and withdrawal

Centurion nursing staff will complete orientation and a competency skills checklist initially and annually thereafter confirming proficiency in the use of the following:

- Suction machine
- Automated External Defibrillator (AED)
- Emergency medications
- Oxygen tanks and other respiratory equipment
- Electrocardiogram (EKG) machine
- Medical emergency kit
- IV therapy, if qualified

Centurion training will include the **Situation-Background-Assessment-Recommendation (SBAR)** communication model to facilitate transfer of information between nursing staff and on-call provider in critical situations and appropriate responses to patient self-declared emergencies that do not constitute emergency or urgent situations.

Centurion will work with the Prison to participate in joint training of healthcare and security staff in responding to emergency medical needs no less than annually. We will conduct emergency drills at least annually on each shift. Centurion will encourage participation of correctional officers in this training. Critiques of drills will be documented and shared with staff and any identified deficiencies addressed by a Performance Improvement Plan and reported to the MCP.

Healthcare Staff Credentialing for Medical Emergencies at MCP

Centurion healthcare staff providing direct care will have a current certification in cardiopulmonary resuscitation (CPR), trained in the use and locations of automated external defibrillators (AEDs), and current certification in first aid.

Emergency Equipment Inventory and Training

Emergency equipment and supplies maintained by medical staff will be readily accessible. AEDs located in the healthcare clinic will be regularly checked by medical staff. Centurion will maintain emergency or “man-down” kits in designated areas including the health services area. Our staff will conduct ongoing inventory and maintenance checks of emergency kits and additional emergency medical equipment and supplies. These inventory checks will take place during every regularly scheduled shift at each institution and will include review of the following as applicable:

- Medical emergency kit
- Equipment
- Emergency medication
- AED battery testing

- Inventory of AED pads

Emergency equipment will be tested every shift. Logs will be maintained to document the testing of emergency equipment and the emergency equipment supplies.

Availability of Emergency Services

Centurion emergency services will be available 24 hours a day for unexpected or acute healthcare needs of patients requiring immediate intervention. As described earlier, when a medical provider is not on site, emergency services will be provided in consultation with Centurion on-call providers.

Onsite Emergency Services for Staff, Volunteers, Visitors, and Vendors

We understand that Centurion staff will be required to provide necessary medical interventions to stabilize MCP employees, MCP contractors, volunteers, and visitors who are injured or become seriously ill while in the facility. The emergency care for non-inmates will be focused on stabilizing the individual's physical status until local EMS can assume responsibility for the care or until the individual can be referred to local healthcare services.

Emergency Response

Medical staff will respond to the location of the emergency with emergency response equipment to provide first aid and, whenever possible, move the individual to the healthcare clinic for further examination and care. As noted in our description of *Nursing Services*, if the individual's condition is life-threatening, medical staff will request additional equipment and assistance while performing life-support measures such as hanging response, CPR, and bleeding control. When the individual's condition is life-threatening, medical staff will request security staff to activate a call for the emergency medical services (EMS, 911) and to notify the shift commander that EMS is required and then follow up with initiating appropriate action to facilitate EMS arrival at the Prison.

Components of the Centurion Emergency Medical Process

Centurion medical staff will perform and document a primary, secondary, head to toe examination, and pain assessment as indicated in emergency encounters. If a medical doctor is not on site, the on-call provider will be contacted as soon as practical by the lead medical staff member on site and then will be given a report that includes the patient's current problem and condition, current medications, and recent history. When practical, the patient's health record will be reviewed prior to contacting the on-call provider.

Medical orders to assist in managing the emergency acute problem will be obtained, initiated, and documented consistent with procedures. When the order is to transfer the patient to the emergency room, the medical order will indicate the mode of transportation that is required such as advanced life-support (ALS) ambulance or basic life-support (BLS) ambulance. We understand that emergency transport may not be provided by MCP correctional transportation. We anticipate that security staff will facilitate EMS entry into the Prison and arrange escorts for the patient. If the condition of the patient indicates that offsite care is not immediately indicated, the provider may order infirmary admission and observation.

Emergency Transfers

For inmate patients, an emergency transfer form will be completed that provides the receiving facility (most often *Piedmont Columbus Regional*) with demographic, pertinent past and current medical history, the nature and extent of the presenting complaint and treatment provided at the site. Pertinent patient information from the health record will be provided and the current Medication Administration Record (MAR) will be copied and sent with the patient by escorting officers and EMS. The information provided to the emergency room will be sealed in an envelope for HIPAA compliant confidentiality.

The onsite supervising nurse will contact the emergency room to give a report on the patient's status. This contact will be documented in the patient's health record. Transporting officers will be reminded of the need to have both the patient and information from the emergency room returned to the health services clinic unit if the patient is released from the emergency room. Pertinent emergency room and/or hospital visit documentation will be included in the patient's health record.

Patients returning from an emergency room will be seen in the health services clinic upon return to the Prison. Paperwork returned with the patient will be reviewed by a provider if on site or by the onsite nursing supervisor in telephone consultation with the on-call provider. Discharge orders from the emergency room will be reviewed and medical orders for follow-up obtained. If a primary care provider is not on site when the patient returns from the emergency room, the patient will be scheduled for a provider visit the next day a provider is on site. Justification for modifications in the emergency room discharge recommendations will be documented in the patient's health record.

Nursing Evaluations of Emergent/Urgent Healthcare Conditions

Medical nursing staff receive training in responding to potential medical emergencies. Centurion has developed *Guidelines for Potentially Urgent/Emergent Healthcare Problems* to assist nursing staff in structuring the assessment and interventions in emergency medical situations. The *Guidelines for Potentially Urgent/Emergent Healthcare Problems* address the following medical conditions:

- Abdominal Pain
- Anaphylaxis/Severe Allergic Reaction
- Asthma
- Chest Pain
- Heat Syndrome
- Hypoglycemia
- Hyperglycemia
- Seizure

The *Guidelines for Potentially Urgent/Emergent Healthcare Problems* related to Heat Syndrome is included on the following pages to confirm our approach in assisting nursing staff in addressing these issues.

Guidelines for Potentially Urgent/ Emergent Healthcare Problems



Patient Name:

Patient ID#:

M

Date and Time of Encounter:

Age:

F

Subjective:

Presents with chief complaint of:

Onset:

Was patient exposed to temperatures 90 degrees Fahrenheit or above (or 88 degrees with 35% or greater humidity) for greater than 4 hours OR engaging in strenuous activity/exercise in same conditions?
 Yes No

Is patient an inmate whose medical/mental health condition or prescribed medications places him/her at greater risk of harm from exposure to excessive heat? Yes No

Has patient made attempts to cool off and hydrate prior to being seen? Yes No

If yes, describe measures already taken:

Does patient have a previous history of heat related injury? Yes No

Objective:

Vital Signs: T _____ P _____ R _____ BP _____ / _____

Skin (Circle): Warm Cool Dry Moist/clammy

Color (Circle): Normal Pale Flushed Jaundiced

Skin turgor (Circle): Normal Decreased

Responsiveness (Circle): Awake Responds to Voice Responds to Pain Unresponsive

Additional Notes/Examination:

Assessment:

Alteration in comfort related to heat exposure: Yes No

Plan (Check All Applicable):

Symptoms of Heat Stroke Present: Yes No

(Symptoms include: temperature > 102 degrees, hypotension, strong rapid pulse, absent sweating, skin hot to touch, mental status change such as confusion, delirium, coma.)

If YES:

911 called

Patient placed in cool or shady area and all clothing loosened or removed

Body cooling measures initiated to include:

Fans

Cool (NOT ICE) water bath or wet sheet

Ice to groin, axilla, neck, and head

Guidelines for Potentially Urgent/ Emergent Healthcare Problems



- Emergency Room transfer documentation completed
- On-call provider contacted regarding emergent transfer to Emergency Room

Symptoms of Shock Present: Yes No

If YES, in addition to above:

- O2 oxygen started at 2-4l/m by nasal cannula (or 8-10l/m via rebreather)
- Placed in supine position and elevated feet if possible
- Vitals recorded every 5 minutes until transported

Symptoms of Heat Exhaustion Present: Yes No

(Symptoms include: profuse sweating, pale, cool moist skin, chills, feeling faint, headaches, thirst, nausea and vomiting, malaise, weakness, unsteady gait, muscle cramping.)

- On-call provider notified of subjective and objective findings
- Orders received and documented on order sheet and carried out
- Patient placed in cool or shady area and all clothing loosened or removed
- Body cooling measures initiated to include:

- Fans
- Cool (NOT ICE) water bath or wet sheet
- Ice to groin, axilla, neck, and head

Patient Nauseated: Yes No

If NO,

- Aggressive hydration efforts initiated to include either non-caffeinated beverage or room temperature water (salt/sugar PO fluids avoided)

If YES,

- IV access initiated
- IV fluids administered as ordered:
- Emergency Room transport ordered and arranged
- Emergency Room transfer documentation completed
- Continue to monitor, obtain and record vital signs until transported or as ordered

Follow-Up:

- Per on-call provider:
Always have patients with these unscheduled visits seen by provider when next on-site
- Patient instructed to return to healthcare unit if condition worsens or new symptoms develop prior to scheduled follow-up appointment
- Consider work restrictions if work assignment contributed to condition Work restrictions ordered:

Signature _____

Title _____

Mental Health Emergencies

Although we are aware that the MCP contracts separately for mental health services, Centurion nursing staff may need to initiate interventions for mental health emergencies with the assistance of on-call psychiatric providers. Centurion conducts “urgent care” training for medical nursing staff in addressing mental health emergencies. The training focuses on the critical issues that must be communicated between on-call psychiatric staff and onsite nursing or other healthcare staff. The training covers the following topics:

- Definition of urgent care collaboration
- Review of conditions that may give rise to need for urgent care for inmates with mental or behavioral health needs
- Identification of steps necessary to attempt to identify nature of urgent care episode
- Identification of information necessary to provide to others during urgent care episodes
- Review of documentation requirements of urgent care episode

This training has been effective in facilitating multidisciplinary collaboration and quality of care during behavioral and psychiatric crises.

Centurion has developed *Mental Health Guidelines* to assist nursing staff in structuring the assessment and interventions in emergency mental health situations. The *Mental Health Guidelines* address the following emergent mental health conditions:

- De-Escalation
- Extrapramidal Syndrome (EPS)
- Mania
- Neuroleptic Malignant Syndrome (NMS)
- Polydipsia – Hyponatremia
- Psychosis
- Therapeutic Restraints
- Withdrawal

The *Mental Health Guideline* for Extrapramidal Syndrome is included on the following pages to confirm our approach in assisting nursing staff in addressing behavioral health emergencies.

Mental Health Guidelines for Extrapyrarnidal Syndrome



Patient Name:

Patient ID#:

Date and Time of Encounter:

Facility:

Subjective:

Chief:

Complaint:

Onset/History:

Source of History: ___ Inmate ___ Other (Identify):

Objective:

Date of onset reported by inmate:

Time of onset reported by inmate:

Current Psychiatric Diagnosis(es):

Current Medical Diagnosis(es):

Current Medications from Medical Record:

Medication Compliance: ___ Yes ___ No

If no, what medications did inmate stop taking?:

Recent Medication Changes: ___ Yes ___ No

If yes, what changes?:

Assessment:

Facial/Eye Movements:

- Movements of forehead
- Eyebrow movement
- Periorbital area movements
- Cheek movement
- Frowning

- Blinking
- Grimacing
- Fixed staring
- Eye deviations

Oral Movements:

- Puckering lips
- Pouting lips
- Smacking lips

- Increased movement of tongue in and out of the mouth

Extremity Movements:

- Rapid, objectively purposeless, irregular spontaneous movements of arms, wrists, hands, fingers
- Inversion and eversion of foot

- Lateral Knee movements
- Heel dropping
- Foot tapping
- Foot Squirming

Trunk Movements:

- Rocking of neck, shoulder or hips
- Twisting of neck, shoulder or hips

- Squirming
- Pelvic gyrations

Mental Health Guidelines for Extrapiramidal Syndrome



Assessment:

If any of the symptoms listed below are present, refer to Nursing Mental Health Guideline for Neuroleptic Malignant Syndrome (NMS)

- | | |
|---|---|
| <input type="checkbox"/> Abnormal tension or muscle tone | <input type="checkbox"/> Change of mental status |
| <input type="checkbox"/> Elevated temperature \wedge 102°F | <input type="checkbox"/> Fast heartbeat/tachycardia |
| <input type="checkbox"/> Irregular heart beat | <input type="checkbox"/> Rapid breathing |
| <input type="checkbox"/> Severe sweating | <input type="checkbox"/> Tremor |
| <input type="checkbox"/> Unstable blood pressure \wedge or \vee | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Shakiness | <input type="checkbox"/> Stupor |

Vital: T: _____ P: _____ RR: _____ B/P: _____ / _____

Referral Status:

- Psychiatric staff contact *required immediately* if inmate presents as a danger to self or others
- Medical provider contact *required immediately* if life threatening circumstances arise
- Psychiatric staff contact *required as soon as possible* for new onset positives responses

Notifications:

- | | | | |
|---|----------------------|----------------------|----------------------|
| <input type="checkbox"/> Psychiatric Staff Notified | _____ | _____ | _____ |
| | Psychiatric Provider | Date of Notification | Time of Notification |
| <input type="checkbox"/> Medical Staff Notified | _____ | _____ | _____ |
| | Psychiatric Provider | Date of Notification | Time of Notification |
| <input type="checkbox"/> Mental Health Staff Notified | _____ | _____ | _____ |
| | Psychiatric Provider | Date of Notification | Time of Notification |
| <input type="checkbox"/> Shift Commander Notified | _____ | _____ | _____ |
| | Psychiatric Provider | Date of Notification | Time of Notification |
| <input type="checkbox"/> Other (Describe): | | | |

Plan (Check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Place inmate in a safe place | <input type="checkbox"/> Education |
| <input type="checkbox"/> Monitor for results | <input type="checkbox"/> Follow-up by psychiatric staff |
| <input type="checkbox"/> Follow-up by mental health staff | <input type="checkbox"/> Administer medication as ordered |
| <input type="checkbox"/> Follow psychiatric provider or medical provider orders | <input type="checkbox"/> Debriefing and follow-up of EPS as directed |
| <input type="checkbox"/> Other (describe): | <input type="checkbox"/> Follow-up by medical staff |
| | <input type="checkbox"/> Inmate response to interventions documented in progress note |

Nurse's signature

Printed Name/Credential

Date

Centurion will collaborate closely with the MCP and institutional management teams to ensure our emergency response protocols meet expectations. Upon contract award, we will review our proposed protocols for responding to healthcare emergencies with Deputy Warden Daniel King and designated MCP/GDC leadership to ensure that our protocols are consistent with requirements and expectations.

Logging and Reporting Medical Emergencies/Significant Clinical Events

We will promptly communicate emergencies requiring a 911 call in writing to the MCP leadership within 24 hours of the event. Centurion will maintain an electronic log of emergency transports and emergency services rendered at the MCP.

Additionally, Centurion commits to report significant clinical events to the MCP using approved reporting processes. We understand significant clinical incidents to include clinical emergencies, life threatening adverse reactions to medications, self-injury attempts, inmate deaths, or similar extraordinary occurrences. With Centurion, the Columbus Consolidated Government can be confident that will provide a high level of transparency, integrity, and commitment to report incidents as required by MCP/GDC policy and national healthcare standards.

When significant clinical incidents or a pattern of clinical incidents raise concern that systemic issues may be involved, Centurion will investigate and develop corrective action plans as needed. We are committed to learn from extraordinary events and to use these incidents to improve healthcare services as well as patient and staff safety.

Centurion's reporting of significant clinical incidents will recognize the MCP chain of command and include Prison staff as appropriate. Completed suicides, suicide attempts, adverse medication reactions, and adverse medical outcomes will be reported immediately to the Prison command. Centurion healthcare staff will collaborate with mental health and security staff to coordinate transfer of an inmate to a safe housing location should suicide watch procedures be required, as well as transportation should an inmate require medical attention outside of the Prison.

On-Line Sentinel Events Log

At the request of one of our clients, we developed an on-line **Sentinel Event Log (oSEL)**, which includes automated alerts and reporting functions. As a result of the success of this system, we have brought the system online throughout our organization.

The purpose of the Centurion Sentinel Event Policy is to facilitate reporting and investigation of serious adverse medical events. Careful tracking of these events and investigation into their root causes is expected to improve safety and improve overall medical care by protecting patients, improving medical systems and preventing further harm.

A Sentinel Event is defined as any unexpected circumstance that results in one of the following categories:

- Category 1.** Unanticipated Death; Permanent Harm to include dismemberment, significant disfigurement, permanent loss or significant limitation of the use of an organ or function

- Category 2.** Severe Temporary Harm Requiring Intervention to Sustain Life

- Category 3.** Anticipated deaths; sexual assault; active tuberculosis; suicide attempt/self-inflicted injury serious enough to require offsite medical care; trauma with injury serious enough to require offsite medical care; hunger strikes requiring medical monitoring or intervention; potentially life threatening medication occurrences/adverse reactions; onsite obstetric delivery

Sentinel events are reported immediately, or as soon as practicable, using the oSEL. Centurion’s RN will be responsible to ensure that the oSEL is updated daily. Designated MCP staff will have access to the oSEL reports related to the Muscogee County Prison as updated.

Centurion we ensure that sentinel events are investigated and that identified corrective actions are developed, implemented, and monitored when indicated. We will collaborate with mental health contractor when the incidents involve patient self-injury, suicide, or other behavioral health involvement. The Centurion RN at the site where the sentinel event occurred has responsibility for appropriately scheduling, recording, and reporting investigations into the root cause of sentinel events.

With the approval of the MCP, we will implement the Centurion Sentinel Event policy and the oSEL database in the new contract. The MCP can be confident that information about sentinel events will be immediately accessible and that aggregated data will be provided in our regular reports.

Referrals to Hospital and Specialty Care

Centurion is excited to offer the MCP unmatched expertise in ensuring inmates have access to evidence-based, medically necessary care when that care cannot be provided onsite, while simultaneously managing referrals to ensure unnecessary offsite medical trips are avoided.

We appreciate that most offsite specialty medical services are provided through **Piedmont Columbus Regional** and that very few specialty services were needed by the MCP population during calendar 2017. Our dual goals are to ensure the City does not pay for

unnecessary medical care and that Muscogee County Prison patients receive medically necessary care.

Although the general health of the MCP population will limit the need for specialty care, we are fully prepared to provide the City with state-of-the-art medical management when specialty services are required. Centurion is able to apply true managed care technologies, criteria, and principles to bring a level of healthcare services utilization review and management resources not available elsewhere in correctional healthcare. We are confident that Centurion's utilization management (UM) program, including prior authorization, concurrent review, discharge planning, and retrospective review, will ensure clinically-effective and cost-effective offsite inpatient and specialty care for MCP patients in the rare cases that such care is needed.

An overview of our proposed UM structure and processes is provided later in our response. Here, we focus on application of our UM processes to specialty care/offsite medical care referrals.

Specialty Care Referrals

Centurion recognizes that the average length of stay at the Muscogee County Prison varies between state and county inmates. In the 2013 RFP, MCP reported an average length of stay of two to three years for state inmates, while the length of stay for county inmates varied significantly.

As noted previously, we appreciate that the need for specialty care referrals will be considerably less at the MCP compared with the larger population and more acute and chronic needs of jail inmates at the MCJ. According to Appendix C of this RFP, we understand that there were only six offsite specialty visits in 2017 and two additional visits for offsite radiology services.

We anticipate that most offsite medical care at the MCP is driven by medical emergencies and that specialty care referrals are generated by Prison-based providers primarily for MCP patients with longer stays who are receiving ongoing chronic care. This assumption is supported by data provided in Appendix C of this RFP which shows that there were 32 emergency room visits in 2017, most of which were transported by prison security staff.

We recognize that some specialty care referrals and appointments for offsite medical care may be generated through the **Piedmont Columbus Regional** system when MCP patients are sent there for emergency care. These patients often return to the Prison with pending appointments or recommendations for specialty care that were made in the emergency department.



Specialty Care Referrals: Proposed Processes

When a Centurion onsite provider determines, based on a thorough clinical/physical examination, that a patient requires a specialty service, the provider will generate a complete request for specialty services. When

determining if a specialty services referral is medically indicated, onsite providers have access to board certified specialists through the **RubiconMD** web-based eConsult system. By connecting correctional medical providers to specialists, RubiconMD empowers providers to receive key clinical insights at the point of care, increasing their ability to make clinically-informed decisions, improving patient care plans/outcomes, perfect the timing of care, and avoid unnecessary costs.

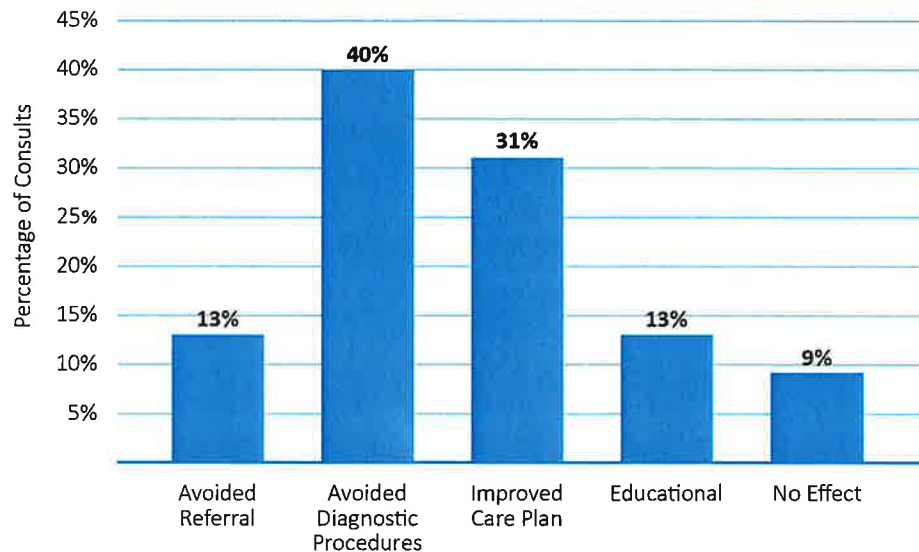


RubiconMD and Centurion have worked together to adapt RubiconMD to the workflow of correctional providers. RubiconMD has increased the recruitment of specialists with expertise in correctional healthcare to optimize recommendations that can be implemented within a correctional care setting. At Centurion's request, RubiconMD added the ability for Medical Directors to oversee eConsults submitted by their providers to ensure clinically-appropriate recommendations and effective utilization of the resource.

The RubiconMD eConsults have resulted in significant improvements in care coordination as well as increased provider knowledge in subspecialty areas. RubiconMD eConsults have helped avoid offsite referrals that would have been unnecessary in a number of cases. In other cases, the eConsult resulted in an improvement of the referral process. The provider was assisted in requesting the most appropriate specialty service and in completing a more thorough workup to avoid duplicated labs and studies as well as multiple visits to specialists.

The graph that follows shows the outcomes achieved, as reported by Centurion provider users in another contract, through the RubiconMD consultation. These results confirm that reliance on RubiconMD consultations has resulted in avoidance of unnecessary offsite medical trips as well as improvement in the care provided.

Outcomes from RubiconMD Consults



After the onsite provider determines that the patient requires a specialty service, and it is the appropriate time in the patient’s continuum of illness for the service to be performed, the provider will generate a request for specialty services form. The provider will collect documentation to support the request. After completing the request form and supporting documentation, the provider will be expected to submit the request and copies of the supporting documentation to the Centurion registered nurse. After reviewing the request and updating the facility’s specialty referral log, the referral request and supporting documentation will be transmitted to the Centurion UM department for processing.

Centurion providers are expected to initiate requests for specialty referrals in a timely manner. Extended delay between the date of the clinical examination indicating need for specialty services and submission of the referral will not be acceptable. When there is an urgent need for the specialty service, the provider will indicate the urgency on the referral request and advise the UM department of the referral. The level of acuity designated on the request form documents the true level of urgency assessed for the requested service to be done. The request will be processed based on the urgency of the requested follow-up.

For medical services that require prior authorization, only the necessary information is required from the onsite provider for application of the criteria. The information required is not overly burdensome for onsite providers. While unlikely to be used for MCP patients, our UM program has established processes by which an onsite provider can request a standing authorization for ongoing patient care. Chemotherapy is an example of these services. The policies include guidance on how onsite providers can request specialized medical care over a prolonged period of time for patients with life-threatening conditions or diseases.

An example of a *Specialty Service Request – Clinical Summary* form to facilitate the utilization review process as well as to monitor the timeliness of the process is provided on the following page. The *Specialty Service Request – Clinical Summary* form is faxed to the UM department. We will tailor this form to meet the needs of the Prison, and to meet the needs of the process for the MCP contract. This is done to facilitate a clearly defined UM process flow and allow the providers to write for exactly what is being presented and for what they need. This is referred to as the *prior authorization process*.

Request for Specialty Service or Off-Site Care



Specialty Request for: Internal Medicine Orthopedics Ob/Gyn Infectious Disease
 Other _____

Date of Request: _____

Time Frame for Appointment: Emergent Urgent Routine

Inmate Name & DOC#: _____

Facility: _____ **DOB:** _____

Requesting Provider: _____

Reason for Request: _____

History of Present Illness: _____

Significant Treatment/Interventions: _____

Current Medications: _____

Significant Past History: _____

Signature of Requesting Provider: _____ **Date/Time:** _____

Contact Number: _____

Signature of Site Medical Director (if required): _____ **Date/Time:** _____

Date and Time of Appointment: _____

Mode of Transportation Required: _____

For use by UM Staff Only

Request Received Date/Time

Initial Review completed Date/Time

Criteria Met Date/Time

Pended- Request for Additional Information Date/Time

Additional Information Received Date/Time

Criteria Met (after review of additional information) Date/Time

Sent to UM Physician for Review Date/Time

Site notified of Final Decision Date/Time

Specialty Care Referrals: Centurion's Prior-Authorization Process

Centurion is proposing to implement our state-of-the-art UM process for specialty care and planned offsite hospital services.

Two levels of UM medical necessity review are conducted as needed, for the prior authorization of specialty services requests and planned offsite inpatient services. Authorization decisions regarding routine requests for specialty services and planned offsite inpatient services requests will be communicated to the requesting provider within established timeframes.

A more in-depth review of our prior-authorization process is found in our response to Section 6, Service Plan, Item #11, *Prior Authorization*.

Scheduling Specialty Care Appointments

Centurion will honor pending specialty care appointments at the time of contract transition. Immediately following contract award, we will work closely with the current healthcare contractor and utilization management staff to identify MCP patients with pending specialty care and scheduled inpatient/outpatient hospitalization care. As we transition medical services to Centurion, we will collaborate with the MCP leadership and the current medical contractor to ensure that previously authorized offsite care appointments are kept.

Going forward, Centurion will rely upon our referral review and approval process for new specialty care appointments, as described above. Once referrals for offsite specialty care are approved through our UM process, Centurion healthcare staff at MCP will schedule the appointment and coordinate transportation with the designated Prison staff and other MCP transportation personnel as indicated.

Every effort will be made to arrange for a prompt specialty care appointment. We recognize that many specialists are booked weeks or months out and that the process of scheduling the appointment, tracking the patient during the time the patient is waiting for the appointment, and ensuring completion of the specialty care appointment can be challenging. Outside of *Piedmont Columbus Regional*, community specialists may be reluctant to schedule new MCP patients for care if they have experienced a series of "no shows" due to the inmate being released or transferred from the Prison and failing to follow through on the appointment.

Our proposed specialty/offsite care log, described below, will assist Centurion UM and jail-based healthcare staff in tracking MCP patients with pending specialty care or other scheduled offsite medical care. We will collaborate with the MCP administration and use the facility's prison information management system to identify MCP patients with pending specialty care appointments who are being released to the community or transferred prior to the appointment.

Patients who are being released to the community with pending specialty care appointments will be educated on the importance of keeping the appointment, as part of our case management/reintegration efforts. To support completion of the specialty care appointment, we will attempt to provide patient education regarding the appointment at the time the specialty care appointment is confirmed. For security reasons, inmates will not be informed of the date or time of their pending offsite appointments in advance, except upon scheduled release from the Prison.

For MCP patients who are transferred prior to completion of the specialty appointment, Centurion healthcare staff will notify the receiving correctional system of the patient's pending appointment and provide summary medical information including the nature of the specialty care scheduled. Although these appointments are very infrequent in the Prison, we will seek to minimize "no shows" for specialty services.

During the pendency between the approval of offsite specialty care and completion of the specialty care appointment, a Centurion physician will review the patient's health status as clinically indicated. We will use our specialty referral log, described below, to identify these patients and schedule onsite monitoring appointments with the Centurion physician.

Monthly Log and Reporting for Offsite Care

Centurion will provide designated Prison staff with a monthly log that tracks referrals for specialty care. We propose that tracking of the specialty services process include:

- Date request for specialty service submitted to UM process
- If applicable, date the UM department indicated that request was pended due to need for additional information
- If applicable, date additional information was submitted for pended UM determination
- Date UM determination that request was approved
- Date authorized specialty service was scheduled
- Identification of the specialty service provider to complete intervention
- Date of completion of specialty service
- Date documentation of completed specialty service received
- If specialty service unable to be completed as scheduled, reason for missed appointment
- Confirmation that referring onsite provider was notified of missing appointment
- Date of rescheduled appointment

The Centurion UM program will track the specialty services process for the Prison. We will monitor the timely follow-up of authorized specialty services. We will submit our tracking plan to the MCP leadership upon contract award for review, input, and authorization.

Case Management

We are confident we can meet or exceed MCP expectations for reintegration and transfer planning. Centurion believes that planning for an inmate's release to the community begins at the time of intake into the Prison. We understand the importance of timely assessment and identification of healthcare needs.

Early assessment and identification allows medical and mental health staff to engage the MCP patient in immediate access to treatment and ability to stabilize and establish ongoing treatment. Providing timely access to healthcare during incarceration supports identification, assessment, initiation of disease management, and care planning. Prompt access to healthcare supports the ability to improve the patient's overall health and well-being through treatment and education. Centurion includes health education as a routine part of treatment to ensure that each patient has an understanding of his or her health needs and conditions as well as the treatments necessary to maintain health.

We know that this foundation of health education, combined with access to community medical and mental health information, is critical to a successful reintegration program for MCP patients returning to the community or transferring to another facility. When we improve a patient's understanding of his/her medical and mental health needs, the process supports a more collaborative process with regard to reintegration and transfer planning.

The ability to develop and maintain a successful reintegration program requires a strong multidisciplinary facility team including staff from medical services, mental health services, dental services, MCP custody, and other MCP or contracted services such as pastoral services, case workers, and substance abuse counselors.



Additionally, successful treatment and reintegration are dependent on building cooperative relationships with community providers and resources. These relationships help support continuity between Prison-based and community-based medical care. They support timely sharing of patient health information that is necessary to ensure appropriate care for the MCP patient who is being released from the Prison. Centurion will include community programs in reintegration planning to ensure we identify appropriate community resources that support the patient's transition back to the community.

In the rare cases of MCP patients with complex health conditions, Centurion utilization management staff and/or healthcare team members who have assisted in coordinating the

healthcare for the patient during incarceration will collaborate with the site provider and MCP staff to ensure that continuity of necessary services are identified and maintained upon release. For inmates with serious mental health needs and comorbid medical conditions, Centurion will collaborate with the mental health contractor to arrange for coordinated care and communication in the community, as clinically indicated.

We recognize that the number of inmates at the MCP with complex healthcare needs are relatively few. However, we want to assure the MCP leadership that fewer numbers and lower rates of serious health needs will not lead to comprised care or short-cuts in case management and continuum of care protocols from Centurion medical staff.

At Centurion, we believe that all healthcare staff are responsible for participating in the reintegration process and assisting in case management. We teach our healthcare staff aspects of case management and ask our staff to implement a case management approach in their work with patients. This strategy works to help patients regain optimum health or improved functional capability through the following:

- Align identified patients with those patient care and case management services that are specific to their individual healthcare needs and level of understanding
- Integrate and coordinate with clinical providers to identify the best treatment plan for the patient
- Comprehensive assessment of patient
- Identification of patient with chronic care conditions and needs
- Provide education for condition self-management
- Promote and facilitate patient behavior change
- Develop and implement chronic care treatment plans utilizing evidence-based clinical guidelines
- Develop and implement chronic care self-management plans, tools to be used by the patient to manage their disease long term
- Assist patient in determining available benefits, community resources, and services
- Teach the patient how to optimize use of available benefits upon release
- Assist patient with transition to care available in community or other resources, if necessary, when incarceration ends and the patient still requires care
- Timely interventions that increase effectiveness and efficiency of care/services provided to the patient
- Integration, coordination and collaboration with and referrals to and from other programs
- Promote the health, independence, and optimal functioning of patient
- Monitor and improve behavioral healthcare, if applicable

With this foundation, patients will often be released to the community in better health than before they were incarcerated. Additionally, patients often have improved understanding of their health and mental health needs.

Planning for a MCP patient's reintegration to the community begins upon intake into the facility. A thorough health assessment of the patient's risks and needs will be developed at intake and updated throughout the patient's incarceration. As described earlier in our response, Centurion nursing staff and providers will conduct the receiving screening and initial health assessment.

Accurately assessing a patient's healthcare needs allows Centurion and the MCP staff to target the treatment resources that the patient may need upon release. For example, a patient receiving latent tuberculosis treatment at the time of release may require access to the Columbus Health Department's TB Clinic for continued medication, monitoring, and necessary follow-up.



Reintegration needs will be developed through initial and ongoing healthcare encounters, multidisciplinary consultation and review of the patient's health record. As reintegration needs are identified by the healthcare team, Centurion will provide information to the healthcare team member assisting with coordination of referrals to community agencies, coordination/provision of release medications and other MCP staff.

When needed, Centurion healthcare staff will participate in reintegration coordination meetings with designated MCP staff and members of the mental health team involved in release planning. These meetings ensure multidisciplinary coordination and enable Centurion and MCP staff performing reintegration planning to have access to necessary information. The meetings permit updated reintegration planning information to be provided to involved staff and timely completion and management of the dynamic process.

During subsequent healthcare encounters, Centurion healthcare staff will support reintegration planning through providing education to the patient using information pertinent to their healthcare diagnosis and specific to information shared during reintegration coordination meetings. The goal is to increase patient involvement in self-care and management of chronic health issues following release.

Meetings among the MCP staff, Centurion site staff, and community resource staff will be scheduled to ensure that staff have access to necessary information and can provide updated planning information to staff involved in the coordination of care and services for the inmates. Methods for notification of identified release dates, community appointments, status of applications and evaluations, and other necessary release information will be identified as soon as possible upon contract award to facilitate communication and information sharing. Centurion has developed a Healthcare Information form that can be used to document and provide necessary information to the

patient. Each of these aspects of coordination is pertinent to ensure timely planning. The form is provided below to illustrate our approach.

HEALTHCARE INFORMATION WHEN PATIENT IS RELEASED

NAME: _____ ID#: _____ DOB: _____
RELEASED FROM: _____ DATE OF RELEASE: _____

Acute Healthcare Problems:

Chronic Healthcare Problems:

Mental Health Needs: _____

Date of Last Physical Examination: _____ Date/Results of Last PPD: _____

Current Medication 0 Yes 0 No

Medication/Dosage Provided	Instructions Prescription Provided	Last Taken	# of Pills
	Yes	No	
	Yes	No	
	Yes	No	
	Yes	No	
	Yes	No	
	Yes	No	

Pending Appointments

Date	Time	Clinic
Date	Time	Clinic

Other Follow-up Recommended: _____

Address and Contact Number of Mental Health Clinic:

Release of Information: Your doctor, clinic, or other healthcare provider can request copies of your health records by sending an appropriate signed waiver for Release of Information to the Healthcare Records Department

(Facility Name):

(Facility Address)

(Facility Contact Number): _____

I have received instructions on how to take the medication I am being provided I have had the opportunity to have my questions answered about medication side-effects and other information about my healthcare. I realize the medications are not packaged in child-proof containers and it is my responsibility to keep the medications away from children.

Patient Signature Date/Time Healthcare Staff Date/Time

Centurion will participate in the current process for identifying and receiving notification regarding inmates releasing from the Prison. Release notification will include those to the community as well as those transferring to another institution, program, or state agency. Medical services staff will designate a process for receipt of notification. We anticipate that our registered nurse will be responsible for assigning and/or coordinating release requirements specific to the individual. Our registered nurse will participate in multidisciplinary care meetings as needed.

Utilization Management

Centurion is confident we can meet and exceed the MCP expectations for utilization management (UM). While we recognize that RFP requirements for UM are relatively limited, Centurion is excited to be proposing significantly enhanced structures and processes to support managed care.

Overview of Centurion's UM Approach

Centurion's corporate Medical Management Department, led by **Carrie Speers, RN, BA, MM**, Director of Medical Management, oversees our UM program. Our UM program encompasses the functions of pre-authorization, concurrent review, discharge planning from hospital to facility, case management, appeals, and retrospective review. Our UM program is consistent with regulatory and accrediting guidelines.



**Carrie Speers, RN,
BA, MM**
Corporate Director of
Medical Management

The goals of Centurion's UM program are to optimize patients' health status, participatory sense of wellness, quality of life within the prison environment, productivity with activities of daily living, and access to quality healthcare. At the same time, the program has a focus to actively manage cost and trends. Centurion's UM program aims to provide evidence-based criteria review oversight so that services that are deemed to be medically necessary, are timely and appropriate to the patient's condition, provided in the appropriate setting, and have positive outcomes. UM services must meet professionally recognized standards of care. We will collaborate with the MCP and **Piedmont Columbus Regional** to pursue the same goals for the Prison population.

We understand that offsite care involves more than the cost of the medical services provided. It requires the MCP to provide transportation and officers to escort the patient. Each trip represents a potential security risk. While Centurion onsite providers will be supported in their medical autonomy and our goal is to provide the services that are medically indicated, we recognize that offsite specialty services require MCP resources. According to RFP Appendix C, 19 out of 32, or 59.4%, of the ER visits in 2017, involved transportation by MCP security staff. One of our UM goals is to minimize the need for ER visits without compromising patient care.

The Centurion UM program facilitates the appropriate utilization of resources using the

following program components:

- Prior authorization of services using evidence-based *InterQual* criteria and physician driven business rules
- Emergency services
- Admission review, concurrent review, and discharge planning using evidence-based *InterQual* criteria
- Hospital multidisciplinary discharge planning in collaboration with Centurion healthcare staff onsite at the Jail
- Retrospective review as indicated

Prior Authorization

A detailed overview of our prior authorization processes for offsite medical care is provided in our response to Section 6, Service Plan, Item #11, *Prior Authorization*.

Emergency Services

Offsite emergency medical services for the MCP will continue to be available 24 hours a day, 7 days a week. Our UM process will not interfere or delay with access to emergency services. Prior authorization is not required for any emergency services. Emergency services include inpatient and outpatient services provided by qualified offsite providers that are needed to evaluate or stabilize an emergency medical condition. Emergency services are provided when the presenting symptoms are of sufficient severity to constitute an emergency medical condition. An emergency medical condition requires immediacy in the intervention of medical specialists to maintain the patient in a stable condition or state of wellness, in the judgment of onsite or on-call healthcare staff.

When the onsite or on-call Centurion provider determines that offsite emergency care is needed, we anticipate that the MCP facility staff will coordinate the transfer to an emergency department.

Concurrent Review-Inpatient

Centurion's concurrent inpatient review process includes the following objectives:

- Assesses the clinical status and severity of illness of a hospitalized patient
- Determines the intensity of services and appropriateness of treatment rendered
- Determines the level of care needed
- Verifies the need for continued hospitalization
- Facilitates the implementation of the patient's plan of care
- Promotes timely care, quality care, and positive clinical outcomes
- Monitors the quality of care to verify professional community standards of care are met

Information assessed during the concurrent review process includes:

- Clinical information, initiation of discharge planning and the treatment plan of care
- Determination that the patient's diagnosis is the same or has changed, identification of any additional diagnoses and new comorbid conditions
- Assessment of admission and ongoing clinical status of the patient to determine special requirements to facilitate a safe discharge to another level of care
- Additional days/service/procedures proposed or indicated
- Reasons for extension of the treatment or service, as well as additional investigation of non-urgent clinical conditions and any new equipment needs

Concurrent review is imperative for patient hospitalization and is conducted throughout the patient's stay, with each hospital day approved based on review of the patient's condition and evaluation of medical necessity for that day. For MCP patients who are hospitalized, concurrent review will occur telephonically, and information may be faxed to the UM nurse to maximize the accuracy of the report. The frequency of reviews is based on the severity/complexity of the patient's condition and/or necessary treatment and discharge planning activity and is not routinely conducted on a daily basis.

However, concurrent review can be conducted daily if indicated for large or critical cases where UM intervention and liaison with the hospital and MCP is required. When indicated, we will provide concurrent review of inpatient hospitalization each weekday for any hospitalized patient.

If, at any time, services cease to meet criteria, and discharge criteria are met and/or alternative care options exist, the UM staff will contact the attending physician and obtain additional information to justify the continuation of services. When the medical necessity for the case cannot be determined, the case is referred to the Centurion Medical Director for review. The need for discharge planning services is assessed during the admission review and each concurrent review to meet the objective of planning for the most appropriate and cost-effective alternative for management of patient care. If UM staff becomes aware of potential quality of care issues, the concern is referred to the Centurion Chief Medical Officer for investigation and resolution.

Hospital Discharge Planning

Discharge planning coordinates care and arranges for appropriate services upon discharge from the hospital. For patients who have not fully recovered or do not require the highly specialized and intensive services of an acute hospital care, hospital discharge planning is coordinated with UM staff and clinical supervisory staff at the MCP medical clinic. The goal is to determine the timeliest, most appropriate, safe, and cost-effective discharge to an appropriate level of healthcare service.

As indicated earlier in our proposal, we plan to have MCP patients returning from inpatient hospitalization seen by staff at the medical clinic for assessment and review of the hospital-recommended treatment plan.

Discharge planning occurs as early as possible in a patient's hospital stay. UM staff reviews the post-hospital needs of the patient with onsite providers and nursing supervisory staff. Centurion's UM staff work with the hospital's UM staff and managing physician to arrange for services needed before the patient is discharged from the hospital.

Retrospective Review

Retrospective review is an initial review of medical services that have already been provided. This process encompasses services performed by a community provider or admission/services occurring without required notification and/or authorization by UM staff and thus, no opportunity for prior authorization or concurrent review. Centurion will perform retrospective utilization reviews of emergency care when indicated.

In addition, if requested, Centurion's Medical Director will review emergency offsite care for medical necessity criteria. If the supporting documentation is questionable, the Centurion Medical Director will complete an independent review.

Benefit of Centurion's UM Process to the MCP

Centurion is confident our UM program will bring value to the management of medical services at the MCP.

Benefits include the following:

Business Rules. Centurion believes that the quality of medically necessary healthcare for incarcerated patients is a priority. The business rules are physician directed nursing protocols for the UM nurse. These resources are unique to the Centurion program and not used by other vendors. The rules were developed to impact the program in the following ways:

- They were formulated by the physician leadership team inclusive of each of the contracted programs, to provide the review nurses directives to assist in making the flow of the process less cumbersome.
- They allow for the review nurse to authorize a diagnostic or interventional follow-up without requiring additional requests or physician advisor review. They therefore decrease the amount of paperwork at the Prison for the provider and nursing staff.
- They allow for smoother progression through the care continuum by not placing any delays in care.
- The impact is significant, and the commitment is to the patient to provide timely, access to medically necessary care without the delays often caused by process.
- For example, oncology patients may be involved in treatment protocols for chemotherapy and/or radiation with follow-up by an oncologist. The business rules

allow for the services to be authorized by the nurse without sending additional requests that could potentially delay care or cause an appointment or therapy to be missed.

Alternate Treatment Planning (ATP). Centurion does not deny care. When a request for care is submitted, the team uses a criteria based review system including **InterQual**, business rules, and clinical guidelines to determine medical necessity and to evaluate if the timing of the interventional care is appropriate.

At times, there are conservative measures that may be initiated to meet the patient needs. These measures may not be what was originally requested but are within the standard of care. Alternative measures that are less intrusive, less costly, and consistent with community standards can be provided in advance of more aggressive services or diagnostics.

As described earlier, if the review nurse determines that there are other options available that would may be more medically appropriate, our Medical Director will review the referral. If the Medical Director agrees, the Medical Director will provide a recommended treatment plan that is an evidence-based alternative to the requested service. This is most often accompanied by a call and a peer to peer between the advisor and site provider.

Requests are never denied, and the ATP process ensures each referred patient has an active treatment plan. This can result in decreased offsite transportation, decreased security costs, and decreased risk to the community. Simultaneously, the ATP process ensures access to medical services that meet nationally accepted standards of care.

If the ATP is completed and the patient requires additional care or referrals, the referrals will be pursued with information that documents unsuccessful interventions. The medical necessity is thereby confirmed for more aggressive care.

Avoidable Day Tracking. Avoidable days are tracked during inpatient hospitalizations to capture information when the patient could be discharged or experiences delays in care due to a specific reason. Avoidable days may be due to the community provider experiencing delays in procedures, treatment errors, complications, delays in discharge, and quality or safety issues.

Avoidable days will be tracked and followed by Centurion's UM program to determine areas for improvement and dialogue with the providers as well as provides a platform for communication and expectation of care outcomes of our patients. The information on avoidable days gives us the opportunity to share with the MCP delays due to security or transportation, or lack of appropriate beds at the Prison. The avoidable day tracking is logged and captures quality information that can be used to promote process improvement initiatives.

We will use avoidable day tracking to partner with the MCP, *Piedmont Columbus Regional*, and any other community hospital providing inpatient medical services for MCP patients. We are confident this process will help maximize the care of the patient with minimal delays, and to move the patient as quickly as possible back into the secured environment.

Monitoring of Average Length of Stay. Average length of stay (ALOS) is a metric that we monitor monthly to evaluate our ability to move the patient through the continuum of care quickly, and with a quality outcome. In corrections, there are many challenges for inpatient services. These challenges often complicate a smooth transition.

Centurion recognizes that the shorter the period of time that the patient is in the hospital and the sooner the patient can be safely discharged, the better for the security of the community as well as the patient. With extended hospital stays comes a potential for nosocomial infection, exposure to delays in care, potential interventions not intended to be evaluated in that setting, and the initiation of treatments and diagnostics that were not intended.

Centurion will collaborate with *Piedmont Columbus Regional* and other hospitals to ensure that ALOS for inpatient care falls within community and industry practices and the benchmark that has been established within the Centurion Medical Management Plan. We will follow ALOS metrics concurrently through daily review and monthly reporting on a dashboard.

Management by Data. The use of UM information captured daily, weekly, and monthly enables us to trend utilization and focus on areas of over- and under-utilization of medical services. The data enable us to ask additional questions regarding the quality of medical services. They support a focus on the most utilized services and individual provider referral practices. As such, they provide us with a baseline to follow and a means to determine where we have a potential need for provider education or other support.

Prior Authorization

As just described, Centurion is proposing to implement our state-of-the-art UM process for specialty care and planned offsite hospital services.

Two levels of UM medical necessity review are conducted as needed for the prior authorization of specialty services requests and planned offsite inpatient services. Authorization decisions regarding routine requests for specialty services and planned offsite inpatient services requests will be communicated to the requesting provider within established timeframes.

We are committed to providing the MCP with an evidence-based UM program and want to ensure that sufficient time is available during the UM review to research and clarify treatment issues before authorization decisions are made. Standard practice in the industry

is to provide 10 business days or 14 calendar days for review of routine requests. Urgent requests will be processed with a high level of immediacy and scheduled following the MCP guidelines on turn-around-time. Emergent situations do not require prior UM authorization, and onsite Centurion healthcare staff will ensure the patient accesses the care needed to alleviate the emergent situation. We look forward to exploring the timeframe for referral authorization decisions with MCP leadership following contract award.

A **Level I** review is conducted by a UM nurse, located in our corporate offices in St. Louis, Missouri. Our UM nurses are trained in the principles, procedures, and standards of medical necessity review. A Level I review is conducted using McKesson's *InterQual* criteria or applicable medical evidence-based criteria, as well as Centurion UM physician directed nursing protocols or business rules, while taking into consideration individual patient presentation and needs at the time of the request.

Other factors that must be considered when applying criteria to a given individual situation include the patient's age, co-morbidities, potential complications/risks, progress of current treatment, failed current treatment, and the psychosocial situation. Centurion's UM Business Rules are Centurion physician driven evidence-based guidelines developed to address the review process for specific clinical interventions directly for patients housed in correctional environments.

At no time does a *Level I* review conducted by a UM nurse result in a reduction, denial, or termination of service. The UM nurse may need additional information from the provider and the specific prison site to be able to apply the criteria. This is considered an inactive request until the information can be received from the site, and does at times impact turn-around time. When a request for authorization of services does not meet established UM criteria, the case is referred to the Centurion MCP Medical Director to conduct a *Level II* review.

A **Level II** review, or physician advisory review, is conducted on a case-by-case basis by the Centurion Medical Director at the Prison or a peer physician consultant within the Centurion system if the MCP Medical Director made the original referral. A *Level II* review is indicated when the specialty request does not meet established medical necessity criteria, or an inactive request is not addressed by the requesting provider. *Level II* reviews are conducted with consideration given to wellness, continuity of care, and individual patient clinical presentation and proposed needs at the time of the request.

A patient's prison release date will not be considered when approving, denying, or deferring an offsite request, unless the patient will be put at risk to have the service performed without guarantee of follow-up care, on the permission of the MCP. If the Centurion Medical Director/peer physician consultant believes that a patient's release date is relevant to the UM determination, he/she will discuss the case with MCP leadership.

In making a Level II medical necessity determination, our Medical Director will have access to the Centurion Chief Medical Officer, **Dr. Jeffery Keller, FACC, CCHP-P**. Like all Centurion medical providers, the reviewing physician has access to board-certified specialists through the **RubiconMD** web-based eConsult system, described above.



Our Muscogee County Prison Medical Director can request review of a patient's clinical condition and recommendations for intervention from a board certified consultant through Centurion's contract with **Advanced Medical Reviews (AMR)**. AMR provides independent evidence-based medical reviews conducted by board certified consultants in medical specialties and sub-specialties.



When a *Level II* physician advisory review does not recommend authorization of a requested specialty service, an alternative treatment plan (ATP) will be developed to ensure that medically appropriate care options are considered necessary, and within the appropriate timeframe in the continuum of illness, before sending a patient to a community setting. The ATP ensures that follow-up on the management of the condition is continued.

Dialogue between the onsite provider and the physician who conducted the *Level II* review ensures opportunities for collaboration on more complex cases. It ensures that we have used appropriate clinical avenues before referring to an offsite specialist, making it the appropriate time for intervention within the continuum of the illness. Centurion will share the ATP with the MCP if desired or required. While such instances are expected to be rare, Centurion believes it is important to have a system already in place to ensure we can meet patient treatment needs when they do arise.

If an onsite provider with knowledge of the patient's medical condition does not agree with a UM determination or ATP, the provider has access to Centurion's multilevel appeal process. A second physician advisor will conduct a review of the appeal. This review may require participation from the Centurion MCP Medical Director and/or the Centurion Chief Medical Officer who will upon request, participate in the process when indicated. Designated MCP staff will be informed of any appeals of UM determinations. Centurion will comply with the MCP decision related to a UM decision being questioned.

Clinical documentation related to specialty care referrals, including referrals that are deferred or recommended for alternate treatment, will be included in the patient's health record.

Billing Adjudication

Centurion's parent company, **Centene**, ensures that claims processing is carried out according to the highest standards. Processing over five million claims per month, our

integrated Management Information System's claims components deliver tightly integrated, highly automated, claims processing functions, via standards-based transactions and file interfaces, that exceed industry standards. Centene's integrated Management Information System (MIS) components include AMISYS Advance, HIPAA-compliant Electronic Data Interchange (EDI) infrastructure; our Document Management System; TruCare, our utilization review and clinical authorization system that supports integrated health services management; and an automated workflow management system.

Our systems employ multiple, systematic data edits to ensure processing accuracy, a high claim auto adjudication rate for timeliness, and edits to ensure data quality. The EDIFECs XEngine (XEngine) software component of our integrated MIS verifies HIPAA format compliance real-time, validating inbound data against ACS's ANSI Accredited Standards Committee (ASC) X12N Companion Guides' rules for syntax and data structure, then triggering notification to trading partners and Providers (via ANSI TA1/999 Functional Acknowledgment) accordingly.

Our Service Oriented Architecture middleware maps, translates, and validates EDI and paper claims data, ensuring the consistent application of common edits prior to adjudication. These edits validate specific claims data, such as Member and billing and rendering Provider identifiers against data in the Member Relationship Management (MRM) and Provider Relationship Management (PRM) modules of our MIS.

If a transaction is rejected, our middleware systematically issues an ANSI 277 Unsolicited (277U) notification to the EDI trading partner or submitting Provider, citing the specific Division-approved edit(s) responsible. In the event a *paper* claim fails pre-adjudication edits, our middleware automatically generates and sends a letter to the submitting Provider, rejecting the claim and citing the specific edit(s) responsible, and guiding them on how to correct the issue.

Our middleware immediately loads claims passing pre-adjudication edits into AMISYS Advance, which assigns each a unique control number incorporating the Julian time stamp we affix to each claim upon receipt. This "date stamp" is part of the control number used to identify each unique claim, allowing us to link together available information surrounding a claim and to track our adherence to claims processing timeliness standards. AMISYS Advance's audit trails retain snapshots of transactions for current and historic activity.

This audit function includes date span logic, historical claims tracking, and operator ID stamping as well as accommodates the setting of different audit parameters. Our adjudication process is the same for network and non-network providers alike. AMISYS Advance performs six primary steps of adjudication that a claim must pass in logical succession to reach a "finalized" (paid or denied) status or internally pending status including:



Centurion's average
turnaround time from
claim receipt to claim
payment is 8.1 days.

- Field and general edits
- Member data edits (e.g. eligibility for services)
- Provider data edits (e.g. eligibility and status)
- Prior-authorization validated when required
- Validation that services claimed are covered
- Pricing, including Third Party Liability, provider agreements and applicable reimbursement and timely filing rules

AMISYS Advance retains an audit trail of each transaction, including current and historic activity. Paid claims history is used to ensure duplicate claims are not allowed to pay. Historical claims information is retained for at least 10 years, consistent with the standards set by the **Centers for Medicare and Medicaid Services (CMS)**.

Fraud, Waste & Abuse

Centene's claims processing platform is designed to ensure accuracy throughout the payment cycle. In addition to the accuracy of claims processing, we employ additional automated validations and manual reviews by a dedicated group of reviewers known as our Special Investigations Unit (SIU) to ensure errors and fraudulent billing practices are detected timely. Centurion claims would be scrutinized based on the below standard reviews employed by these systems:

- **ClaimsXten® (CXT)**: This McKesson LLC claims prepayment auditing software is integrated with our claims system and is used to review outpatient facility and physician claims that have been adjudicated but prior to payment. CXT ensures the claims are in compliance with national coding guidelines published by CMS, the **American Medical Association**, and various specialty organizations (i.e., CMS' Correct Coding Initiative). This tool is able to identify billing errors without delaying payment to the provider.
- **Fraud Finder Pro (FFP)®**: This Verisk Health prepayment review software identifies various billing behaviors, billing patterns, known schemes as well as unknown patterns by taking into consideration a provider's prior billing history in addition to claims contained in each subsequent daily, weekly or monthly batches. FFP statistically identifies what is expected based on prior claims history and specialty norms, including recognition of pattern changes from those identified in profiled historical paid claims data and ongoing daily claims batches. One to two years of claims data is utilized to gather statistical baselines to determine expected billing behaviors, as well as score providers of the same specialty. Providers score (depending on the frequency of the claims batch) for each suspicious pattern identified. If a score deviates significantly (based on denied parameters/thresholds), the provider is placed on a list for further review by Verisk Health's Clinical Investigators. Once Verisk Health's review is completed, Centene's SIU validates the

finding, determines the course of action and actions the providers at Centurion's direction.

- ***Physician Claim Insight (PCI)***[®]: This Verisk Health prepayment review software protects Centurion's health plans from the unnecessary expenditures that result from fraudulent, abusive and wasteful claims. In addition, it will create more accurate and equitable reimbursement for billing providers by identifying an aberrant claim prior to payment and performing a clinical review of identified claims utilizing a registered nurse (RN). As a result, these additional FWA controls will assure that only accurately and properly coded and billed services will be reimbursed. PCI focuses on individual member and provider histories and compares each submitted claim service line to the existing claims history of each member and the provider's previous billing history. Inappropriate or unusual billing patterns detected by the program are then reviewed by skilled clinical and coding analysts to evaluate the validity of any reported anomalies. By utilizing registered nurses to review system-detected reimbursement issues, our partner is able to evaluate the claim from a clinician's perspective in order to authorize payment more appropriately.

Timeliness

Centurion recognizes that our network service providers depend on timely and accurate payments to meet their internal business needs and keep their practices and facilities running smoothly. Our internal expectation is to pay claims within 15 days of receipt. With automation and our providers' increased willingness to use electronic submission means, we have been able to exceed our internal goal. For the trailing 12-month period, Centurion's average turnaround time from claim receipt to claim payment was 8.1 days.

Centene employs an independent and dedicated claims audit team that performs a statistically valid audit of claims across each of the business units. Centurion's claims accuracy statistics for the same time period were 99.3% Financial Accuracy, representing the dollar values of identified errors divided by total claims in the sample, and 98.7% Overall Accuracy, represented by the total number of errors divided by the total number of claims in the audit sample.

Quality Assurance/Quality Improvement

Centurion is eager to bring our corporate Continuous Quality Improvement (CQI) expertise to the medical services at the MCP. We recognize that the MCP needs customized, quality improvement efforts that are meaningful to MCP operations and medical processes and outcomes, not necessarily CQI studies that are designed and imposed from a distant corporate headquarters for purposes of fulfilling highly standardized study quotas. We also recognize that MCP requires a small healthcare staff, which limits the onsite resources available to conduct CQI efforts. At Centurion, we are prepared to offer the MCP a tailored program that is supported, not dictated, by our corporate resources.

We will tailor our CQI program and activities to the quality assurance and improvement priorities identified by the MCP leadership, as well as the staffing resources available to conduct these activities. Although we are accustomed to working in larger correctional facilities with dedicated CQI staff, we have experience conducting effective CQI programs in smaller contracts where onsite direct service and supervisory staff work collaboratively to share CQI duties. Centurion's registered nurse will serve as the primary resource for leading CQI activities at the MCP. Regardless of the contract size or availability of onsite staffing resources, the MCP can be confident we will provide corporate support for local expertise and prison-specific quality improvement programming.

Centurion supports CQI as a process for objectively and systematically monitoring and evaluating the quality, appropriateness, and effectiveness of healthcare services and the degree to which those services meet the identified needs and goals for MCP patients. We understand CQI is a dynamic process that involves a multidisciplinary team at various levels of the organization, whose members consistently work to develop strategies designed to improve the quality of healthcare services.

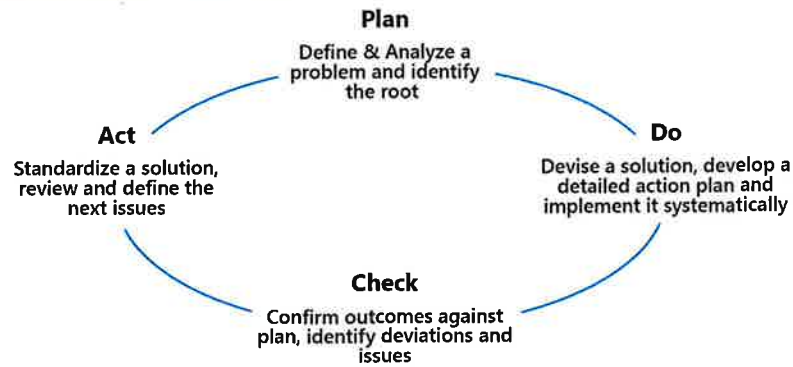
Centurion's CQI program will ensure a forum in which issues related to our provision of medical services are the primary focus. Representatives from the mental health, dental, and pharmacy providers as well as the MCP will be included in our multidisciplinary CQI efforts to ensure multidisciplinary collaboration.



We believe our CQI program is unmatched in the industry and that no other company can offer the level of integrity, transparency, and responsiveness embodied in our CQI program. Our CQI efforts will be collaborative and fully integrated with MCP initiatives and goals. While our registered nurse will take the lead in coordinating CQI activities, additional auditing and technical support will be provided by the entire Centurion staff. Our Medical Director will play an oversight support role. Centurion is confident our program will meet or exceed MCP expectations.

Centurion's Approach to CQI

Centurion uses the *PDCA* model in the CQI program for changing processes and enhancing outcomes:



The Centurion CQI program for MCP will include the following elements:

- Process and outcome studies (at least one each year)
- Annual and ongoing implementation of quality and performance measure goals
- Monitoring of credentialing and annual peer reviews
- Review and reporting of morbidity and mortality review trends
- Review and reporting of healthcare grievance trending
- Review and reporting of sentinel events and adverse incident
- Improvement strategies including quality improvement projects and applicable corrective action plans
- Compile and report on healthcare service volumes and contract compliance statistics for MCP leadership monthly, or as requested

Support for Centurion Staff in Implementing CQI Plans

We engage our direct care healthcare staff in these efforts to promote buy-in and success. CQI monitoring information and/or program results are provided to Centurion staff during regularly scheduled staff meetings, CQI committee meetings, and annual training.

The expectation that Centurion staff will actively participate in the CQI program is included in each of the clinical job descriptions. As part of the Centurion New Employee Orientation Program, new staff are introduced to the goals and methodology used in ongoing quality improvement efforts.

Centurion has developed a CQI Reference Manual to support staff in implementing CQI programs. Our Medical Director and registered nurse will receive Centurion's CQI Reference Manual for guidance, information, and education related to participating in a CQI program.

The CQI Reference Manual provides guidelines and tools for:

- Design and structure of the Performance Improvement Plan
- Monitoring of service delivery and high risk interventions
- Risk management
- Utilization review/management tracking
- Process assessment tools
- Monitoring tools, logs and calendars
- CQI process and outcome study examples

The CQI Reference Manual addresses CQI report writing and instruction on the creation of graphs, charts, and tables. Our registered nurse will work closely with Centurion healthcare staff to ensure that they understand and are able to fulfill their roles and responsibilities in supporting CQI activities.

CQI Follow-up and Corrective Action Plans

When Centurion CQI activities, MCP audits, outside agency audits, or Centurion internal clinical contract compliance reviews reveal challenges in healthcare services, corrective action plans will be developed and promptly initiated.

Centurion will be responsible for performing a process assessment and root cause analysis to assist in addressing identified issues at the MCP. We will develop corrective action plans (CAPs) based on audit scores, process and/or outcome study results, and analysis of the findings. Centurion has developed a model CAP policy, CAP template, re-audit template, and Master CAP roster for use in our programs. Following contract award, we will submit these materials to the MCP for review, input, and authorization. CQI reports and associated corrective action plans will be discussed as routine agenda items at administrative and healthcare staff meetings.

During CQI committee meetings, corrective action items will be reviewed, monitored and the current status will be assessed. If no improvement has been noted for an indicator on a corrective action plan, additional CQI efforts will be developed. These may include staff training, more frequent monitoring, or changes in service delivery processes. New action items will be integrated into the existing corrective action plan and monitored for effectiveness. Centurion will maintain minutes of CQI committee meetings.

Through our CQI program, we will review significant adverse outcomes, including inmate deaths. Centurion uses a reporting and data collection program to ensure designated prison staff – both Centurion and MCP – and Centurion corporate staff review incidents and monitors trends for further analysis.

Annual Review of Effectiveness of CQI/QA Program

In addition to monthly CQI meetings and quality review of CAPS, the effectiveness of Centurion CQI activities is assessed on an ongoing basis and formally reviewed on an annual basis. Annual assessment of our CQI program includes review of our compliance with our agreed-upon performance measures and, more importantly, the effectiveness of the CQI program in improving the safety and quality of our healthcare delivery system. Because a major focus of our program is to implement recommended quality improvement plans and monitor the effectiveness of the approach, it is critical to determine if the goals of these initiatives were achieved.

CQI Committee

Centurion will ensure that our CQI committee meets as required. During CQI meetings, we will analyze performance data, CAP progress, and month-over-month trends. Centurion has model meeting agenda and minute templates, monthly audit results, grievance roll-up reports, and Master CAP rosters that will be gathered by our registered nurse monthly and will be included in the CQI Committee meeting for review. Following contract award, we will submit these materials for review, input, and authorization.

Centurion recognizes that sharing CQI goals, initiatives, and results is essential to implementing a meaningful program. During CQI committee meetings, review of performance measure indicators, audit results, and corrective action items will be part of the agenda. CQI monitoring information and/or program results are provided to Centurion staff during regularly scheduled staff meetings and annual trainings.

Inmate Health Education

Centurion offers a holistic approach to healthcare and the promotion of healthy lifestyles, disease prevention, and management of chronic illness. We will support the development and maintenance of patient skills for managing and minimizing the effects of a disease and maximizing health and wellness.

Centurion understands that limited access to healthcare prior to incarceration, unhealthy lifestyles and poor management of chronic disease results in poorer outcomes for the patient, increased hospitalizations, and increased costs. We believe that a patient who understands and participates in his/her plan of care will have the best clinical outcome. Centurion is committed to promoting healthy lifestyles and disease prevention and management through patient education and timely, appropriate clinical intervention. We are ready to implement a monthly health education program for inmates.

Our expanded scope of health promotion engages individuals *before* chronic medical conditions have developed in a proactive and preventive basis. Disease-specific education and education focused on healthy living skills such as smoking cessation, nutrition, and

exercise are recommended, as is encouragement of patients to be active managers of their own health. At a minimum, Centurion's health education topics will include the following topics:

- Nutrition
- Introduction to medical services
- Personal hygiene
- Stress management
- Sexually transmitted diseases
- Family planning and contraception counseling
- Tuberculosis and other communicable diseases
- Effects of smoking and smoking cessation
- Managing chronic diseases such as hypertension, cardiovascular disease, and diabetes
- The physical consequences and effects of drug abuse
- Suicide awareness and prevention
- Medication management

We are confident our patient health education and healthy lifestyle promotion resources will meet or exceed MCP expectations. Centurion's health education and healthy lifestyle promotion program will be consistent with the requirements of this RFP and community practice.

Health Education Handouts

Centurion has developed a library of health education handouts that will be made available to our providers and nursing staff for use with patients during health encounters, sick call encounters, and other patient contacts. Our handouts cover medical and behavioral health conditions as well as health-promoting behaviors. The handouts are designed to support engagement in the treatment process and to promote healthy behaviors. These tools cover exercise, healthy eating, oral hygiene, personal hygiene and cleanliness, self-monitoring for health, sleep hygiene, smoking cessation, stress management, substance use, and specific chronic care conditions.

Centurion's health education handouts will be available in English and Spanish and provided to patients during healthcare encounters as needed. Our nursing staff will be able to use these handouts to support health education during sick call encounters or, if desired by the MCP, in group settings. Copies of Centurion's patient health education materials will be maintained in the inmate library to enable inmates who do not use sick call services to review the materials. We will continue to expand and revise our health education handouts as needed.

Health education handouts are discussed during chronic care clinics and are designed to facilitate patient adherence to the management of chronic medical conditions with the goal of minimizing the escalation of symptoms and/or further deterioration. These handouts are used with patients displaying high-risk behaviors for developing a chronic disease. We have provided several examples of patient education materials as well as a summary of disease-specific health education handouts in other sections of our *Technical Approach* response.

An example of our handout for high blood pressure follows.

Understanding Hypertension (High Blood Pressure)



What is Hypertension

Hypertension, more commonly called high blood pressure, happens when blood moving through your arteries places too much force against the artery walls. People are told they have high blood pressure if their blood pressure readings are repeatedly above normal for a long time. The measure most commonly used to determine high blood pressure is that your readings are greater than or equal to 140 over 90.

What are the Symptoms?

High blood pressure is usually called a “silent” disease because most often people do not have specific symptoms that they feel. Because people do not always have symptoms of high blood pressure, you can have high blood pressure for a long time and it may not be found until it has caused some damage to your body. People may have the following symptoms when their blood pressure gets very high. Unfortunately these same symptoms can be for other reasons.

Symptoms that people may feel when their blood pressure is very high are:

- Feeling tired
- Blurred vision
- Feeling dizzy
- Having a nosebleed
- A headache in the morning with the pain at the back of the head

What causes High Blood Pressure?

- In 90% to 95% of cases, the cause of high blood pressure is unknown.
- In 5% to 10% of cases, high blood pressure is a symptom of some other health problem.
- Some people are at greater risk than others for having high blood pressure. Risk factors include:
 - Having prehypertension (this means a higher than normal blood pressure (120 to 139 over 80 to 89) routinely over a period of time)
 - Family history of high blood pressure
 - Being overweight
 - Drinking too much alcohol
 - African-American descent
 - Having diabetes
 - Having had a condition called ‘pre-eclampsia’ or ‘eclampsia’ during a pregnancy
 - Use of some over-the-counter drugs. Some over-the-counter drugs can increase blood pressure. It is important to read the medicine label or ask your doctor before you take over-the-counter drugs if you take other prescription medicine.

How is High Blood Pressure Treated?

- **Regular visits to the hypertension chronic care clinic** are needed so that healthcare staff can measure your blood pressure; talk with you about your symptoms and how your medicine is working; check for any side-effects from your blood pressure medicine and make changes to how or what medicine is being used; and talk with you about lifestyle changes that you can make to help control your blood pressure and stay healthy.
- **Maintain a good blood pressure.** Although high blood pressure cannot be cured, it can be controlled. Controlling and/or lowering your blood pressure to a normal or near normal number is possible. The healthcare staff will help you learn about lifestyle changes; medicine that the doctor has ordered; and other things that you can do to help keep your blood pressure at a normal level.

Understanding Hypertension (High Blood Pressure)



What Can I Do to Take Care for Myself?

Make lifestyle changes including:

- **Stop smoking:** Smoking damages and constricts your blood vessels and is, by itself, a risk factor for stroke and heart disease.
- **Reduce salt (sodium) intake:** People vary in their response to salt intake. The salt intake guidelines are as follows:
 - Do not add salt to food at the table
 - Read package labels for amount of salt (sodium) in foods of items you buy from the commissary
 - Stay away from purchasing foods that contain high amounts of salt (sodium)
- **Weight loss:** Losing weight, even just 10 pounds, often can decrease blood pressure. Your doctor can tell you if weight loss is indicated for you.
- **Exercise:** Exercise is a good way to control weight and also has added benefit in making you feel less anxious. Thirty minutes of walking three to four times a week is often helpful to lower your blood pressure.

Other important factors to staying healthy include:

- **Take your medicine as ordered:** Taking the medicine ordered by your doctor is important to helping maintain good control of your blood pressure.
- **Follow up with healthcare staff:** It is important that you show up for your routine scheduled visits with healthcare staff to follow-up on your chronic medical condition. Follow-up appointments allow the healthcare staff to see how your blood pressure readings are doing, how you are feeling and teaching you about your disease and how to stay healthy.
- **Follow healthcare staff instructions:** It is important that you listen to the healthcare staff and follow instructions regarding taking medicine, taking care of yourself and asking questions about your care or how to care for yourself.

What Types of Medicine Might the Doctor Order for Me?

Medications (blood pressure pills): There are many types of pills available to treat high blood pressure. It is very important that you come to pill calls or take the pill(s) ordered for you on time and on a routine schedule. Some types of pills that may be ordered for you include:

- **Diuretics** (water pills) are often the first choice. Water pills help the body get rid of excess water and salt.
- **Beta-Blockers** are pills that cause the heart to beat more slowly and relax blood vessels.
- **ACE Inhibitors, Calcium Channel Blockers, Angiotensin Receptor Blockers, and Alpha Blockers** are pills that relax blood vessels.

What Happens if I Don't Control my High Blood Pressure?

High blood pressure that is not controlled can cause a heart attack, stroke, heart failure, and kidney failure. Other factors that may cause you to have more problems with your high blood pressure and health include smoking, diabetes and high cholesterol.

What are the Goals of Treatment?

The goals of treatment for high blood pressure is first to lower your blood pressure to a level as near normal as possible and also to reduce the risk of getting other health problems by making suggested lifestyle changes and taking your blood pressure pills as ordered.

Understanding Hypertension (High Blood Pressure)



When Should I see Healthcare Staff?

- **You should notify healthcare staff or submit a sick call request if you have any of the symptoms:**
 - Headaches, feeling tired, or confused
 - Numbness and tingling in hands and feet
 - Coughing up blood or severe nosebleeds Shortness of breath
 - New symptoms that you have after starting a new medication
 - Chest pain
 - Sudden, severe, headache without a certain cause
 - Sudden weakness or numbness of the face, arm and/or leg on one side of the body
 - Sudden dimness or loss of vision
 - Trouble speaking or understanding speech
 - Feeling shaky or having a sudden fall

Access to On-Line Medical Education Resources Centurion's healthcare staff can access **Krames** Online for medical education materials. Krames Online has extensive information related to medical and mental health conditions in language that can be understood by non-medical people. Healthcare staff will have easy access to Krames Online education resources and can print the educational materials for distribution to patients. This information can be used to share disease-specific healthcare information with MCP staff.

Health Education Following Hospital/Specialty Care

Centurion is committed to supporting continuity of care and patient understanding of treatment throughout each care transition, including when patients are returning from an inpatient hospital stay, emergency department visit, or specialty consultation.

Patients returning from community hospital visits, including emergency department visits, will be evaluated by our medical staff before housing dispositions are made. The evaluation will be made by the onsite provider or nursing staff in consultation with the on-call provider. During this encounter, the patient will receive education regarding the care that has been received at the hospital, the interventions that are pending, and the self-care steps that must be followed.

Similarly, when patients undergo offsite specialty consultations, Centurion nursing and provider staff will educate the patients regarding the consultation provided, test results as applicable, and care plan developed as a result of the specialty consultation.

Health Fairs

If desired by the MCP, Centurion is prepared to conduct health fairs that promote healthy lifestyles to inmates including those who do not routinely request or require healthcare services. If the MCP approves the health fair model, health education will be provided by Centurion healthcare staff at the fair. We propose to engage community resources, social services, and community behavioral health providers, in participating in the health fair and providing education to the inmate population regarding community resources for reentry. Examples of offerings at the health fair include:

- Health screening for hypertension, diabetes, cholesterol, and other diseases
- STD education, and risk reduction
- Healthy diet and exercise education
- Stress management
- TB screening and education

Nutritional Information

Centurion is fully prepared to collaborate with the MCP to develop a handout listing the caloric content of items available for purchase in the Prison commissary. If approved by the MCP, we propose to review commissary food items and develop a menu of healthy alternatives that are available as incentives for patient compliance with healthy behaviors.

Psychoeducational Groups Promoting Health

We anticipate that general health education may be provided in a group format at intake but that patient-specific health information for chronic care is to be provided only in on an individual patient basis. We believe that health education on following topics can be safely provided in a general population group setting without compromising patient confidentiality:

- Communicating with your doctor
- Exercise
- Heat-related syndromes with medications
- Oral hygiene
- Medication education
- Nutrition and healthy eating
- Personal hygiene
- Prevention of infectious disease
- Prevention of sexually transmitted diseases
- Reproductive health
- Stress management
- Smoking cessation

If approved by the MCP, group health education can be provided through relevant video presentations and nursing staff facilitation of the group process.

For patients with co-occurring medical conditions and severe mental illness, a group curriculum focusing on health-promoting practices and medication compliance is available. We have developed a group supporting personal hygiene for patients who are challenged by severe symptoms of serious mental illness and will collaborate with the MCP mental health vendor if this group offering is desired.

HIV/Hepatitis Education

Centurion recommends that newly received inmates will be offered education regarding HIV and Hepatitis prior to undergoing testing for these conditions. Education will include:

- The nature of HIV and Hepatitis
- Definitions of common HIV- and Hepatitis-related terms
- How HIV affects the immune system
- How Hepatitis infection impacts liver functioning
- Spectrum of HIV infection and types of Hepatitis
- High risk behaviors through which HIV and Hepatitis are spread and other common routes of HIV/Hepatitis transmission
- Universal precautions and other risk reduction strategies
- MCP approach to provision of healthcare services for HIV and Hepatitis infection

- MCP approach to the prevention of transmission of HIV/Hepatitis infection

Centurion healthcare staff will provide HIV- and Hepatitis-related patient education upon request or when other circumstances develop. Our educational materials will be appropriate for the educational range and major ethnic and language groups in the inmate population.


OSHA Bloodborne Pathogen Training for Inmates

For inmate workers, Centurion has health education programs addressing infection control procedures for meal preparation, laundry responsibilities, and blood/body fluid spill clean-up. Our OSHA Bloodborne Pathogen trainings for inmates are described in our approach to infection prevention and control. These training include a follow-up competency assessment.

Inmates who are involved with blood spill cleanup will be trained by designated Centurion healthcare staff, in collaboration with the MCP, to perform this task. The worker will receive education regarding bloodborne pathogens, personal protective equipment, principles of cleaning, disinfectant use, as well as a review of the seven steps for blood spill cleanup.

Example slides from our inmate laundry worker training follow.

Example: Slides from Centurion's Inmate Laundry Worker Training

Standard Precaution # 2	Standard Precaution # 3	Standard Precaution # 3
<ul style="list-style-type: none">• Wear disposable gloves when cleaning• Wash your hands before you put on gloves• Change gloves if torn, have holes or leak• Remove gloves when going from dirty to clean jobs• Remove gloves before you leave the unit• Put gloves in trash can and wash your hands	<ul style="list-style-type: none">• Contaminated waste has blood, body fluids on it or includes a used sharp instrument• Do not handle contaminated waste in the healthcare unit• Red containers and red plastic bags hold contaminated waste	<ul style="list-style-type: none">• Do not clean up blood spills in the healthcare unit• Do not touch or go into a room if you see a biohazardous sign like this 

Documentation of Patient Education

Centurion will train our healthcare staff to document the provision of disease-specific and other specific health education in the patient's health record. Compliance with documentation requirements for patient health education will be monitored through our CQI program.

Medical Records Management

Centurion will meet MCP requirements encompassing patient health records, including an electronic health record system should the MCP leadership determine to implement one during the course of the contract. We appreciate that, as the medical services contractor,

Centurion will be responsible for the complete patient health record, including medical, dental, and mental health records. We are accustomed to assuming this responsibility in our other programs and are well aware that each healthcare contact, whether for medical, dental, or mental health concerns, must be documented in the patient's health record.

Centurion will maintain patient health records in compliance with MCP policies and expectations, ACA and NCCHC standards, and HIPAA guidelines.

Centurion medical staff will ensure that each patient has a healthcare record covering medical, mental health, and dental services. We will maintain the patient health record in the format required by the MCP. We understand that the primary purpose of the health record is to document care provided and to facilitate communication among the patient's various healthcare providers. Centurion believes that a unified health record system is the best way to foster communication and enhance continuity of care.

Medical Records Office and Medical Records Custodian

Although we recognize and accept that the health records belong to the MCP and not to Centurion, we will meet our responsibility to be the custodian of the records throughout the contract.

We will manage records in a standardized process to ensure continuity of care and patient confidentiality. We agree to track paper health records from checkout to return, to maintain active and inactive health records in a confidential manner, to ensure that filing of paper healthcare records is completed within two days of their generation, and that only authorized persons will have access to patient health records. Any issues that arise in patient health record management will be brought to the attention of the MCP leadership and/or designated MCP staff.

Compliance with HIPAA

Centurion will comply with federal and state laws related to the use and disclosure of information, including information that constitutes Protected Health Information (PHI) as defined by HIPAA. We understand the importance of maintaining the confidentiality of patient PHI.



We have extensive experience in complying with confidentiality requirements, the **Health Insurance Portability and Accountability Act of 1996 (HIPAA)**, the **Standards for Privacy of Individually Identifiable Health Information ("Privacy Rule")** issued by the **U.S. Department of Health and Human Services**, and the **Health Information Technology for Economic and Clinical Health Act**, as incorporated in the **American Recovery and Reinvestment Act of 2009**, in each of our correctional programs.

A major goal of the Privacy Rule is to assure that individuals' health information is properly protected while allowing the flow of health information needed to provide and promote high quality healthcare and to protect the public's health and well-being. The Privacy Rule is not intended to interfere with the transfer of information required to deliver healthcare services, payment, or healthcare operations. Centurion will fully support the goals of the Privacy Rule.

In requiring our staff to comply with HIPAA and the HIPAA Privacy Rule, we help protect our clients from litigation and ensure that our health information systems are consistent with community standards. We understand the importance of maintaining the confidentiality of inmate PHI. We know that incarcerated patients have inherent rights to dignity and privacy with regard to their health information. We know that both individual staff and Centurion are subject to civil and criminal penalties for violations of HIPAA.

Centurion appreciates that responsibility for maintaining the confidentiality of protected health information and compliance with HIPAA and other regulations is ultimately up to each staff member. To support staff awareness of their responsibilities, we have developed staff training in confidentiality and HIPAA requirements in the correctional environment and can make these resources available for use upon request following contract award.

During orientation and as routine continuing education, the policies and procedures concerning and involving HIPAA are taught to and reviewed with our staff. We will cooperate with the MCP throughout the contract to ensure our staff are compliant with policies governing the use of these systems and the confidentiality of patient health records.

Protection of PHI

Regardless of whether patient health records are in paper or electronic format, Centurion ensures that PHI is protected through multiple steps. These include:

- Shared file cabinets and file rooms will be closed at all times when not in immediate use and will be locked after work hours.
- Patient information will be secured when leaving a workstation for more than 60 minutes.
- Centurion healthcare staff will lock their computer using the CTRL + ALT + DELETE function when leaving their workstation.
- Computer passwords will not be posted or stored on or around computers.
- Faxes and printouts will be retrieved in a timely manner.
- Encryption will be used when sending emails containing PHI.
- PHI will not be discussed in public areas such as hallways or elevators
 - Discussion of PHI in internal areas of Centurion will be limited to a "need to know" basis."

- Only the minimum amount of information will be used, disclosed, or requested to accomplish the specific purpose of the communication.
- PHI will be stored only on approved network directories and not on Centurion workstations or laptop hard drives.
- External storage devices such as USB flash drives are prohibited unless prior authorization for use has been received.
- PHI will only be disposed of in accordance with MCP requirements and never in normal trash receptacles. Shredders or confidential disposal bins will be used.

HIPAA Desk Audit

Centurion has recently implemented a quarterly *HIPAA Desk Audit* initiative. The goal of this initiative is to support proper protection of PHI within work areas and adherence to Centurion privacy and security policies. The HIPAA Desk Audit occurs on site, after hours, in each Centurion work area.

The audit focuses on but is not limited to assessing if:

- PHI or other sensitive information is
 - Visible on a Centurion employee's computer
 - Left unsecured on a desk top
 - In a garbage bin
 - Left on printers or fax machines
 - In an unlocked desk drawer
- Computer passwords are left visible on a desktop
- Laptops are left unsecured
- Unauthorized storage devices are connected to the workstation

HIPAA Special Regulations in Corrections

We are aware that the HIPAA Privacy Rule contains variances or specifications for patients receiving healthcare in correctional facilities. Centurion will support and comply with the exemptions and special regulations regarding inmate rights under the HIPAA Privacy Rule. For example, the HIPAA Privacy Rule indicates that while individuals are incarcerated, Centurion, as a covered entity, can use or disclose inmate PHI to the correctional institution without the patient's authorization, if this disclosure is necessary for:

- The provision of healthcare to the patient
- The health and safety of the patient receiving treatment
- The health and safety of other inmates
- The health and safety of correctional officers, employees or others at the correctional institution
- The health and safety of officers or other staff responsible for transporting the patient

- Law enforcement on the premises of the correctional institution
- The administration and maintenance of the safety, security, and good order of the correctional institution

Our staff will only release healthcare information to an outside agency with written authorization from the patient in accordance with HIPAA regulations. We are aware that exceptions to this policy include emergencies, the exchange of information necessary for offsite consultations or specialty referrals, and certain public health matters. Centurion staff are trained on confidentiality and HIPAA regulations during initial orientation and annual training.

Provision of Health Records to MCP

Centurion anticipates that the MCP will reserve the right to review and inspect health records and documentation accumulated by the contracted healthcare vendor. As such, we are committed to cooperating with any MCP requests for health records or select documentation therein at no cost to the MCP. Requests for such health records or related documentation will be provided within one business day.

Centurion is committed to responding in a timely manner to any MCP approved requests, in accordance with federal and state laws, for patient health records that facilitate continuity of care and appropriate placement in the community upon release from MCP. We will comply with requests for health records required for MCP quality monitoring and assessment purposes.

Electronic Healthcare Records

Centurion appreciates the potential importance of an electronic health record (EHR) to the provision of medical, dental, and mental health services. We recognize that the MCP is using CCS' Electronic Records Management Application (ERMA) for limited purposes. Based on our April 24, 2018 tour of the facility, it appears likely that many aspects of patient health records may still be manual and paper-based. If the MCP wishes to utilize an EHR in the new contract, the MCP will either need to change EHR solutions when it changes healthcare contractors or implement an EHR for the first time.

For many reasons, Centurion does not believe an EHR that is tied to a specific healthcare contractor is in the MCP's best interest. Instead, we are confident that a fully operational EHR with automated reporting and scheduling/tasking functionality will result in improved healthcare delivery as well as cost savings over the long term. We look forward to working with the MCP on developing and implementing a long-term, cost-effective EHR solution. Our approach to meeting this need is described below.

We believe that the choice of the EHR solution is very important and that it is in the best interest of the MCP to make the final determination regarding the selection of the EHR provider. We recognize it may be more effective for the MCP to “own” the primary contractual relationship with the EHR vendor, while Centurion assists the Prison in the selection and implementation of the new EHR system. The EHR system can be thought of much like other utilities (e.g., jail management system, phone services, electricity, or water) associated with the operation of a Prison system.

Though a component of the healthcare program, the EHR solution is more permanent and should not be, in our opinion, subject to the fluctuations of healthcare vendors. We recently helped our client agency, the **Vermont Department of Corrections**, dismantle an EHR system that was provided by the previous contractor – the same healthcare contractor that currently provides services at the MCP. The Vermont DOC is a blended jail-prison system with just over 1,500 inmates and thus has several similarities to the MCP. The agency was unhappy with the functional limitations of the EHR and, because the EHR was proprietary to the prior contractor, it was necessary to install a completely new EHR system. This would have been unnecessary had the Vermont DOC owned its EHR contract with a third party EHR vendor.



Based on this experience, we have a detailed understanding of CCS' ERMA system capabilities and recognize that it does not function as a true EHR. Rather, ERMA functions as an electronic file-keeping system for scanned healthcare documents that must be manually indexed with regard to the type of form they represent.

The fact that healthcare documentation must be manually scanned into ERMA means that current healthcare documentation is often not available in the electronic record. Backlogs in scanning can accumulate quickly and require multiple days of manual work to overcome. When scanning and filing back up, current information is not visible when it may be needed most, e.g., during a medical emergency or when facility administrators are determining an inmate's housing placement and transfer eligibility. Documentation scanned into ERMA must be manually printed when the inmate is transferred to another facility or system; inter-operability capability with other EHRs is not available.

While easy to implement and use, ERMA lacks fully operational electronic interfaces with pharmacy and other subcontractors such as radiology and laboratory. Many steps that can be automatic in a true EHR, such as transcribing medications onto Medication Administration Records, must be completed manually and take multiple steps that are prone to human error, time consuming, and can result in important healthcare information being missed or inaccurate.

Similarly, the interface between ERMA and the offender information management system is typically only partial. Healthcare information (e.g., mental health or medical treatment needs) that custody staff require when transferring inmates is not available through the interface. Security flags/codes such as work camp eligibility are not automatically populated across the interface. The limited interface does not allow security staff to

identify which inmates have offsite medical appointments. Instead, such notification must be made manually.

Using ERMA, most of the reporting required by the City for MCP healthcare delivery must be completed through separate logs and manual counting, rather than through automated reporting. While certain items can be reported through ERMA, such as the number of chronic care appointments, the content of those appointments and the number of patients whose chronic medical condition is well-controlled cannot be tracked through automated reporting. Scheduling and tasking of referrals and future appointments is not patient specific, and this can result in duplicate or missed appointments, tests, and reports.

In general, whenever a manual process is required, delays and human errors increase, resulting in more staff labor and exposing the City, MCP administrators, contracted healthcare staff, and patients to adverse outcomes and their consequences.

Centurion recognizes that the City has not required an EHR as an essential component of this RFP. However, we believe implementation of a fully operational EHR will yield cost savings and improve service delivery efficiencies, and that almost any “true” EHR will be an improvement over what is currently available. If the City desires an EHR at the MCP, Centurion will collaborate with the City as desired to select, implement, and maintain the EHR. We are confident the City will not find a healthcare partner with more knowledge about EHR selection and implementation.

Centurion closely tracks the latest advances in EHR solutions and the EHR products available to the market. While other companies may propose specific EHR solutions, often for ulterior motives not necessarily in the interest of the client agency, Centurion remains neutral and objective in our view of the various EHR solutions available today. We have experience assisting various correctional systems with the selection and implementation of EHR solutions, and our strength lies in our experiences and relationships with a variety of EHR solution companies.

Centurion has recently evaluated nine EHR systems:

- Fusion GE Centricity
- Marquis eOMIS
- ATG
- Cerner
- CorEMR
- MedUnision DocSynergy
- CorrecTek
- EHRs-C
- Sapphire EHR

To conduct our evaluation, Centurion established an EHR Task Force consisting of approximately 20 leaders from our medical, mental health, nursing, clinical operations, pharmacy, telehealth, and information technology service areas. Based on our review, we have determined that Diamond Pharmacy’s Sapphire EHR represents the most cost-effective solution to the City’s healthcare records management needs. We have very

positive experience with Sapphire in our Pennsylvania and Minnesota Department of Corrections programs.

A full description of the Sapphire EHR, which includes an electronic Medication Administration Record (eMAR), is provided in **Attachment A** at the end of our Section 6 responses. Sample screenshots of the Sapphire EHR system are provided in **Attachment B** immediately following Attachment A. Unlike ERMA, which must be replaced when the City changes healthcare contractors for the MCP, the Sapphire EHR/eMAR is a stand-alone platform that can remain the City's long-term solution, regardless of the healthcare and pharmacy contractors providing services at the MCP.

Sapphire will benefit the City, MCP facility administrators, and healthcare service delivery at the facility in the following ways:

- High value, low cost solution with minimal start-up and data transfer fees
- Elimination of manual labor in scanning, printing, logging, and reporting healthcare records and services
- Automation of required and as-needed reporting, including required reporting to the City, MCP administrators, and the Georgia Department of Public Health
- Elimination of multiple paper logs and double-entry tasks for healthcare processes
- Up-to-date automated records that ensure a current record of services and healthcare needs is available when and where it is needed
- Automated interfaces that speed information flow and support facility administration needs
- Electronic Medication Administration Record that improve accuracy and efficiency of medication inventorying and administration
- Automated referral, tasking, and scheduling of healthcare services that improve efficiency of service delivery

Expendable Medical Supplies

Centurion understands that we are financially responsible for medical supplies and services required for inmate healthcare at the MCP, except as specifically identified by the City. We are accustomed to providing medical supplies and equipment necessary to provide a healthcare program that meets community standards of care, and will do so at MCP.

Centurion will provide medical supplies and equipment through our subcontractor, **McKesson Medical-Surgical**. McKesson is the national leader in medical and surgical supplies and equipment. McKesson has served the corrections market for over 30 years and carries more than 200,000 medical-surgical products in every major product category (from gloves to medical



equipment to pharmaceutical supplies and incontinence care products and much more). McKesson provides products for each of our Centurion statewide contracts. During the startup and transition phase of the contract, Centurion anticipates that we will be able to collaborate with the current medical contractor to inventory existing medical supplies and equipment and ensure we understand utilization trends. We will make the initial investment in medical supplies and equipment as necessary to ensure the medical clinic and other healthcare areas continue to be properly equipped and supplied.

All Other Office Supplies

Centurion agrees to provide office supplies, printing, manuals, telephones, and computers not directly involved in the actual point of delivery for inmate medical care.

We appreciate that the MCP will provide the office space, clinic space, and durable medical equipment and security that will allow us to provide medical services to the offender patients at MCP. We appreciate the MCP's commitment to provide daily cleaning, building maintenance, and housekeeping services for the medical services areas.

The Sheriff's Office can be confident that Centurion will be an active collaborator in maintaining the safety and cleanliness of the Prison environment.

Formulary Development and Management

Centurion's pharmacy department will provide formulary development, management, and adherence. At the MCP, we anticipate that non-psychiatric medication formulary exception requests will be reviewed by the Centurion Medical Director or a designee when absent. With MCP approval, requests can be made and received through Centurion's proprietary database. This database will be customized to MOCO's approved formulary, similar to what we have already established for our GDC contract.

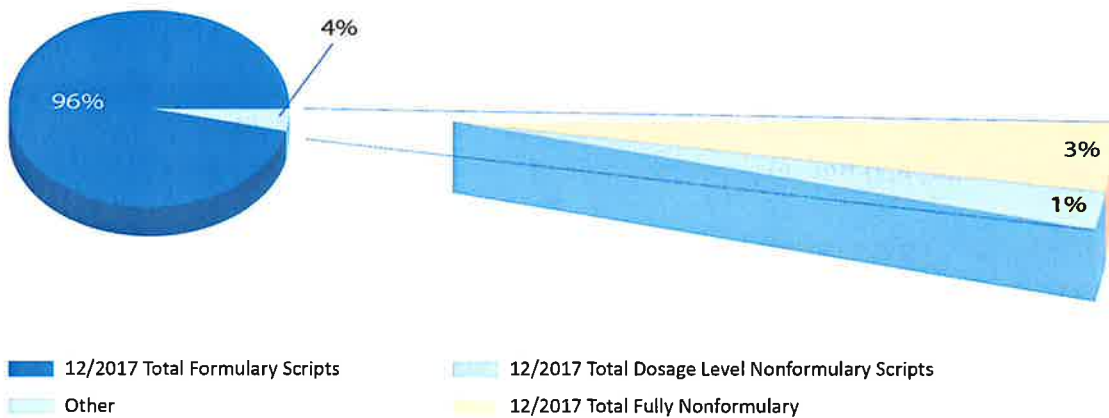
Formulary Exception Requests are managed in this system and maintained for at least five years. If more information is required to make a decision, direct feedback is provided. If a request is denied, the reason is always given directly to the requesting provider.

Any outliers in terms of excessive utilization of provider non-formulary requests will be managed on a quarterly basis by Centurion's Medical Director. Across our other contracts, we have demonstrated consistent success in training our providers in formulary adherence and compliance with the non-formulary exception request process. In our GDC contract, we currently have a 10% denial rate for non-formulary requests. We believe this is a healthy denial rate that demonstrates the fine balance between maintaining primary formulary adherence with enough flexibility to ensure that patient needs are being met when a non-formulary medication is the best clinically appropriate option.

Examples of Formulary Oversight and Adherence

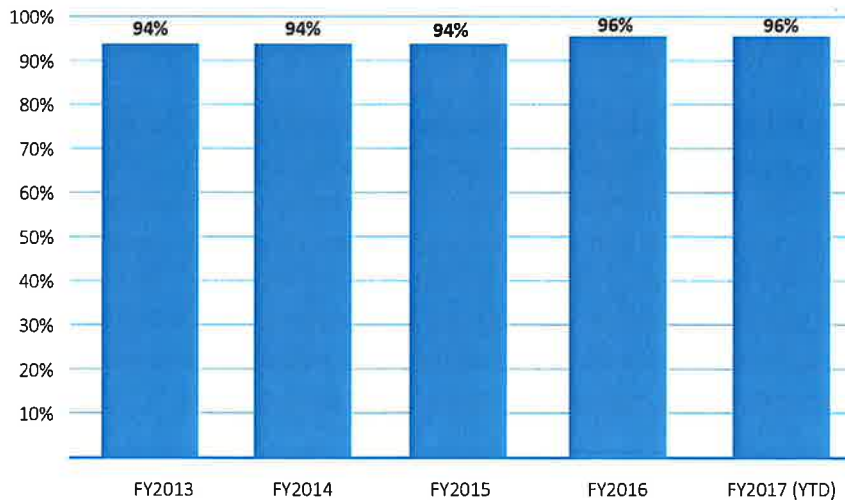
In our GDC contract, recent provider ordering data from December 2017 shows that **our formulary compliance rate at the GDC is currently 96%**. Seventy-five percent of the remaining orders (or 3% of total orders) were fully non-formulary and 25% (or 1% of total orders) represent dosing levels that are non-formulary. The graph below summarizes these results.

GDC Contract Formulary vs. Nonformulary Prescriptions in December 2017 by MHM Prescribers (N=14531)



The following graph provides an additional example of our formulary adherence results. Since assuming responsibility for comprehensive healthcare services for the Massachusetts Department of Correction in 2013, Centurion has achieved consistent levels of compliance with the comprehensive medication formulary:

Centurion Formulary Adherence- Massachusetts DOC



To support formulary adherence in the Muscogee County Prison contract, members of Centurion's Clinical Pharmacy Management team will hold regular training meetings with our providers. During these sessions, we analyze multiple parameters including formulary adherence. We analyze the cost of medications prescribed by clinicians and utilize peer comparisons to identify outliers in each contract.

As evidenced by a 96% compliance rate, our providers are encouraged to use medications on the formulary as first line agents whenever possible. However, in some instances it becomes medically necessary for a provider to prescribe a medication that is not on the formulary. Centurion will support use of non-formulary medications in the rare instances in which they are medically necessary. Our non-formulary exception request process provides an effective review and approval process that ensures non-formulary pharmaceutical agents are available when needed, but only when needed. Our providers will submit non-formulary requests to Centurion's Medical Director, where the requests will be adjudicated.

Based on utilization data in Appendix C of this RFP, the non-formulary utilization rate at MCP in 2017 was approximately 25.4%, or 384 inmates receiving non-formulary medications out of 1,512 total inmates receiving medication orders in 2017. Based on the history of formulary compliance noted above in our other contracts, we are confident that we can assist the MCP in achieving higher rates of formulary compliance in the new contract.

Changing Standards of Care and New Medications

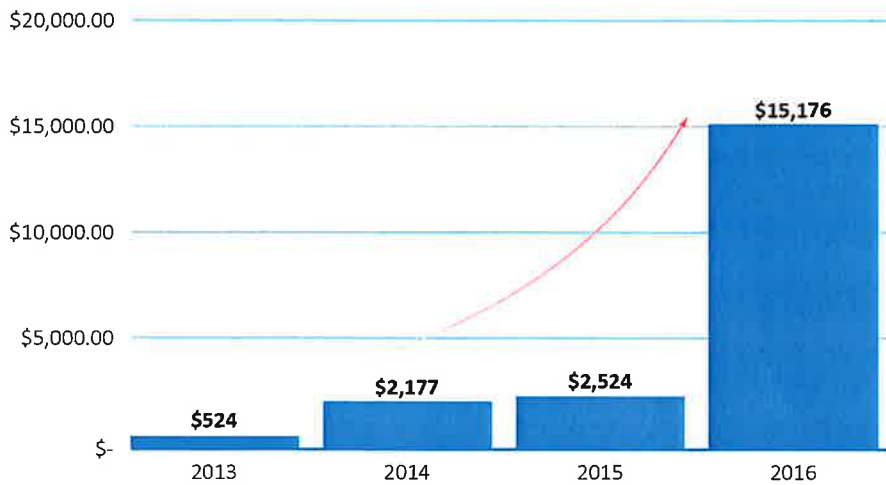
Centurion's Pharmacy Management team will collaborate with our Medical Director and staff as newly approved agents come to market. We will collaborate actively with the staff to assist in determining the appropriateness of these medications for inclusion in the formulary.

Centurion's Pharmacy Management department routinely begins evaluating treatments years before they are FDA approved. For example, for many months we tracked a third combination therapy for Hepatitis C, Zepatier, in advance of its FDA approval and market release in early 2016. We are closely following the development of ITI-007, an investigational antipsychotic that if approved, might be a significant improvement over several marketed agents. We are monitoring the development of several gene replacement therapies targeting sickle cell disease that could be curative for the disease but are projected to cost up to \$1 million per patient.

Over the last two years, we have watched the Hepatitis C medication market change dramatically. We have been advising our clients for over a year to anticipate that the advent of interferon-free regimens will likely cause the price of interferon to skyrocket. As direct-acting antiviral medications have become the standard of care for eligible chronic Hepatitis C patients, we have warned correctional departments to begin the process of budgeting for the widespread use of the new medications. The standard of care has shifted away from long duration interferon based therapies. Based on the standard of care, the

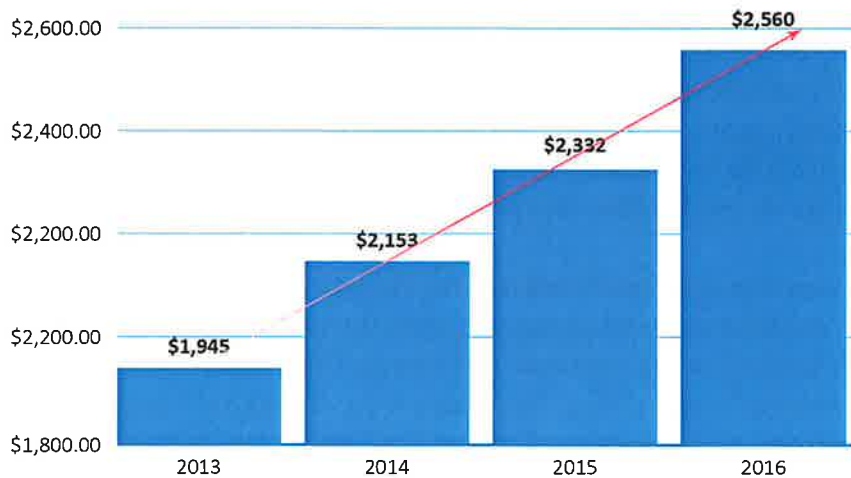
cost of treatment has skyrocketed. Recent increases in the per-patient cost of HCV treatment from another Centurion program are shown in the following graph:

Average Monthly Cost of Hepatitis C Medications Per Patient Receiving HCV Treatment



Similarly, HIV drug development has resulted in a number of expensive fixed dose combinations that combine multiple agents into a single pill. Although MCP does not house HIV patients, the market forces and newer medications that drive up the cost of treatment illustrate the challenge that Centurion faces in our successful efforts to reign in pharmaceutical costs. We pursue these efforts whether or not we are fiscally responsible for the medications.

Average Monthly Cost of HIV/AIDS Medications Per Patient Receiving HIV/AIDS Treatment



Centurion is committed to protecting our clients from market-driven cost increases to the extent possible under evolving clinical standards of care.

In addition to monitoring the development of ITI-007, we expect to see at least one additional novel antipsychotic enter the market during the life of this contract. In April 2016, Pimavanserin was approved by the FDA after being given a “Breakthrough Therapy Designation” by the FDA. This designation acknowledges its novel action and the possibility the drug will address an as yet unmet need. We foresee this medication being prescribed in significant amounts in the community, but due to its very high costs and limited evidence base, its use in corrections may be more limited.

Lastly, the obesity epidemic in the United States has spurred the development of drugs to treat non-alcoholic fatty liver disease (NAFLD) and non-alcoholic steatohepatitis (NASH), which involves both fatty infiltration of the liver and liver inflammation. We anticipate that these medications will be approved during the life of this contract and will gain widespread use in the community.

The City can be confident Centurion will provide ongoing communications and collaborate with the MCP to determine the best approach to these high-cost developments.

Factors Impacting the Pharmacy Industry

While we have been able to keep our clients’ medication costs under control, Centurion appreciates that managing pharmaceutical costs is a continuous process. Centurion’s pharmacy management team will continue to monitor industry developments and educate our providers on the challenges that will affect the pharmaceutical industry in the coming years. We expect multiple issues to exert significant pressure on medication costs in the near future.

Drug Shortages and Generic Price Increases

According to the Food and Drug Administration, the number of drug shortages has increased over 300% since 2005. Continued disruptions in the drug chain supply are expected. Shortages in medications for medical and psychiatric conditions have resulted from:

- Consolidation of pharmaceutical companies
- Production facility shutdowns related to noncompliance with good manufacturing practices
- Voluntary recalls or holds placed on production due to quality problems
- Interruptions in raw material acquisitions
- Limited manufacturing capacity in the face of increased demand and manufacturers’ decisions to halt production of low-profit drugs

For example, a comparison of the top 200 medications dispensed for medical conditions between January 2015 and April 2015 showed an average price per unit increase of 58%. In three of our contracts, the cost of a tube of steroid ointment went up by 2,000% over the course of a few months. To address this challenge, we met with our Pharmacy and Therapeutics Committees and recommended a more cost effective alternative to be interchanged. The Medical Directors received detailed utilization reports of the inmates on these medications and sent these reports out to the providers. The providers were able to evaluate their patients and were able to switch to a therapeutic alternative. This resulted in savings and cost avoidance of over \$240,000.



We make all of our cost based prescribing decisions based on the latest peer reviewed clinical evidence to ensure the standard quality of care.

Shortages have resulted in ***previously unforeseen price increases*** in older generic medications such as generic Thorazine and Haldol. Several other widely used medications including carbamazepine (Tegretol), amitriptyline (Elavil), and divalproex (Depakote) have had supply chain interruptions and large increases in acquisition costs.

Because we work with multiple pharmacy vendors, we are in a unique position to decrease the potential impact of medication price increases on patient care. Centurion quickly obtains and delivers updated medication cost information to our providers. Our relationships with multiple pharmacies allow us to help select appropriate and equivalent dosing of alternative medications when medication prices suddenly skyrocket.

For example, in early 2012 and without warning, the price for generic Thorazine tablets increased **over 400%** in our medical and behavioral health contracts. We immediately met with our Medical Directors and prescribing providers and were able to implement clinically appropriate initiatives to mitigate this impact while monitoring patients to avoid any adverse outcomes.

Increased Safety of Medication Selection

We recognize the importance of medication choice in the treatment of patients with co-occurring disorders. Bupropion (Wellbutrin), is one of the most widely diverted and abused psychotropic medications in corrections. As you are aware, some patients crush and then insufflate (snort) bupropion, leading to a “high” similar to cocaine or amphetamine. Misuse of bupropion in this fashion can induce seizures, tachycardia, cognitive impairment, tremor, and treatment-resistant depression. Diversion of any medication of abuse in correctional environments can contribute to underground markets, prisoner-on-prisoner coercion to obtain the desired drug, and gang-related violence. Bupropion abuse has begun to be detected in the community, as a recent study out of Canada confirmed.

Reducing reliance on medications that can be abused

Centurion's efforts to increase safety in the selection of medications and reduce the availability of medications that can be used are systematic and ongoing. Centurion is well aware that medications for pain management are among those most likely to be abused, as evidenced by the national epidemic of opioid addiction. Treatment of pain is a common challenge for both dentists and physical health providers in corrections, and Centurion has supported evidence-based treatment in this area while simultaneously reducing risk of medication abuse and diversion.

For example, recent adjustments to Pain Management Guidelines in our program for the New Hampshire Department of Corrections ensured that the program remains consistent with evidence-based standards while simultaneously enabling our physical health providers to reduce use of addictive narcotics by 50%. When clinically indicated, pain management interventions have focused on physical therapy and non-narcotic analgesics.

Centurion has taken active steps to address bupropion abuse in corrections. We have systematically assisted state correctional systems in changing bupropion to non-formulary status and provided training to psychiatric staff regarding the risks of the medication being abused. Although bupropion possesses some unique pharmacologic properties, there are other medications such as venlafaxine that have similar levels of effectiveness. Although the cost of venlafaxine is higher than that of bupropion, for safety reasons, we have encouraged psychiatric providers to use venlafaxine.

Polypharmacy Reduction

Centurion recognizes the challenges involved with polypharmacy and has developed provider training to address this issue. Centurion's training addresses the importance of reducing the complexity of medication regimens and eliminating unnecessary medications through instructions about specific, commonly prescribed, medications. The goals of the training are to ensure prescribed medications are appropriate for existing conditions and to:

- Minimize drug interactions (drug-drug, drug-disease, drug-diet)
- Minimize additive side effects (inappropriate therapeutic duplication)
- Ensure appropriate medication dose and treatment duration
- Ensure communication between multiple prescribers

The training covers the following topics:

- Medication Management - Polypharmacy
- Role of aspirin for primary prevention of cardiovascular outcomes
- Concurrent NSAIDs and aspirin use

- Role of Niacin and Fibrates in cholesterol management
- Recommended treatment options for hypertension
- Duplicate proton pump inhibitors and H2 Use

Centurion's Pharmacy Management Team uses pharmacy data to monitor and trend reductions in polypharmacy. Evaluation of patients on multiple medications and comparison of prescribing practices against evidence-based guidelines resulted in several recommendations to reduce the most common forms of polypharmacy.

Recommendations include:

- Consider combining HCTZ and another antihypertensive into a single tablet (formulary).
- Latest hypertension treatment guidelines recommend avoiding combination therapy. If prescribing concurrent ACEI and ARB therapy, verify both are required.
- Consider combining metformin and glyburide into a single tablet (formulary).
- Consider discontinuing gemfibrozil and fenofibrate. Newest guidelines target LDL and medical evidence have not demonstrated benefit with fibric acid derivative on all-cause mortality.
- Niacin may increase blood sugars. Consider discontinuing in diabetic patients.
- Niacin use with statins raises side effects and provides no additional mortality benefit. Consider discontinuing.
- Ensure APAP use is medically necessary. APAP is available for personal purchase in canteen for non-medically necessary indications.
- Ensure NSAID use is medically necessary. NSAID is available for personal purchase in canteen for non-medically necessary indications.
- If patient on NSAID and proton pump inhibitor, determine if NSAID is medically necessary or can be discontinued.
- NSAID may counteract aspirin effects. Consider discontinuing NSAID.
- Caution with use of NSAIDs in patient with cardiovascular history. Consider conversion to naproxen if continued use is required.
- Ensure high vitamin D dose (50000 IU) limited to a maximum of 8 weeks. Then drop dose to 400 IU.
- If patient is receiving duplicate therapy with proton pump inhibitor and H2 antagonist (acid reducer), consider discontinuing one of these medications.
- Monotherapy with short-acting insulin increases risk of hypoglycemic events. Confirm the patient is not on a basal insulin and consider converting or adding NPH.
- Nonselective beta-blockers (propranolol, carvedilol, carteolol, etc.) may mask signs/symptoms of hypoglycemia.

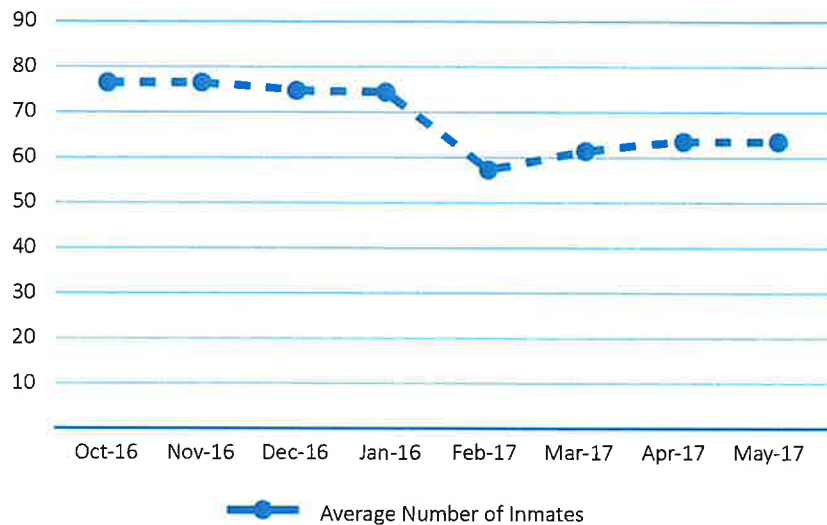
- If patient is receiving more than three oral diabetic medications, consider use of insulin and discontinuing one or more oral agent.
- Nonselective beta-blocker may counteract asthma medications.
- If patient is on multiple antidepressants, consider discontinuing one.
- If patient arrives on multiple benzodiazepines, consider consolidating and tapering to discontinuation.
- Dose consolidation may be possible.
- Anticholinergic medication may exacerbate constipation.
- Anticholinergic medication may increase intraocular pressure in glaucoma patients. Consider discontinuing.
- Anticholinergic medication may exacerbate BPH symptoms. Consider discontinuing.
- Avoid metformin, pioglitazone, and rosiglitazone in advanced heart failure patients.
- Caution with use of ACEI or ARB with KCl supplements. May increase risk of hyperkalemia.
- Caution with metformin in heart failure patients. May increase risk of lactic acidosis. Discontinue if SrCr goes above 1.5 mg/dL.

Centurion's Pharmacy Management Team uses pharmacy data to monitor and trend reductions in polypharmacy. Evaluation of patients on multiple medications and comparison of prescribing practices against evidence-based guidelines have resulted in interventions to reduce the most common forms of polypharmacy.

We have implemented a companywide polypharmacy initiative to review inmates that are on 15 or more medications. The review of the patient's chart focuses on therapeutic duplication, drug interactions, diagnosis, laboratory monitoring and diagnosis to ensure the patient is receiving the correct medication based on evidence based guidelines.

The chart example below is for a state that has an average daily census of 19,486. The average number of patients on medications is 8,246 or 43% of the total population. The number of patients on 15 or more medications has decreased from a high of 80 down to 62, which now represents 0.75% of the patients on medications.

Number of inmates on 15 or more medications, including OTC's, has decreased by 22%



Once we begin to receive detailed medical pharmacy utilization reports we will be able to implement this initiative and anticipate similar success in the MCP.

Training on Pharmacotherapy

Centurion will use our extensive teams of clinical pharmacists and experienced Medical Directors to provide regular training and educational programs for our providers. This training will address drug interactions, polypharmacy, and other issues that affect complex patients.

We will focus training on reducing polypharmacy, improving care for complex patients, and reducing reliance on psychotropic medications by female patients as clinically indicated. A description of our polypharmacy reduction training is provided earlier in this section. Our pharmacy utilization tracking permits identification of individual provider polypharmacy practices. The data are shared with the Centurion Regional Medical Director and Psychiatric Director. The Medical Directors, in collaboration with Centurion's Pharmacy Management department, analyze the data to determine where corrective action is needed to address medication prescribing practices of individual providers. Programmatic or systemic issues in prescribing practices are addressed through training; issues with a specific provider are addressed individually.

An overview of the analysis of prescribing practices is shared with the providers. As previously noted, the Pharmacy Management department provides onsite educational seminars to the providers on evidence-based care and updates to national guidelines in medication use, formulary compliance, polypharmacy, medications with abuse potential, and cost-related issues including manufacturing shortages and medications for which

generic formulations are expected to become available.

Recent Pharmacy Management trainings relevant to the reduction of polypharmacy and support of appropriate pharmacotherapy for complex patients include:

- The anticholinergic burden of medications and their link to increased risk of Alzheimer's disease and other forms of major neurocognitive disorders (dementia)
- New warnings on the cardiac side effects of hydroxyzine (Vistaril)
- Risk that ibuprofen co-administration with cardioprotective aspirin may completely negate the cardiac benefits of aspirin
- FDA labeling changes for NSAIDs and how to properly prescribe NSAIDs and minimize cardiovascular risk

Centurion's Pharmacy Management team is eager to expand our trainings and pharmacy management initiatives to the MCP medical services program. Our Pharmacy Management team presents regularly at national conferences such as the National Commission on Correctional Health Care. For example, our training on NSAIDs and minimization of cardiovascular risks was presented at the October 2014 National Conference on Correctional Health Care.

Shared Savings...*the difference between Price and Cost*

The unique specialty service components described above are more than value-added services; they will drive new efficiencies and allow Centurion to return *real savings* to the City over time. It is difficult to forecast the financial impact of these and other Centurion cost-saving initiatives at this point in time.

For this reason, we emphasize the difference between *price* and *cost*. Centurion's co-founding company, MHM, has a long history in corrections of finding ways to lower costs and return savings to the company's client agencies during the life of a contract. Although finding and returning savings to clients may lower the revenue for a given contract, we see the value in an open and flexible relationship that leads to longevity of the relationship. There have been instances where our client agencies have requested we utilize the savings to develop new services and programs that were previously unaffordable to the agency.

Based on utilization data in Appendix C of this RFP, we understand that an average of 126 inmates each month were prescribed medications in 2017. Upon contract award, we look forward to working with MCP leadership, Diamond Pharmacy, and our corporate pharmacy management department to review current prescribing patterns and make recommendations for best-practice, cost-effective prescribing improvements.

We believe we stand alone in our industry in terms of reducing costs through price reductions for our clients. We routinely review the contracts and amendments of our

competitors through open records requests and do not see a trend of downward price adjustments or shared savings among other companies in the industry. More often we see demands for out-of-contract price increases or reductions in services, or worse, threats to abandon contracts and early termination of contracts. This has not been our organization's practice.

In-Clinic Labs

Centurion will meet City requirements for diagnostic and laboratory services. We understand and accept that we will be responsible for scheduling, coordinating, and paying for diagnostic and laboratory services conducted onsite and offsite, except for those diagnostic and laboratory services that are provided to MCP patients at **Piedmont Columbus Regional** or any other approved facility.

We appreciate that most diagnostic and laboratory testing services at the Prison will be associated with the receiving screening and/or the comprehensive health assessment for newly received inmates. Centurion will follow City requirements and national standards for diagnostic and laboratory tests in these cases.

Our laboratory services will meet the following minimum timeframe standards, if approved by MCP:

- Availability of STAT laboratory test results within 24 hours of the specimen being received by our laboratory subcontractor
- Availability of RPR test results for syphilis within 72 hours

In addition to completing screening tests for the intake and receiving process, Centurion providers will order diagnostic and laboratory tests as clinically indicated to monitor patients with chronic illness. To assist providers in delivering evidence-based care, Centurion has developed ***Clinical Guidelines for Preventive Screenings***, ***Clinical Guidelines for Diagnostics***, and a ***Laboratory Testing Formulary***. While several of these guidelines may be applicable only rarely in the Muscogee County Prison due to the short average length of stay for the population, they illustrate our commitment to consistent, evidence-based care.

Centurion Guidelines

Preventive Screenings Guidelines

- Abdominal Aortic Aneurysm Screening
- Annual Health Assessment
- Cervical Cancer Screening
- Lung Cancer Screening
- Mammograms
- Osteoporosis Screening
- Prostate Cancer Screening

Diagnostics Clinical Guidelines

- Computed Tomography (CT) Scan following head injury
- Electrocardiogram (EKGs)
- Nasal injuries
- Post Endoscopy follow-up
- Sleep study
- Testicular ultrasound in the diagnosis of Testicular Cancer
- Transplant evaluations

Following contract award, Centurion will submit our Clinical Guidelines and Laboratory Testing Formulary to the MCP for review and approval. We will not implement these protocols without prior MCP authorization.

We have contracted with **LabCorp** to provide laboratory services at the Jail. As one of the largest independent clinical laboratories in the nation, LabCorp provides leading-edge medical laboratory tests and services through a national network of primary clinical laboratories and specialty testing laboratories. With scientific expertise in esoteric testing, genomics, and clinical and anatomic pathology, LabCorp processes tests on approximately 500,000 specimens each day, applying advances in medicine and science to laboratory testing.



LabCorp operates a sophisticated laboratory network, with corporate headquarters in Burlington, NC, and more than 50,000 employees and 220,000 clients. Through LabCorp, we will provide Clinical Laboratory Improvement Amendment (CLIA) compliance as required for in-house laboratory services. Centurion and LabCorp will comply with national and state laws, rules, regulations, and standards regarding recommended analytical methods and procedures.

Through LabCorp, Centurion will provide:

- Provision of required laboratory supplies and centrifuge equipment
- Pick-up and delivery on a daily basis, Monday through Friday
- Courier services for STAT lab work
- Reporting capability within 24 hours

Centurion will ensure that LabCorp has a quality assurance plan, which includes the calibration and check of reagents. Centurion will provide a utilization report delineating the number of laboratory services provided each month on the health services report.

A physician, nurse practitioner, or physician assistant will review laboratory results following receipt to assess the follow-up care indicated and to screen for discrepancies between the clinical observations and laboratory results. The onsite or on-call physician will be notified immediately of each STAT or critical laboratory report. Laboratory services will be available daily.

Abnormal laboratory services will be brought to the attention of a medical provider immediately (same day) upon receipt. The provider will review and make a notation regarding these abnormal results and a plan of care subsequent to the abnormal result. Patients with abnormal laboratory test results will be scheduled for follow-up based on the provider's review and plan of care.

Normal laboratory results will be shared with the patient at the next scheduled visit (e.g., routine sick call or chronic care visit).

In-Clinic X-Ray Services

Centurion will provide routine radiology services through our subcontract with **MobileX**. We understand the importance of minimizing offsite medical trips when radiology services can be provided on site. We will provide the MCP leadership and/or designee with monthly itemized verification of our onsite x-ray services, using the report or verification format approved by the MCP.



Based on utilization data in Appendix C of this RFP, we understand that x-ray service volume at the MCP was approximately 11 per month. Additionally, there were only two offsite radiology appointments in 2017. While these numbers are low, we are confident that MobileX will be able to maintain or improve upon these results in the new contract.

Radiology examinations that are required but beyond the capabilities of MobileX will be scheduled and performed at *Piedmont Columbus Regional* or another local service provider approved by the MCP. We anticipate that these exceptions will be rare.

Centurion and MobileX will maintain an Excel log that represents x-rays orders and the status of that order. The information captured on the proposed log for onsite radiology services will include:

Inmate Name	ID #/ DOB	Type of X-ray Ordered	Referring Physician	Date/Time Ordered	Date/Time Interpretation Received
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We understand that ultrasounds are currently provided off site, due to infrequent demand. However, should the need arise, *MobileX* has the capability of providing ultrasound

services. We can easily add onsite ultrasound services if desired by MCP at some point in the future.

Dental Services

Centurion dental services will comply with Centurion best practices, MCP policies, and rules and regulations set forth by the following:

- NCCHC Standards for Prisons and Jails (NCCHC P-E-06 and J-E-06, 2018)
- American Dental Association (ADA)
- Georgia Board of Dentistry
- Center for Disease Control (CDC) standards
- Occupational Safety and Health Administration standards
- Health Department standards and other applicable Georgia state law

Meeting Standards of Excellence



Centurion currently provides dental services for our contracts with Florida, Massachusetts, Mississippi, New Mexico, Tennessee, and Vermont departments of correction. Our sister company, MHM, provides dentists and dental staff for the Georgia and New Hampshire departments of correction as well as two statewide staffing contracts in Nevada and Pennsylvania. This experience, which includes the combined jail and prison services provided in the Vermont Department of Corrections, confirms the strength of Centurion’s programming and ability to provide and oversee dental services for the MCP.

Centurion’s Dental Recruiting Experience			
State	#FTEs	Contract Since	% Position Fill Rate
Florida	169.0	2016	97%
Georgia	22.0	2000	94%
Massachusetts	8.0	2012	96%
Mississippi	8.4	2015	100%
New Hampshire	4.0	2000	100%
New Mexico	4.7	2016	100%
Tennessee	20.0	2012	99%
Vermont	3.0	2015	100%
Total	239.1	--	97%

Centurion’s Dental Program Components

Centurion will ensure the availability of a comprehensive dental program, including diagnostic and rehabilitative services. The program’s goals will be relieving pain, eliminating infections, and restoring the patient’s dental function. We will meet these goals by:

- Diagnosing existing oral conditions
- Providing timely services to relieve pain and eliminate infection
- Offering services that restore adequate masticatory function

We will provide dental services during normal business hours at times approved by the MCP leadership. Due to the relatively small inmate population at MCP, we understand that the dental clinic will likely take place one day each week. However, dental providers will be available on call 24 hours a day, 7 days a week including weekends and holidays, to provide emergency consultation and direction. Following contract award, we will provide MCP administrators with a proposed schedule of the hours that the dentist will be on site seeing patients. We will provide updates to the schedule, as necessary, including immediate notification of MCP leadership in the event of any unexpected changes.

We will provide emergency dental treatment on an immediate basis in a manner similar to any medical emergency. We will refer non-emergency dental complaints for treatment using the medical sick call process. We consider dental decisions to be the sole province of the responsible dentist and not countermanded by non-dentists.

Dental Services Overview

The focus of our dental program will be to provide timely access to dental care for MCP patients, including treatment of infections and pain. We will improve dental and overall health by instructing patients in proper oral hygiene, while identifying and treating emergent, urgent and routine dental needs. We will develop a triage system for emergency, urgent, and routine dental services as part of our program implementation.

Based on utilization data from Appendix C of this RFP, it appears that approximately 72.4% of all dental encounters were the result of needed extractions. We anticipate that most dental services going forward in the new contract will involve similar emergent or urgent dental conditions.

We appreciate that the MCP desires appropriate and uninterrupted care to be provided for patients' ongoing dental conditions. Centurion and will work closely with facility administration, security, programs, transportation, and other health staff and cooperate and coordinate scheduling of routine dental services and manage any required emergency health treatment. The dental program will include but not be limited to:

- X-rays
- Treatment of infection
- Extraction when restoration is not practical
- Pre-operative emergency treatment
- Post-operative treatment
- Periodontal services
- Prosthetic devices

- Restoration of defective and/or missing teeth as may interfere with mastication
- Oral hygiene instruction

The dental program will track statistics related to the dental services provided. We will document treatment plans that identify the oral health condition and specify the priorities for treatment by category. We will obtain dental records for each patient and ensure that necessary information is recorded in the patient's record. We will maintain health records in accordance with NCCHC and ACA standards and MCP/GDC policies.

Oral Screening

Consistent with MCP Policies, a qualified healthcare professional will provide oral screening for patients upon intake into the MCP. The oral screening reviews the patient's dental health history and the need for routine, urgent, or emergent dental interventions. The review will identify any preventive dental services that would benefit the patient and focus on urgent and emergent conditions, to include identification of signs and symptoms of oral cancers. We will provide additional training on identifying dental issues for registered nurses who conduct the initial oral screening.

When a significant dental issue is identified during the intake process, Centurion healthcare staff will refer the patient to the dentist noting the urgency of the referral. If an emergent or urgent need for dental services is identified and a dentist is not available, our medical providers will respond to the patient's complaint with the goal of alleviating the immediate pain or mitigating an existing infection. In consultation with the dentist, our providers may order treatment for infection and/or pain until the patient can be seen by the dentist. For patients with co-occurring dental and medical issues, our primary health providers will collaborate with our dentist to ensure a coordinated approach to treating the patient.

Instructions in oral hygiene and preventive oral education will be provided within 14 days of admission.

Oral Examination

An initial oral examination will be performed by our dentist within 12 months of the inmate's admission to MCP. Patients who are re-admitted to MCP and have received a dental examination within the previous six months will undergo an examination if deemed necessary by the dentist.

The initial oral examination will include x-rays and remedial treatment if necessary. Patients whose assessment identifies a need for services will be scheduled for an appointment with the dentist.

Centurion's preauthorization utilization management processes will include dental services. We will ensure specialty consultations for unusual dental conditions are available through specialty clinics and outside consultants. Specialty dental services must be requested by the dentist using the specialty referral process and consultation and must be requested for dental services that cannot be provided within the facility by the dentist. Our dentist will

make sure that medical and dental information is be shared with the specialist and included in the patient’s health records.

Emergency Dental Care

Dental practitioners will be available 24 hours a day, 7 days a week, and after-hours and on weekends and holidays by telephone for emergency consultation and direction. They will provide dental emergency care including access to immediate assessment and/or treatment in the following situations:

- Post-operative uncontrolled bleeding
- Facial swelling that is of a life-threatening nature or is causing a facial deformity
- Fracture of the mandible, maxilla, or zygomatic arch
- Avulsed dentition – an extremely painful condition that is non-responsive to the implementation of dental treatment guidelines
- Intraoral lacerations that require suturing to include the vermilion border of the lips
- Active infections

Patients in need of emergency dental care will be seen immediately. Our healthcare personnel, properly trained in dental assessments, evaluate the patient and initiate emergency treatment by contacting the onsite dentist, when available, or use the on-call process, if needed, after hours. Dental emergencies are handled by the onsite dentist or on-call provider in the same manner as medical emergencies.

Urgent Dental Care

Centurion defines urgent dental care as a condition that is serious but is not deemed to be an emergency. Centurion will provide urgent dental care for conditions such as:

- Fractured dentition with pulp exposure
- Acute dental abscess
- Oral pathological condition that may severely compromise the general health of the patient

We will ensure that a patient with urgent dental needs or those who have required emergency services are seen within 24 hours, and after emergency dental treatment needs are addressed.

Routine, Ongoing Care

We define routine conditions as those that require treatment to restore the form and function of a patient’s oral tissues, and are not solely elective or cosmetic in nature such as:

- Chronic periodontal conditions
- Non-restorable teeth

- Edentulous and partially edentulous patients requiring replacement
- Presence of temporary, sedative, or intermediate restorations
- Broken or nonfunctional prosthetic appliance

Routine services are provided in accordance with prison and jail NCCHC Standards P-E-07 and J-E-07, *Nonemergency Health Care Requests and Services*. We recognize that the 2018 NCCHC Standards for Health Services for prisons and jails have just been released, and as this proposal is being finalized we are updating our model policies and procedures to reflect the newly released NCCHC standards.

Dental Adaptive Devices

Dental adaptive devices, namely removable prosthetics and dentures, will be provided when medically necessary, as determined by the dentist. We understand from the RFP requirements that the medical vendor will not be responsible for costs associated with partials, dentures, or required oral surgery conducted offsite.

If a patient has been edentulous prior to being admitted to the custody of the MCP, dental providers will conduct a patient-specific evaluation to determine the need for prosthetic devices and/or dentures. In order to receive dentures, patients must have at least three anterior and three posterior teeth missing from the upper or lower arch, interfering with mastication and any necessary operative or restorative dentistry must be completed before dentures are completed. Dentures will not be constructed for aesthetic reasons.

Follow-up Care

The dentist will schedule a follow-up appointment for patients undergoing treatment, such as prosthetics, serial extractions, or infection control. For those patients requiring continuing routine dental work, the patient will be required to submit a *Sick Call Request* for each visit.

Preventive and Dental Hygiene Services

We understand the importance of healthy teeth and gums in a patient's overall care. This may be an especially important service for those inmates for whom the prison is the first time they are assessed for and receive dental care. As such, we utilize a preventive dentistry approach that focuses on self-care practices that help patients prevent the beginning or progression of oral disease. Preventive services include a combined approach of oral hygiene instruction and, when practical, prophylaxis.

The primary purpose of preventive services will be to educate and train the patient on developing excellent oral hygiene skills that will result in improved control of bacterial plaque, the cause of periodontal disease. Preventive treatment will be ongoing, as clinically indicated, to maintain acceptable levels of mastication. Preventive care will include instruction on the proper use of toothbrush, toothpaste, and dental floss, if allowed. We anticipate that oral hygiene supplies will be made available to the patients through the commissary dependent on institutional policies.

In addition, we will maintain educational handouts and posters reviewing oral hygiene and care in the dental clinic areas as an additional form of education for patients. Our patient healthcare education handout for oral hygiene and a patient worksheet for oral hygiene are provided on the following pages as examples of our patient educational tool.



Oral Hygiene – Taking Care of Your Teeth

Taking care of your teeth is an important part of staying healthy. A lot of diseases can get started or get worse because of poor health in your mouth. If your teeth are not healthy, your mouth is usually in pain and you don't feel good. Taking care of your teeth makes your teeth last longer. If your teeth last longer, you can continue to eat all the foods you enjoy.

Taking care of your teeth is an important part of personal hygiene. When you take care of your teeth, they look better. Brushing your teeth can also help stop bad breath.

Tooth Decay and Gum Disease

Taking care of your teeth can prevent cavities. Brushing your teeth helps prevent plaque. Plaque is constantly forming on everybody's teeth - including yours. Plaque is a clear film that sticks to your teeth. The film itself might not sound so bad, but it is very sticky, and it acts like a magnet for germs and sugar. Like ants at a picnic, germs go crazy over the sugar on your teeth. They break it down into acids that eat away the tooth enamel on the outside of your teeth causing the holes we call cavities. The cavity grows larger and as the enamel weakens and the hole eventually reaches the sensitive inner part of the tooth. If the decay is not stopped, the enamel may collapse and an infection may reach the inner part of the tooth causing a painful abscess. In severe cases, the infection may spread to the bone supporting the tooth.

Plaque can cause the gum disease. Your gums are those soft pink tissues in your mouth that hold your teeth in place. Gum disease can make your gums red, swollen, and sore. Plaque collects just beneath the gum line and irritates the gum tissue. This can cause the gums to become inflamed or bleed when you brush. If the plaque is not removed, some of the plaque will harden and turn into what we call tartar. The hard calculus further irritates the gums. As plaque and calculus continue to form, the tissue holding the gums to the teeth is destroyed, leaving pockets between the tooth and gum. These pockets often fill with germs that cause further inflammation. Eventually, this disease destroys the gum tissue and the bone supporting the tooth. At this stage, the tooth may be lost. The medical staff will tell you how often and when you need to test

Taking Care of Your Teeth

To prevent tooth decay and gum disease, it is important to thoroughly brush your teeth to get all the plaque out of your mouth at least twice a day, once in the morning and once at night after you have finished eating. Hold the toothbrush at a 45-degree angle to your gum line. Brush gently back and forth with short strokes, covering just one or two teeth at a time. All of your teeth need to be brushed. Brush the fronts, backs, sides, gums and tongue using an up and down motion. Spend at least two to three minutes every time you brush your teeth to make sure you have covered all of the areas.

Using floss can help to prevent tooth decay and gum disease. Follow the directions on the floss container to make sure that you are getting the most benefit from flossing. If you have questions about brushing or flossing your teeth, please ask the dental staff. We want to help you have a healthy mouth!



How I Can Improve the Care of My Teeth and Mouth

How do you care for your teeth and gums:

Are these statements True or False? (T or F)

- Brushing your teeth everyday causes cavities and tooth decay.
- Brushing your teeth helps prevent bad breath.
- Brushing your teeth will not prevent gum disease.
- Brushing your teeth can help make food taste better.
- Flossing teeth removes extra food that is caught between teeth and helps prevent gum disease.

- Dentures should be kept clean just as much as teeth.

Put a check (V) if you...

- | | |
|---|---|
| <input type="checkbox"/> Use toothpaste | <input type="checkbox"/> Rinse your mouth with water or mouthwash |
| <input type="checkbox"/> Brush teeth at least 2 times a day | <input type="checkbox"/> Brush surface of tongue to fight bad breath |
| <input type="checkbox"/> Brush teeth in a circular motion | <input type="checkbox"/> Use abrasives, powders or acid cleansers to clean dentures |
| <input type="checkbox"/> Brush each tooth inside and out | |
| <input type="checkbox"/> Use dental floss | <input type="checkbox"/> Other |

How I want to improve the care of my teeth and mouth?

Dental Supplies and Equipment

Dental staff will be responsible for:

- Cleaning and maintaining the existing oral health equipment in working order
- The provision of supplies and materials to ensure a functioning operation
- Ensuring compliance with OSHA standards
- Laboratory fees

Excluded Dental Services

Centurion understands that there are dental exempt conditions that are not provided at the Prison. These include:

- Fixed prosthodontics (crown and bridge)
- Orthodontics
- Removal of asymptomatic third molars or impactions without pathology
- Treatment of discolorations, stains, cosmetic defects
- Ridge augmentations, vestibular extensions/implants

Offsite Dental Services/Onsite Specialty Services

We will transfer patients who need dental care beyond the resources available in the facility, as determined by the dentist, to a provider who is able to deliver such care. More specifically, when required services are beyond the scope of the onsite dental staff, Centurion will use approved oral surgery and dental specialists to provide needed services.

We will develop a written list of referral sources, updated annually, to include emergency and dental routine care and will have the list available for use by the dental staff.

When offsite dental services are needed, we will coordinate security and transportation requirements with the MCP. Dental specialty services will be subject to utilization review for determination of medical necessity.

Special Dental Needs

Patients with a broken jaw, a dislocated jaw, or whose jaw is held in a steady position for a significant amount of time by either a wiring of the jaw or by a taping around the outside of the head, will be treated in appropriate medical housing, if available, until the jaw has healed or as medically indicated by the responsible dentist.

Patients undergoing radiation or who have undergone radiation to head and neck, who require dental extractions, will be housed in appropriate housing such as the infirmary until appropriate treatment is completed or as otherwise medically indicated by the responsible dentist or provider.

Refusing Dental Care

If the patient refuses the treatment recommended by the examining dentist or the dentist providing the treatment, a written notation of refusal of treatment will be made in the dental progress notes, which will become part of the permanent record. If the patient refuses to sign a *refusal/Against Medical Advice* form, the form will be completed by two witnesses to the refusal and "refusal to sign" noted.

Dental Infection Control

The objectives of our dental infection control practices will be to educate dental staff regarding the principles of infection control, identify work-related infection risks, institute preventive measures, and ensure prompt exposure management and medical follow-up.

Dental services infection control practices will include sterilization monitoring. Patient care items, such as dental instruments, devices and equipment, are categorized depending on the potential risk for infection associated with their intended use. Critical items used to penetrate soft tissue or bone has the greatest risk of transmitting infection and will be sterilized by heat. Monitoring of sterilization procedures will include methods to evaluate sterilizing conditions and the procedures effectiveness.

Because dental staff are subject to occupational exposure to infectious diseases, Centurion will ensure that dental staff receive infection control training as part of initial orientation. We will provide training when new tasks or procedures are introduced that could affect staff occupational exposure. Education and training will include information specific to their assigned duties including techniques to prevent cross contamination and instrument sterilization. For dental staff who perform tasks or procedures likely to result in occupational exposure, training will include:

- Description of their exposure risks
- Review of prevention strategies and infection-control policies and procedures
- Discussion regarding how to manage work-related illness and injuries
- Review of work restrictions for the exposure or infection

Dental Utilization Management

Our utilization management program will review any offsite specialty dental service delivery for consistent, quality care. We anticipate that the need for offsite specialty dental service will be minimal. To the extent that it is needed, our UM program will ensure that the services performed are necessary and appropriate while meeting or exceeding the MCP's policies and procedures. Necessary and appropriate services will be consistent with the prevention of oral disease or with the diagnosis and treatment of those teeth that are decayed or fractured, or those teeth where supporting structures are weakened by disease (including periodontal, endodontic and related diseases) in accordance with standards of good dental practice.

Record Review Process

We will review dental records for quality assurance purposes, with a focus on quality outcomes. The review will focus on patient records with costly or unusual procedures. The records will be evaluated based on Centurion's policies and procedures as approved by the MCP. When we select a record for review, the dental program will include an appropriate narrative detailing the clinical reason(s) for the procedure along with the requested radiographs. We expect an appropriate narrative to include:

- Short, concise findings
- Reason for treatment option chosen
- Reason why a lesser treatment was not appropriate
- Clear radiograph of the tooth being treated
- Any additional information, not evident on the x-ray, that assists in an appropriate determination

The Centurion CQI program includes an annual peer review process for dentists.

Dental Staff Orientation and Training

Centurion has developed and uses a comprehensive training program to ensure that dental staff, especially dentists, have the required training to provide services to MCP patients. Much of the training that we provide is conducted on site at the facilities, allowing training to include both didactic and hands-on training. Dentists must meet the following training requirements and comply with the Commonwealth of Georgia Board of Dentistry continuing education requirements:

- At least 40 hours of in-service training
- Course on safe opioid prescribing
- Registering with and completing Georgia Prescription Drug Monitoring Program and DEA requirements

Dental Orientation and Training

When a new dentist joins our team, the Centurion Administrator will meet with the staff member to provide an orientation that includes:

- Overview of Centurion
- Our Code of Conduct expectations
- Compliance with Federal, state, and other regulations
- Review of HIPAA, security, and privacy regulations
- Information regarding benefits, resources, and other supports

- Overview of the MCP contract, expectations, and dentist responsibilities

Centurion will have in place a *Dental Provider Orientation Reference Manual* that can be used as part of the initial and ongoing training. This guide will supplement additional written job-specific orientation materials that we will use with staff. New dental staff will be provided with a copy of the Manual for reference, as well as with information on the performance evaluation tool that we will use to determine the quality of services provided by the dentist.

Ongoing Training for Dental and Non-Dental Staff

Centurion provides specialized in-service training to our dental professionals and non-dental medical staff in completing oral examinations, identifying dental emergencies, and assessing patients for early signs of oral carcinomas. We believe this training fosters increased multidisciplinary collaboration in addressing overlapping responsibilities in the screening, evaluation, and treatment processes.

We provide training that is appropriate for nurses conducting intake screening and other medical staff assessing inmates. The training supports rapid identification of the patient's oral health status, including identification of life-threatening emergencies and early signs of carcinomas. Data from the **Oral Cancer Foundation** and other organizations confirm that the incidence of oral cancer is increasing rapidly in the United States. Approximately 95% of oral cancers occur in patients over the age of 40 and, in particular, in patients aged 55 to 69. Centurion will be proactive in ensuring intake screenings continue to include a focus on identifying potential cancers.



Training programs follow any trends that may have been identified through the delivery of dental services. For example, an influx of oral infections may require additional training on how to identify and treat such infections. Other trainings are based on recent findings in the field of dental health and changes to evidence-based practices.

We will continue to provide annual training to non-dental medical staff that supports effective oral assessments at intake and addresses the following topics:

- Equipment needed
- Patient interview
- External observations (e.g., facial asymmetry, swelling, signs of trauma)
- Intra-oral observations (e.g., bleeding, bruising, trauma, periodontal disease)
- Functional abnormalities



- Pain assessment
- Routine/urgent/emergent referral criteria

We will continue to provide annual training to non-dental medical staff in dental needs that result in a life-threatening condition. This training addresses medical assessment of, and emergent care for:

- Post-operative uncontrolled bleeding
- Facial swelling and dental infections (including Ludwig's Angina, difficulty swallowing or breathing)
- Extreme pain that is not responsive to routine pain medications (pulpitis, cracked tooth)
- Traumatic injuries (e.g., fractures of mandible, facial bones, dentoalveolar injuries including avulsed/fractured teeth)

Enhanced Correctional Officer Training

Centurion will provide specialized training for correctional officers regarding dental pain and dental emergencies at the MCP's request. The training will include:

- Inmates' constitutional right to healthcare and obligations of MCP staff
- Seriousness of dental infections and injuries
- Deaths from toothache
- Signs of dental infection
- Deaths from dental infection
- Head and mouth injuries
- Replanting teeth and factors for success
- Inmate conditions and recommended actions

Hazardous Waste Management and Disposal

Centurion will comply with federal, state, and MCP requirements for collection and removal of hazardous waste. We understand biomedical hazardous waste includes needles, syringes, and other materials used in the provision of healthcare services. Air filters used in air recirculation and air conditioning units that are removed or replaced by the maintenance department in rooms considered to harbor airborne pathogens will be treated as biomedical hazardous waste and disposed of accordingly.



Hazardous or biohazardous waste will be placed in red bags or containers that are closable; constructed to contain all contents and prevent leaking; and closed prior to removal to prevent spilling or protrusion of contents during handling. Containers will be labeled with the universal biohazardous signage.

Centurion will take appropriate measures to ensure that only biomedical waste material is deposited within the designated contaminated waste containers. Our staff will be trained in biohazardous waste disposal processes, and the use of hazardous waste receptacles will be monitored through our CQI and infectious disease programs.

Centurion plans to continue using the current sub-contractor, **Stericycle**, to provide medical waste pick up and disposal at the MCP.



Equipment for Conducting Medical Assessments and Procedures

Centurion agrees to pay for and provide our staff with the equipment and supplies required for conducting routine medical assessments and procedures. This commitment includes equipment and devices needed to conduct vital signs, dopplers, stethoscopes, glucometers and test strips, dressings, suture kits, and other related necessary equipment and supplies needed to provide routine and emergent patient medical care.

Withdrawal and Detox

Centurion will provide detoxification and withdrawal management services as clinically indicated for patients with substance use disorders or conditions. We know that while intoxication and withdrawal syndromes are the third leading cause of death in jails, with a death rate of 8.5%, the prison death rate for this condition is only 1%, based on a 2016 Bureau of Justice Statistics report.

From the Healthcare Services Statistical Report in Appendix C of this RFP, we understand that there were no inmate deaths in 2017 from any cause, including alcohol or drug withdrawal. Fortunately, serious, life-threatening withdrawal events are very rare at the MCP.

Nonetheless, risk management is a vital component of successful correctional healthcare programs, and Centurion takes an aggressive approach to the management of this high-risk patient population. Establishing a solid intoxication and withdrawal program is essential to safeguard patients, the MCP, and Centurion.

Centurion staff will utilize MCP-approved detoxification protocols in the evaluation and treatment of patients during acute withdrawal. Our intake nurses will complete the receiving screening questionnaire and inquire as to the patient's use of illicit substances, including alcohol and opiate drugs. The receiving screening will contain inquiries regarding the following:

- Drug history, including type of drugs/alcohol used, duration of use, frequency, amount, and date of last use of drugs or alcohol
- Any history of complications from drug usage or withdrawal

- History of enrollment in drug treatment program

We will provide an alcohol and drug detoxification program that provides safe, effective treatment for patients received at the Jail who are under the influence of alcohol or other drugs and those who are undergoing withdrawal or are risk for withdrawal. Focused treatment for these patients will ensure the quality of treatment provided.

Diversity of Drugs of Abuse and Recent Trends

It is important to recognize the variety of types of drugs being used such as alcohol, benzodiazepines, opiates, barbiturates, and others. Amphetamine-like substances, such as “K-2” or “Spice,” have become increasingly popular among inmate populations. Intoxication with such substances can result in severe autonomic changes, immersive hallucinatory experiences, excited delirium, and death.

Many correctional systems have seen an increase in offsite emergency department trips as a result of acute amphetamine intoxication. The high mortality rate from the national opioid epidemic is well recognized and needs no elaboration here. Most patients who overdose on drugs are using more than one illegal substance simultaneously.

Centurion knows that nurses must take adequate time with the patient at intake to gain a full understanding of the following factors:

- Amount of drug being used
- Hour and amount of last use
- Method of use
- To inquire about previous episodes of withdrawal upon stopping use



Most patients who overdose on drugs are using more than one illegal substance simultaneously.

A thorough and complete assessment is critical and often takes a few extra minutes with the patient to reassure them it is safe to divulge what they used, in order for healthcare staff to adequately care for them. Centurion healthcare professionals are trained to put safety of the patient first and foremost.

In the event a nurse believes the patient may not be fully divulging accurate history, placing the patient on the monitoring program is imperative to avoid negative outcomes. Patients identified at intake, already in severe withdrawal, will be referred to the hospital for medical management utilizing appropriate transport procedures. Patients in mild to moderate withdrawal, or those identified as at risk for withdrawal, will be presented to the physician for initiation of monitoring and treatment.

Medical Necessity of Withdrawal Treatment

Centurion has a robust medical management program to assist physicians in establishing patient specific plans of care, based on nationally recognized treatment guidelines and recommendations. We view treatment of withdrawal as medically necessary care, and describe our approach to detoxification services later in this response.

Illicit substance use is common among incarcerated populations and can occur at any time during the course of the inmate's custody. We appreciate that the ability to provide management of acute intoxication, provision of detoxification services, and/or medical monitoring of withdrawal symptoms will be required for MCP inmates, not just those who undergoing the intake and receiving process.

Collaboration with Mental Health Staff

Centurion recognizes that many patients requiring detoxification management will have chronic medical conditions, and many patients enrolled in chronic care clinics will have a history of co-occurring substance use disorders. While co-occurring treatment is often focused on patients with mental health and substance use disorders, the impact of substance use disorders on chronic medical conditions and the role of medical conditions in influencing substance use are important considerations in the provision of care. Centurion providers and healthcare staff will collaborate with mental health staff in development of treatment plans for patients with co-occurring substance use disorders.

Centurion appreciates that mental health staff will need to play a vital role in the intoxication and withdrawal program as withdrawal from substance use is associated with increased risk for depression, anxiety, psychotic symptoms, and suicidality. Our providers and nursing staff will work collaboratively and seamlessly with psychiatric and mental health staff to ensure a holistic patient plan of care.

Identifying Inmates in Need of Withdrawal Management

As described earlier, inmates entering the Prison will receive a medical/mental health/dental receiving screening upon arrival. The receiving screening will identify and address any urgent medical, mental health, or dental needs of inmates admitted to the Prison.

During the receiving screening, Centurion nursing staff will evaluate newly received inmates for the possibility of alcohol or drug withdrawal. In the rare case that an inmate arrives at the Prison under the influence of intoxicants, the inmate will be screened using the **Clinical Opiate Withdrawal Scale (COWS)** or **Clinical Institute Withdrawal Assessment-Alcohol Revised (CIWA-AR)** and referred to the provider. Centurion nursing staff will be trained in screening and monitoring using the COWS and CIWA-AR. Similarly, inmates at any time during incarceration may be brought to the health services area for evaluation of possible intoxications. When withdrawal management is needed, inmates will continue to be monitored and evaluated until the withdrawal process is complete.

Centurion onsite or on-call providers will be available to nursing staff for consultation and further assessment of these patients. Our providers will ensure that evidence-based detoxification and withdrawal management services are provided as needed, and our registered nurses will provide consultative support for assessment and management of patients requiring detoxification assessment and withdrawal management.

Detoxification Monitoring Status

Patients who require detoxification and/or medical monitoring of withdrawal symptoms will be immediately placed on medical detoxification monitoring status. Treatment and observation will be provided in a substance withdrawal unit under the supervision of a provider.

Centurion providers will promptly treat identified withdrawal symptoms and order clinically indicated medications, laboratory testing, and monitoring schedules. Our nursing staff and providers will monitor and treat patients throughout the detoxification process. Our onsite or on-call providers will assist Centurion nursing staff in ensuring that each patient undergoing detoxification is maintained under appropriate medical observation.

Acute Care Hospital Transfers, as Needed

Centurion providers will quickly respond to any communication from nursing staff regarding patients who are undergoing withdrawal or detoxification. Patients experiencing a severe, life-threatening intoxication, overdose, or withdrawal syndrome will be transferred to an acute care hospital for assessment, monitoring, and treatment.

Detoxification Evaluations and Protocols

For patients identified as in need of detoxification/withdrawal management interventions, the medical evaluation will include:

- Confirmation of an alcohol and/or opioid use disorder diagnosis
- Review of available health records
- Review of medications, allergies, and other contraindications to therapy
- Documentation of patient substance use history, including alcohol and other drugs
- Urine drug screening when clinically indicated (e.g., to identify intoxicants not reported by the patient when signs of intoxication are atypical)
- Screening for infectious disease, including:
 - Liver panel testing for elevated liver enzymes and bilirubin
 - Tests for Hepatitis B, Hepatitis C, and HIV/AIDS
 - Serum creatinine levels to test for the presence of silent renal disease
- A physical examination focusing on physical findings related to addiction and its complications

Patients receiving detoxification services will be placed on appropriate protocols in accord with MCP requirements and in accordance with federal, state, and local laws and regulations. We will ensure that patients being treated for withdrawal are treated following the community standard of care.

It is our understanding that non-pharmacological treatment of substance use disorders falls outside the scope of the RFP. We will refer the patient to the appropriate substance use disorder program and ensure the referral is documented in the patient's health record. We will coordinate our detoxification program with local and regional alcohol and drug treatment programs, including self-help/peer support programs, when possible.

Patients determined to be withdrawing and in need of drug or alcohol detoxification will be transferred to the designated alcohol and drug detoxification unit within the Jail. Detoxification units afford frequent evaluation and monitoring by medical staff in a single location:

- Patients' level of withdrawal will be assessed using the CIWA-AR (Clinical Institute Withdrawal Assessment-Alcohol) or COWS (Clinical Opiate Withdrawal Scale).
- Providers will evaluate the level of alcohol withdrawal utilizing results of the CIWA-AR tool, which provides a clinically based determination as to whether the patient is experiencing mild or severe ethanol withdrawal based on definitions:
 - CIWA-AR Scoring:
 - 0-9 Absent or minimal withdrawal
 - 10-19 Mild to moderate withdrawal
 - ≥20 Severe Withdrawal
- Patients assessed as experiencing severe/life-threatening withdrawal symptoms will be immediately transferred to a local hospital for inpatient management.
- Treatment of mild alcohol withdrawal or impending delirium tremens is aimed at the amelioration of symptoms and does not always require treatment in an inpatient setting. The treatment modality is determined on a case-by-case basis by the clinician in consultation with the Medical Director or his/her designee. We understand that **Piedmont Columbus Regional** is used when needed for more emergent withdrawal cases.
- The level of opiate withdrawal is measured utilizing the COWS assessment tool. COWS scoring:
 - 5 to 12 mild withdrawal
 - 13-24 moderate withdrawal
 - 25-36 moderately severe withdrawal
 - >36 severe withdrawal

- Patients who are assessed as experiencing severe life-threatening withdrawal will be transferred immediately to the infirmary or if deemed necessary by the clinician, to the local emergency room for evaluation.
- If it emesis is present, intravenous fluids will be administered until the patient is able to tolerate a regular diet.
- Serum electrolytes and urine output will be monitored during detoxification.

Patients will be admitted to the drug and alcohol detoxification unit on the order of the Centurion provider. These orders will include but not be limited to: frequency of evaluation with the COWS or CIWA-AR scale (no less than every six hours), frequency of nursing rounds, prescribed medication, level of activity, diet, and necessary treatment.

Treatment for detoxification/withdrawal includes:

- A sufficient number and type of staff to meet the service needs of patients enrolled or admitted to the treatment unit
- Access to inpatient/emergency care as needed
- Use of established protocols for treatment and observation of patients manifesting symptoms of detoxification/withdrawal
- Withdrawal/Detoxification under the direction and supervision of the physician in accordance with local, state, federal laws, and guided by the MCP requirements, *Centurion Clinical Guidelines*, and national standards
- Determination of medication doses by a physician/addiction specialist
- Constant observation by qualified healthcare professionals or health-trained correctional staff for individuals at risk for progression to more severe levels of intoxication
- Laboratory and diagnostic testing in keeping with the *Substance Abuse Manual*, *ASAM National Practice Guidelines*, *Centurion Clinical Guidelines*; appropriate follow-up by providers
- Prompt consultation with the physician if the patient exhibits severe withdrawal symptoms
- Collaboration with substance use disorder and mental health professionals for ongoing treatment
- Documentation of medical interventions/observations in the electronic health record by program healthcare staff
- Substance abuse/alcohol abuse is documented on the patient's problem list

Centurion Clinical Guidelines

To support medical staff in providing detoxification services, Centurion's Chief Medical Officer and medical leadership have developed evidence-based Clinical Guidelines for the management and treatment of alcohol, benzodiazepine, and opiate withdrawal.

The Clinical Guidelines cover:

- Screening, evaluation, and withdrawal assessment
- Use of scoring systems or symptoms to measure withdrawal severity and stage of withdrawal

- Treatment schedules
- Warning signs or complications
- References

Centurion's withdrawal guidelines were developed from the Federal Bureau of Prisons Clinical Practice Guidelines and community practice standards.

In response to the rapid increase of delirium secondary to intoxication with synthetic cannabinoids and amphetamine-like substances, Centurion developed Clinical Guidelines for managing Acute Amphetamine Delirium. Following contract award, Centurion's *Clinical Guidelines for Alcohol Withdrawal, Benzodiazepine Withdrawal, Opiate Withdrawal, and Acute Amphetamine Delirium* will be submitted to the MCP for review and possible adoption.

Staff Training

Centurion's corporate medical leadership will provide training and supervision for Centurion nurses and providers who are responsible for monitoring and treating patients undergoing detoxification. With the approval of the MCP, Centurion medical leadership will provide refresher training at contract onset for nursing staff and onsite providers using the *Centurion Clinical Guidelines*. Training will include and be consistent with relevant MCP policies, suicide prevention during detoxification, and quality improvement. Specific training content will include:

Alcohol Intoxication and Withdrawal:

- Signs and symptoms of alcohol intoxication
- Signs and symptoms of alcohol withdrawal
- Understanding protocols for managing alcohol intoxication and withdrawal
- Completion of the Initial Withdrawal Screening Plan
- Completion of use and follow-up based on the CIWA-AR tool/score
- Medical complications of alcohol withdrawal
- Signs, symptoms and assessment requiring provider notification
- Implementation of protocol and additional provider order
- Patient care and monitoring requirements and associated tools

Benzodiazepine and other Sedative/Hypnotics:

- Intoxication and withdrawal symptoms
- Assessment guidelines
- Management of withdrawal and protocol/medications used
- Patient care and monitoring requirements and associated tools
- Signs, symptoms and assessment requiring provider orders

Opioids:

- Nursing approved intervention to address immediate life threatening symptoms of opioid overdose
- Signs and symptoms of opioid withdrawal
- Signs, symptoms, and assessment requiring provider orders
- Use and understanding of the COWS tool/scoring
- Patient care and monitoring requirements and associated tools

Additional training for nursing staff and onsite providers will focus on detoxification goals, including symptom relief, protection from physical deterioration, and patient safety. Staff will be trained on established withdrawal and detoxification orders and will understand that guidance is available based on review of symptoms, vital signs, and re-assessment by a provider.

Filing Medicare

Based on Answers to Questions in 2013, we understand that the City intends for this requirement to be Medicaid, not Medicare, since Medicare cannot be used for incarcerated individuals.

Centurion has experience in other contracts participating and/or coordinating State Medicaid enrollment. We understand that the Georgia Medicaid program is administered by the **Georgia Department of Community Health**. We understand that inmates who have not yet been convicted are eligible to keep their benefits.



GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

Upon intake, Centurion will first seek evidence of patient insurance. If the inmate does not have insurance, we will work with the Department of Community Health's Division of Medical Assistance to determine if the inmate is enrolled in Medicaid. We will seek reimbursement from Medicaid if any of the inmate's specialty care is covered.

Pharmacy Services

Centurion will work closely with MCP leadership, **Diamond Pharmacy**, and the Centurion Medical Director to ensure that we provide the MCP with required medication-related services and reports within the required timeframes. Our pharmacy and medication record keeping and reporting mechanism are designed to ensure compliance with HIPAA and other governmental



PHARMACY SERVICES

regulations, as well as NCCHC standards. At a minimum, our record keeping will include monitoring and reporting medications ordered, processed, delivered, and disposed.

We understand and accept that Centurion will be responsible for invoicing the MCP on a monthly basis for amounts paid by us, on behalf of MCP, for pharmacy services. The invoice will include required cost details, plus the agreed upon management fee.

Similar to our other contracts, we recommend that our pharmacy subcontractor, Diamond, and Centurion's Medical Director lead a monthly Pharmacy and Therapeutics Committee meeting. Centurion will fully cooperate and collaborate with these committees for the purpose of:

- Additions and deletions to the formulary
- Monitoring usage of pharmaceuticals including psychotropic medications
- Identifying and reviewing each of the following:
 - Prescribing patterns of clinicians
 - Pharmacy utilization trends
 - Over the counter distribution
 - Use of non-formulary medications
 - Medication administration errors
 - Cost effectiveness
 - Other pertinent information relating to pharmaceutical operations

Advantages of Working with Diamond

The Muscogee County Prison will continue to receive the greatest overall value and a full range of enhanced pharmaceutical services from Diamond. Advantages of working with Diamond:

- Unmatched industry-leading knowledge:
 - 100-plus years of retail pharmacy experience
 - 46 years of institutional pharmacy experience
 - 36 years of correctional pharmacy experience
 - 17 years of correctional pharmacy experience in Georgia
 - 10 years of continuous pharmacy services to the Muscogee County Jail
- A pharmacy program already customized for Muscogee County
- Services already tailored to the RFP specifications, without any exceptions to the pharmacy scope of work requirements in the RFP
- The most experienced, educated, and responsive in-house clinical pharmacist staff in the industry
- Diamond's numerous pharmacists with specialty training, including:

- 35 PharmD clinically trained pharmacists
 - Three fully credentialed HIV Expert™ (AAHIVE) pharmacists
 - A Certified Diabetes Educator
 - An Adverse Drug Reaction Coordinator
 - Three Compounding Specialists
 - Two 340B Program Management Experts
 - An Anticoagulation Specialist
-
- A highly trained and knowledgeable in-house support staff who work exclusively in the correctional setting to understand the MCP needs and provide specialized services
 - A fully-staffed information technology department and systems development department comprising in-house programmers that allows Diamond to immediately meet programming needs versus outsourcing to third parties
 - Full-time, personalized customer care 24/7/365, including access to a regularly scheduled registered pharmacist who will assist our staff in making pharmacological decisions
 - Full compliance with federal, state, and local regulatory agencies and accreditation organizations - including the Georgia State Board of Pharmacy
 - Clinical excellence through formulary management, reporting, drug utilization reviews, disease-state management, and therapeutic monitoring
 - A fully dependable delivery model for routine medication orders
 - A reliable national network of backup already established pharmacies to supply same-day emergency medications to the jail
 - In-house legal and compliance staff, available to provide our customers with immediate consultation
 - A comprehensive quality assurance (QA) program and continuous monitoring
 - The knowledge of over 90 licensed pharmacists currently on staff
 - Proper licensure as a Georgia Wholesaler for stock distribution
 - Registered with the FDA as a repackager so they can provide first dose and interim stock in cost effective blister card packaging

Managing Pharmaceutical Inventories and Security

Centurion is familiar with the requirements for stock medications, maintenance of perpetual inventories for medications, returning or disposing of expired and/or damaged medication stock, transferring patient medications with the patient, and ensuring security and key control for narcotic medications on the mental health units. While New Horizon currently provides mental health nurses who perform some of these responsibilities, we

anticipate that most of these duties would be the primary responsibility of contracted medical vendor.

Formulary Management

Centurion will meet City requirements for formulary adherence. We provide a detailed description of our experience and expertise in formulary development and monitoring earlier in our proposal.

Training on Pharmacotherapy

Centurion will leverage our expert team of clinical pharmacists and experienced medical directors to provide regular training and educational programs for our physicians and other licensed providers. This training will address drug interactions, polypharmacy, and other issues that affect complex patients.

We will focus training on reducing polypharmacy and improving care for complex patients with both mental disorders and medical conditions. Our pharmacy utilization tracking will identify individual provider polypharmacy practices and the results will be shared with our Medical Director. In collaboration with Centurion's Pharmacy Management department, our Medical Director will review and analyze the data to determine where corrective action is needed to address the medication prescribing practices of individual physicians. Programmatic or systemic issues in prescribing practices will be addressed through training.

A summary of the analysis of prescribing practices is shared with providers. Our Pharmacy Management department provides onsite educational seminars to the providers on evidence-based care and updates to national guidelines in medication use, formulary compliance, polypharmacy, medications with abuse potential, and cost-related issues including manufacturing shortages and medications for which generic formulations are expected to become available.

Centurion's Pharmacy Management Leadership

Our corporate Pharmacy Management Team provides extensive pharmacy and medication management support activities to our clients, pharmacy contractors, and the medical and/or psychiatric directors in each of our contracts. At a minimum, this contract-specific support includes:

- Formulary and non-formulary monitoring and oversight assistance
- Prescribing and dispensing support through reports and best-practice guidelines
- Pharmacy metrics and medication utilization record keeping and reporting
- Medication storage recommendations and best-practice guidelines

- Polypharmacy analyses, including individual provider prescribing patterns
- Analysis of pharmacy industry trends, including medication efficacy and cost reviews
- Pharmacy and Therapeutic Committee support
- Collaboration with clients and pharmacy vendors to provide contract-specific medication metrics and reporting systems

Pharmacy and Therapeutic Support

Corporate Pharmacy Management Team support for each contract's Pharmacy and Therapeutics Committees includes providing monthly detailed analysis reports, utilization and prescribing trends, as well as monitoring of formulary compliance.

This level of corporate support and participation exceeds the industry standard. We are one of the few healthcare providers in this industry, other than pharmacy contractors, that sends pharmacists into the field to visit correctional facilities and attend client meetings.

Our Pharmacy Management Team consists of Dr. **Gregg Puffenberger**, Vice President of Pharmacy Management, **Vince Grattan**, RPh, Director of Clinical Pharmacy Services, and Dr. **Erik Hamel**, Clinical Pharmacy Specialist, along with a team of analysts and database managers at our corporate headquarters. Our Pharmacy Management Team closely monitors drug cost trends and reports this data to Centurion Regional Vice Presidents, Medical Directors, and Program Managers. Our clinical pharmacy managers are experts in Hepatitis C, HIV, and psychopharmacology therapy. Dr. Hamel is Board Certified in Pharmacotherapy.

Pharmacy Management Leadership



Gregg Puffenberger,
MBA, PharmD
Vice President,
Pharmacy Management



Vince Grattan, RPh
Director of Clinical
Pharmacy Services



Erik Hamel,
PharmD, BCPS
Clinical Pharmacy
Specialist

Our pharmacists work in collaboration with the Medical Directors, Directors of Nursing, Clinical Operations Department, Quality Improvement Teams, and both private and state pharmacy vendors. Our mission is to provide our clinicians with the pharmaceutical expertise that allows them to provide patient services that not only meet but exceed community standards of care, promote rational and objective drug therapy, promote cost effective prescribing practice without compromising patient care, and utilize bioequivalent generic drugs.

Pharmacy Management Successes

We have successfully developed, implemented, and managed formularies in our contracts through multiple steps. Centurion's pharmacy management includes:

- Analyzing reports generated by Centurion's corporate pharmacy analysts.
- Analyzing reports provided to us by pharmacy contractors.
- Collecting metrics on total prescribing costs, psychotropic medications, over-the-counter medications and formulary and non-formulary drug utilization.
- Providing regular reports on prescribing metrics during Pharmacy and Therapeutics Committee meetings.
- Presenting educational trainings during onsite provider meetings. By providing onsite, face-to-face education on prescribing practices, pharmacotherapy, evidence-based practices, and medications currently in the pipeline, Centurion is able to be proactive in managing medication costs and improving care.
- Providing detailed reports on prescriber practices, sharing results with our Medical Directors for follow-up, or contacting providers directly with recommendations.
- Following investigational drugs being developed years before they receive FDA approval so that we and our clients are not caught off-guard by expensive new therapies.

With corporate pharmacy management oversight, we have been very successful in supporting our contract medical leadership with monitoring and managing formulary and non-formulary utilization. As a result, Centurion and MHM have managed drug costs in 14 contracts over the last 11 years with initial forecasted drug costs of \$333 million. Implementing formulary management, utilization of generic medications, and cost savings initiatives resulted in approximately \$145 million in cost savings and avoidance for our clients.



Centurion and MHM have managed drug costs in 14 contracts over the last 11 years providing \$145 million in cost savings to our clients.

Detailed Prescriber Report Cards

Centurion’s pharmacists, pharmaceutical analysts, and database administrator have developed automatically generated reports to help the Medical Director identify areas for improvement in prescribing practices, increase formulary compliance and reduction in polypharmacy.

Centurion will use our corporate pharmacy team to prepare these reports and provide regular training and educational programs for our providers. This training will address drug interactions, polypharmacy, and other issues that affect complex patients.

Provider Report Card							
Date	Provider	Cost	RXs	Cost Per Rx	Patients	Cost/Patient	RXs/Patient
2/1/2016	Dr. 1	\$16,451	574	\$28.66	308	\$53.41	1.86
2/1/2016	Dr. 2	\$8,225	187	\$43.98	122	\$67.42	1.53
2/1/2016	Dr. 3	\$5,487	266	\$20.63	126	\$43.55	2.11
2/1/2016	Dr. 4	\$5,427	360	\$15.07	193	\$28.12	1.87
2/1/2016	Dr. 5	\$4,948	246	\$20.12	158	\$31.32	1.56
2/1/2016	Dr. 6	\$4,264	360	\$11.85	244	\$17.48	1.48
2/1/2016	Dr. 7	\$4,021	221	\$18.19	130	\$30.93	1.7
2/1/2016	Dr. 8	\$3,923	289	\$13.58	184	\$21.32	1.57
2/1/2016	Dr. 9	\$3,541	328	\$10.80	173	\$20.47	1.9
2/1/2016	Dr. 10	\$2,888	134	\$21.55	58	\$49.80	2.31
2/1/2016	Dr. 11	\$2,745	243	\$11.30	132	\$20.79	1.84

The reports are provided to the Medical Directors and at the Provider meetings for educational purposes. Detailed analysis of each provider is available to the Medical Director when outliers are identified that may be caused by non-formulary prescribing and or polypharmacy.

Additional Pharmacy Experience

Centurion’s pharmacy management department provides oversight of subcontracted pharmacy vendors to ensure compliance with the scope of services and delivery of medications is in accordance with state and federal regulations and the service needs for the department of corrections. Centurion assures that applicable federal state, and local requirements and national accrediting standards of care will be met.

Centurion and MHM have experience working with virtually all the pharmacy companies that serve correctional facilities. Centurion is unlike other healthcare companies that own their own pharmacy subsidiaries and have a conflicting incentive against controlling medication costs. Rather than owning our own pharmacy subsidiary, Centurion obtains pharmacy services through independent companies. This approach enables us to focus

pharmacy management efforts on providing evidence-based, cost-effective, care.

The following graphic shows the pharmaceutical vendors/organizations with which Centurion and MHM collaborate for the provision of medications. While we are not financially responsible for the cost of medications in most of MHM's contracts, our corporate pharmacy department still provides support, education, and reports, and focuses on cost savings just as if we were responsible for costs. Muscogee County Prison can be confident in Centurion's ability to maintain an ongoing and collaborative relationship with any pharmaceutical vendor.

Current Contract Pharmacy Vendors



 Maryland Department of Public Safety and Correctional Services	 DeKalb County Sheriffs Office (Georgia)	
 Florida Department of Corrections	 Georgia Department of Corrections	 Massachusetts Department of Corrections
 Minnesota Department of Corrections	 Mississippi Department of Corrections	 New Hampshire Department of Corrections
 Pennsylvania Department of Corrections	 New Mexico Department of Corrections	 Philadelphia Department of Prisons
 Tennessee Department of Correction	 Vermont Department of Corrections	

B. Provide a written narrative, which demonstrates the method, or manner in which the offeror proposes to satisfy the requirements of this Request for Proposals. Include a proposed transition plan, and the requirements from Columbus Consolidated Government and the incumbent contractor, in the event the incumbent contractor is not awarded the new contract.

Methods to Satisfy RFP Requirements

Centurion has the necessary administrative, operational, clinical, and technology infrastructure and the processes required to meet the requirements noted in the City's RFP. We will be able to provide and manage the delivery of all the services noted in the *Scope of Services* and will routinely evaluate and, as needed, enhance the services provided to MCP inmates. We will satisfy the requirements of the RFP by:

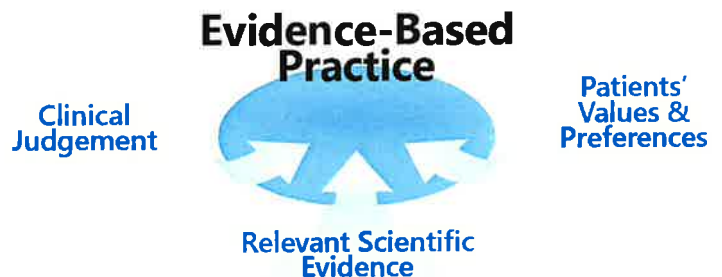
- Using **evidence-based medical and pharmacy services** to provide timely and effective treatment services to MCP patients
- Using **experienced and highly trained staff** to address the needs of MCP patients
- Providing **initial and ongoing training** to continually increase provider and staff competencies
- Engaging impactful **continuous quality improvement** program that continuously evaluates and enhances the service delivery process
- Complying with NCCHC, ACA, State and Federal **guidelines and standards**
- Ensuring collaborative **partnership** and ongoing communication with the City and MCP staff

Evidence-Based Services

To ensure timely and effective delivery of medical and pharmacy services, it is imperative that our providers and healthcare staff provide care that is based on systematic, peer-reviewed research, community standards, and best practices in the field.

In making clinical decisions, Centurion providers will use Centurion's *Clinical Guidelines* for a range of diagnostic and treatment interventions, *Disease Management Guidelines* for chronic and/or infectious diseases, and *Prescribing Guidelines* for specialized medical conditions.

Centurion's Clinical and Prescribing Guidelines are intended to address screening, assessment, tests, special procedures, new symptoms, patient requests, and other aspects of ambulatory care. The scope of our guidelines is comprehensive. Centurion Clinical



Guidelines developed as of May 2018 include the following areas applicable to male populations:

- **General Practice Guidelines**
 - Conflict of Interest
 - Electronic Communication

- **General Reference Guidelines**
 - Recommendations from Offsite and Onsite Specialty Providers
 - Provider Self-Referrals
 - Recommendations for Offsite Mental Health Interventions

- **Preventive Screenings**
 - Abdominal Aortic Aneurysm Screening
 - Colorectal Cancer Screening
 - Health Assessment – Annual
 - Lung Cancer Screening
 - Osteoporosis Screening
 - Prostate Cancer Screening

- **Diagnostics**
 - Computed Tomography (CT) Scan Following Head Injury
 - Electrocardiogram (EKGs)
 - Nasal Injuries
 - Post Endoscopy Follow-Up
 - Sleep Study
 - Testicular Ultrasound in the Diagnosis of Testicular Cancer
 - Transplant Evaluations

- **Therapeutic Interventions**
 - Anterior Cruciate Ligament (ACL) Injuries
 - Benign Prostatic Hypertrophy
 - Body Packing
 - Hyperbaric Oxygen Therapy (HBOT)
 - Irritable Bowel Syndrome
 - Keloids and Hypertrophic Scars
 - Laceration Repair
 - Nutrition – Supplemental
 - Osteoporosis Treatment
 - Pterygium
 - Restless Leg Syndrome
 - Scabies
 - Scrotal Cysts: Hydroceles, Spermatoceles, and Varicoceles
 - Swallowed Foreign Bodies

- **Surgical Interventions**
 - Cataract Surgery
 - Hernias
 - Septoplasty
 - Spinal Cord Stimulators

- **Patient-Specific Durable Medical Equipment**
 - Contact Lenses
 - Dentures or Other Dental Prosthetics
 - Eye Glasses
 - Footwear – Orthotic
 - Footwear – Specialized
 - Hearing Deficit
 - Prosthetic Eyes

- **Vaccinations**
 - Hepatitis A Vaccination
 - Hepatitis B Vaccination
 - Influenza Vaccination
 - Measles-Mumps-Rubella (MMR) Vaccination
 - Meningococcal Vaccination
 - Pneumococcal (PCV-13 & PPSV-23) Vaccination
 - Tetanus-Diphtheria-Pertussis Vaccination
 - Human Papilloma Virus (HPV) Vaccine
 - Varicella Zoster (Shingles) Vaccine

- **Additional Clinical Guidelines**
 - Laboratory Testing Formulary
 - Acute Amphetamine Delirium
 - Alcohol Withdrawal
 - Benzodiazepine Withdrawal
 - Chest Pain Risk Stratification
 - Chronic Back Pain
 - Diabetes Nutrition Therapy
 - Ebola
 - Food Allergies
 - Gynecomastia Evaluation
 - Holter Monitors
 - Influenza
 - Inmate Exposure to Bloodborne Pathogens
 - Kidney Disease - Chronic
 - Lipoma and Soft Tissue Masses
 - Medical Diets
 - Mosquito Borne Viral Illnesses: Zika, Chikungunya and Dengue Fever

- MRSA
- Obesity
- Opioid Withdrawal
- Physical Examination
- Plaque Psoriasis
- Seizure Assessment and Management

Centurion's Prescribing Guidelines as of May 2018 include the following:

- Contraception
- Erectile Dysfunction
- Fish Oil Supplements
- Medical Marijuana
- Nasal Steroids
- Probiotics
- Testosterone Therapy
- Vitamin D Supplementation
- Acne Vulgaris
- Anticoagulants – Converting Between Oral Anticoagulants
- Anticoagulation Therapy
- Gabapentin for Neuropathic Pain, including Gabapentin Medication Agreement
- Insulin – Sliding Scale
- Onychomycosis (Fungal infections of the toenail)
- Skeletal Muscle Relaxants

Our Disease Management Guidelines directly support chronic care services. These Guidelines are consistent with recognized national clinical practice guidelines, such as the **American Academy of Family Physicians**, including type and frequency of diagnostic testing by disease category.



Centurion's Disease Management Guidelines developed in May 2018:






- ▶ Asthma Disease Management Guidelines
- ▶ Diabetes Type 1 Disease Management Guidelines
- ▶ Diabetes Type 2 Disease Management Guidelines
- ▶ Hepatitis C Disease Management Guidelines
- ▶ HIV Disease Management Guidelines
- ▶ Hypertension Disease Management Guidelines
- ▶ Lipid Disease Management Guidelines
- ▶ Seizure Disease Management Guidelines
- ▶ Sickle Cell Disease Management Guidelines
- ▶ Tuberculosis Disease Management Guidelines

These guidelines will be tailored to meet the needs of the MCP population and will be submitted to the City/MCP for approval prior to implementation. Each Disease Management Guideline includes guidance on diagnosis, screening/clinical evaluation/testing, treatment goals, indicators for level of disease control or severity, medication recommendations, frequency of follow-up based on level of disease control, and references. Centurion providers and healthcare staff are expected to follow the Disease Management Guidelines except in special clinical circumstances. When a Centurion provider chooses to treat the patient outside of approved guidelines, we require the provider to document the rationale for the variance in the patient's medical record. Centurion guidelines are reviewed and updated when there are changes in nationally accepted practices or on an annual basis.

In addition, Centurion providers and nursing staff will have access to healthcare-related information that enhances their ability to provide evidence-based, clinically effective care. These resources are often used not just to support clinical decision-making but also for patient health education. Resources include but are not limited to:

- **Engolve**, a program developed by Centene, that provides disease-specific resources, such as **Focus on Wellness**. The *Focus on Wellness* program targets patients with poorly controlled chronic disease through lifestyle coaching and health education. Engolve also provides a program entitled, **Health, Empowerment, and Resources (H.E.R.)** for female patients. The program promotes physical and behavioral health well-being for female patients and encourages habits that nourish their bodies and promote general well-being. All Engolve materials are available in English as well as Spanish.



- **Krames Library**, an on-line library with up-to-date information on a broad range of health care related topics. These resources are accessed by healthcare staff and printed, as needed, for patients in their care. This valuable resource provides healthcare information on over 4,000 topics in both English and Spanish. 
- **UpToDate** – an evidenced-based, physician-authored, on-line clinical decision support resource. While not directly accessed by patients, the information gained by healthcare staff is often shared with patients as part of the patient education component of each healthcare encounter. 
- **RubiconMD** – a web-based eConsult system. This resource provides our medical providers quick access to clinical specialists, who provide consultation at the point of care and increase our ability to make clinically informed decisions. Results often shared with patients as part of the patient care and education process. 

Experienced and Highly Trained Staff

Evidence-based guidelines and other resources are only effective if they are appropriately utilized by providers and the healthcare staff. In addition to hiring medical staff who have the required education and experience, Centurion places much emphasis on retaining medical staff who demonstrate compassion and respect for the patient, who understand the safety and security issues involved in providing correctional healthcare services, and who can incorporate concepts of long term wellness into the service delivery process.

Our healthcare staff must meet required licensure, educational and experience requirements. They must also pass our extensive background investigation and have strong oral and written communication skills. They must have an understanding of the corrections system, with experience providing services within a jail or prison preferred. In addition to requiring our staff to meet health (e.g., tuberculosis screening) and certification (e.g., CPR certification) requirements, we expect our staff to demonstrate commitment to providing impactful and effective healthcare services.

As described later, we will invest significantly in ensuring that our staff have initial and ongoing training in meeting their job responsibilities as well as the City's, the Georgia Department of Corrections' (GDC's), and our own expectations for quality services.

We will utilize the peer review process to engage our staff in quality assurance and clinical performance enhancement. Peer review is one of the methods we use to ensure services are provided within the standards of care. Our annual peer review process will be required for providers, nurses, and any other licensed healthcare professionals. We will utilize audit tools for each discipline to review staff competency and notify staff about peer reviews conducted.

Staff skills competency verification is included as part of general orientation for new employees whose job responsibilities include direct patient care. Competencies are verified annually. Status of applicable employee skills verifications will be reported to the City. In this manner, we will ensure the quality of services provided and the staff’s capabilities in providing these services.

In addition to hiring experienced staff and investing in their continued growth, we value our ability to retain our talented staff, thus minimizing the patient care issues that are inherent when staff transition from a facility or program. The quality of correctional healthcare programs starts with the ability to attract and retain competent and dedicated professionals to provide services on site in challenging correctional environments. Centurion also appreciates that the ability to retain qualified staff *long term* with low turnover rates will be critical to the success of the healthcare program at the Detention Centers. No other company in correctional healthcare can claim the depth of resources and expertise that Centurion commits to recruitment. Centurion’s recruiting department, comprised of over 30 full-time recruiting professionals, **maintains over a 94% fill rate for the company’s over 7,000 positions.** This is a unique accomplishment in the corrections healthcare industry and one of the ways in which we will meet the requirements of the contract.

Extensive Staff Training

As discussed in detail in our response to RFP Section 4, *Experience and Qualifications*, and in the *Transition* narrative later in this section, Centurion realizes the importance of continuing clinical development in the delivery of quality healthcare services. We use a comprehensive initial orientation program that educates providers and staff on relevant clinical, contractual, and administrative components of the program. We also provide ongoing training and education that focuses on augmenting the staff’s understanding and grasp of relevant clinical issues.

Initial Orientation and Training - Our initial training for the clinical staff includes, but is not limited to the following subjects offered through self-study modules, formal classroom, one-on-one, and/or facility-based training:

Orientation and Training Topics for Clinical Staff
<p>General Orientation</p> <ul style="list-style-type: none"> ■ Introduction to correctional healthcare ■ General healthcare requirements ■ Healthcare requirements for individual staff ■ Confidentiality and protecting personal health information as required by HIPAA ■ Overview of correctional healthcare practices ■ Overview of correctional mental/behavioral health services ■ Centurion Code of Conduct ■ Human resources policies and procedures ■ Employee benefits information ■ Sexual harassment/workplace policy
<p>Discipline-Specific Orientation for Nursing Direct Care Staff</p>

Orientation and Training Topics for Clinical Staff
<ul style="list-style-type: none"> ▪ Screening and Intake ▪ Nursing procedures ▪ Medication administration and associated procedures ▪ Special needs
<p>Discipline-Specific Orientation for Medical Providers</p> <ul style="list-style-type: none"> ▪ Correctional Environment ▪ Security Overview and Awareness ▪ Overview of Human Resources and Credentialing Process ▪ Orientation for Healthcare Staff ▪ Prison Rape Elimination Act (PREA) and Forensic Health ▪ HIPAA and Confidentiality ▪ Risk Management ▪ Sick Call ▪ Medication Management ▪ Disease Management / Chronic Care ▪ Specialty Care and Offsite Services ▪ Onsite Emergency Care, Emergency Department Care, Hospitalization, and Infirmary Care ▪ Laboratory, Radiology, EKG, and other Onsite Testing ▪ Medical Provider Role in Quality Healthcare ▪ Correctional Organizations and Resources ▪ Medical and Mental Health Collaboration
<p>Orientation for Dental Providers</p> <ul style="list-style-type: none"> ▪ Institutional Dental Care ▪ Specialty Dental Care ▪ Documentation of Dental Services

In-Services and Ongoing Training - Centurion will provide regular in-service training programs on topics that are identified through the staff member’s work location, supervisor recommendations, staff requests, as well as CQI-focused process and outcome studies, mortality reviews, routine internal audits, City, MCP, and MPC recommendations, and peer reviews.

Centurion will ensure that staff with patient contact receive and have documented in their personnel files the hours of annual training required by the MCP and Centurion, and accreditation and governing standards, including the following topics:

- CPR and AED certification maintenance
- HIPAA and PREA requirements
- Bloodborne Pathogens Exposure Control Plan
- Infection Prevention and Control
- Safe Practices and Maintaining Clinical Boundaries
- Suicide Prevention and Intervention
- Substance Abuse
- Signs and Symptoms of Mental Illness

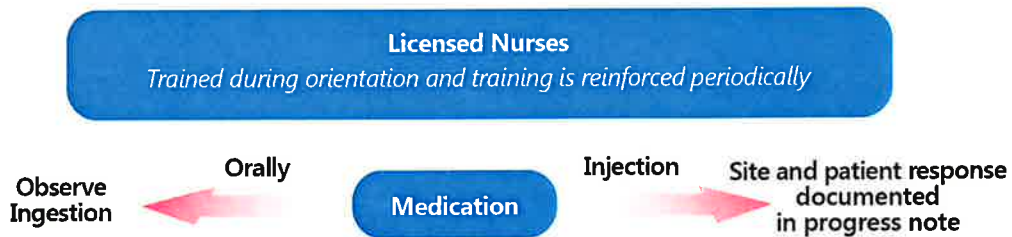
Centurion will ensure that all assigned staff with responsibility for inmate care receive and have documented in their personnel files training on a quarterly basis in the implementation of a suicide prevention and intervention program.

We will provide our staff with access to our library of more than 75 training modules developed to specifically address correctional healthcare. In addition, all providers will have access to the *Medical Provider Reference Manual*, *Dental Provider Reference Manual*, and our Clinical, Prescribing, and Disease Management guidelines.

Training on Medication Administration and Management - We also offer extensive training of medication administration and management. During initial orientation, and annually, all staff working with medications will receive training on all aspects of medication administration including the following:

- Receipt and transcription/verification of provider orders
- Ordering and procurement of medications
- Preparation of medication carts
- Storage and security of medications, including DEA controlled substances
- Distribution/administration of medications in the correctional setting
- Safety and security
- Control and accountability for medications, including controlled substances
- Medication occurrence reporting
- Procedures for documentation of administration, missed medication, and refusals

Medication Administration



If a patient refuses medication, reports medication-related problems, or exhibits negative side effects during the medication administration, the nurse will complete a refusal of medication or referral to provider, if indicated.

We also monitor prescribing practices through our Pharmacy Management department and provide training as needed on pharmacotherapy and polypharmacy.

Prison Rape Elimination Act (PREA) - Centurion appreciates that MCP has zero tolerance for all forms of sexual abuse. We share the zero tolerance policy towards sexual abuse and sexual harassment within our corporate culture and are fully prepared to implement processes and procedures to comply with PREA standards. Training staff on PREA is one of the many ways through which we comply with PREA.



PREA Standard 115.31, *Employee Training*, requires that all staff who have contact with inmates receive training on the following topics:

- Zero-tolerance policy for sexual abuse and sexual harassment
- How to fulfill responsibilities under local sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures
- Inmates' right to be free from sexual abuse and sexual harassment
- Right of inmates and employees to be free from retaliation for reporting sexual abuse and sexual harassment
- Dynamics of sexual abuse and sexual harassment in confinement
- Common reactions of sexual abuse and sexual harassment victims
- How to detect and respond to signs of threatened and actual sexual abuse
- How to avoid inappropriate relationships with inmates
- How to communicate effectively and professionally with inmates, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming inmates
- How to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities

Additionally, PREA Standard 115.35, *Specialized Training: Medical and Mental Health Care*, requires that all medical and mental health care practitioners who work regularly within facilities received training on:

- How to detect and assess signs of sexual abuse and sexual harassment
- How to preserve physical evidence of sexual abuse
- How to respond effectively and professionally to victims of sexual abuse and sexual harassment
- How and to whom to report allegations or suspicions of sexual abuse and sexual harassment

To address these training requirements, Centurion has created two modules for staff training specific to PREA. These training modules are:

- PREA Overview for Medical and Mental Health Staff
- PREA Sensitivity Training

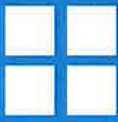
Each module was developed to specifically address the correctional healthcare issues that are mandated under the PREA standards. Our training is available to staff in two modalities. There is the option for conducting onsite training as well as for staff to complete self-study training on-line.

Our onsite training curriculum include a trainer outline; a trainee handout; a PowerPoint presentation; a trainee post-test and evaluation; and a post-test answer key that allow the training sessions to be conducted at MCP by local Centurion staff. The training materials are also available through **MHM University**, our on-line educational resource. The on-line training allows staff members to access the training at any time, increasing flexibility for various staff schedules.



We provide PREA training during staff orientation as a required element for all staff. PREA Standard 115.31 requires that each employee is trained at the start of employment with refresher training every two years to ensure that all employees are aware of current sexual abuse and sexual harassment policies and procedures. In years in which an employee does not receive refresher training, PREA standards require that information on current sexual abuse and sexual harassment policies are provided. At Centurion, we exceed this standard by providing PREA training annually. Adherence to training expectations is reviewed during routine Clinical Operations Contract Compliance Reviews, which are conducted annually.

Excerpts from Centurion's PREA Overview for Medical and Mental Health Staff and PREA Sensitivity "Trainer Outlines" are provided on the following pages to illustrate our approach.



PREA TRAINING FOR MEDICAL AND MENTAL HEALTH STAFF

Trainer needs to be familiar with current policies and procedures related to sexual abuse prevention, detection, reporting, and response prior to conducting this training. Trainer should have copies of client's PREA-related policies and procedures available and be prepared to review and discuss during the training session. Policies should include those related to the chain of command for reporting PREA incidents, first responder procedures, coordination plan for responding to PREA incidents, policies related to lack of retaliation for reporting, and staff disciplinary processes for violating PREA policies and procedures.

Goal of Training: *To increase understanding of the expectations of the Prison Rape Elimination Act (PREA) for medical and mental health staff working in a correctional setting.*

Training Objectives:

- To increase understanding of the goals of Prison Rape Elimination Act (PREA)
- To review general expectations of PREA National Standards
- To review expectations of the PREA National Standards for medical and mental health staff
- To become familiar with local policies related to PREA and responsibilities under these policies

Training Outline:

- Introduction to PREA
- Development of PREA National Standards
- PREA National Standards - General Requirements
- Dynamics of Sexual Abuse in Confinement
- PREA National Standards - Expectations for Medical and Mental Health Staff
- Review of Local Policies and Procedures
- Gender and Sexual Orientation Considerations

Introduction to Training:

Introduce the goal of the training: To increase understanding of the expectations of the Prison Rape Elimination Act for medical and mental health staff working in a correctional setting

Review the Training Outline:

- Introduction to PREA
- PREA National Standards
- PREA National Standards - General Requirements
- PREA National Standards - Expectations for Medical and Behavioral Health Staff
- Review of local policies and procedures

Recommended Participants: All Centurion/MHM staff

Presentation Time: 2 hours

Training Format:

- Lecture with PowerPoint Presentation
- Handout

Supplies Needed:

- Computer/Screen
- Handout
- Local PREA-related policies



PREA SENSITIVITY TRAINING FOR MEDICAL AND MENTAL HEALTH STAFF

Trainees must have completed the training "PREA Overview for Medical and Mental Health Staff" prior to participating in "PREA Sensitivity Training." The "PREA Sensitivity Training" addresses early interventions for inmates who report sexual assault and is required for Centurion/MHM staff who provide initial assessment, intervention and treatment for PREA-related incidents. Additional training related to providing longer-term treatment for trauma symptoms relevant to sexual abuse is available on the Centurion/MHM Portal.

Goal of Training: To increase competency, sensitivity and effectiveness in assessing and delivering clinical services for inmates who have been victims of sexual assault.

Training Objectives:

- Understand PREA standards related to reporting of sexual abuse, Specialized Training requirements and staff response to inmate report of sexual abuse
- Understand crisis intervention process for sexual assault
- Understand impact of sexual assault
- Understand ongoing healthcare services for victims of sexual abuse
- Review mental health strategies in addressing trauma of sexual assault

Training Outline:

- Review PREA Standards related to Assessment/Treatment of Victims
- Crisis Intervention
- Impact of Victimization
- Gender Differences
- Medical and Mental Health Follow-Up
- Mental Health Treatment Strategies

Recommended Participants:

- Centurion/MHM mental health and medical staff

Presentation Time: 2 hours

Training Format:

- Lecture with PowerPoint Presentation
- Handout

Supplies Needed:

- Computer and Screen
- Handouts

Continuous Quality Improvement

Centurion employs a comprehensive Continuous Quality Improvement (CQI) process to ensure that the services we provide under the RFP meet Centurion's, the City's, and the GDC's standards for quality and ACA and NCCHC guidelines.

Centurion has extensive experience in establishing effective Continuous Quality Improvement (CQI) programming and activities for the full spectrum of correctional healthcare services at both prison and jail systems across the country. We are confident that we will be able to provide an effective CQI program for the City that meets or exceeds expectations. As noted, our CQI programming is intentionally designed to meet or exceed the **National Commission on Correctional Health Care (NCCHC)** and **American Correctional Association (ACA)** standards.



Centurion understands CQI is a dynamic process that involves a multidisciplinary team at various levels of the organization. Team members consistently work to develop strategies designed to improve the quality of healthcare services. Our CQI program will ensure a forum in which issues related to our provision of comprehensive medical, behavioral health, dental, utilization management, and pharmacy services are the primary focus. Representatives from the City will be included in our multidisciplinary CQI meetings to provide feedback and guidance to ensure that our efforts compliment the healthcare delivery goals and CQI priorities of the City.

The purpose of our CQI program is two-fold:

- To facilitate the delivery of exemplary patient care within a secure environment that meets or exceeds regulatory expectations and accreditation standards.
- To foster an environment in which the City, Centurion leadership, MCP staff, patients, and any involved GDC staff can identify and manage actual and potential risks to safety. Such an environment encourages a focus on process and systems and minimizes individual blame or retribution for involvement in an unanticipated adverse event.

Centurion will use the **PDCA** model for changing processes and enhancing outcomes:

Plan – define and analyze the problem

Do – devise a solution and develop a detailed action plan

Check – confirm outcomes against plan

Act – standardize a solution

Centurion CQI Initiatives

Safety

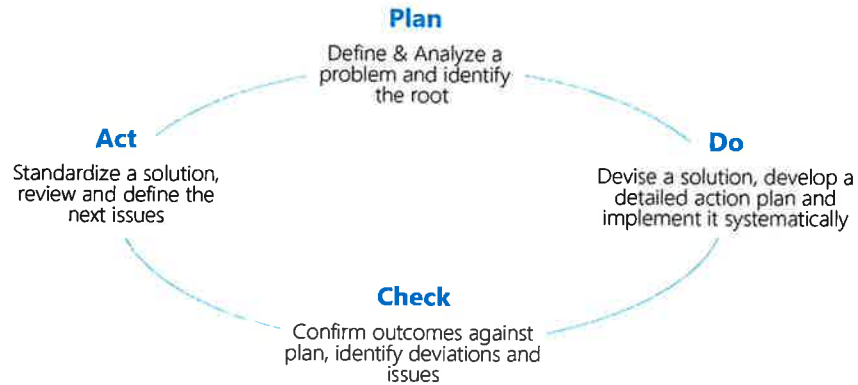
- Encouraging the identification of opportunities to improve operations and processes that have a positive impact on the safe delivery of healthcare

We will use the following elements to continuously review, evaluate, and enhance the services we deliver to MCP patients:

- Monthly audits/studies and monitoring trends of clinical processes to identify opportunities for improving care, including but not limited to; access to care, continuity of care, quality, safety, and identification of special needs of the population
- Compiling health service utilization and performance compliance trends and reports
- Quality and performance improvement program structure to include multidisciplinary committees as required at MCP
- Annual and ongoing implementation of quality and performance measure goals
- Monitoring of credentialing and annual peer reviews
- Review of morbidity and mortality review trends, including serious adverse events
- Review of Incident Reporting process and trends
- Review of risk management issues and concerns
- Review of Utilization Management services, including onsite and offsite specialty service referrals and disposition trends
- Cost containment efforts and progress
- Review of Infection Control services and trends
- Chronic disease management
- Continuity of care monitoring and trends
- Review of inmate healthcare grievance trending and protocol compliance
- Improvement strategies including quality improvement projects and applicable corrective action plans

The following are some of the key activities we will pursue as part of our CQI process:

- Monitoring of Healthcare Documentation** - The Centurion CQI process will include regular reviews of healthcare documentation in medical records to address compliance with format, legibility and content. Centurion staff are required to document patient encounters in accordance with the scope of their professional licensure. Documentation must comply with GDC's and the City's standards and Centurion policies and procedures.



Centurion will use a combination of feedback from the City, committees, and staff meetings to assign priority status to CQI initiatives for organization wide activities and patient outcomes. The criteria for establishing priorities will be the following:

- High volume
- High risk
- Problem-prone
- High cost
- Relationship of the potential improvement to the mission of the institution

We will also use Performance Improvement Teams and review of sentinel event utilizing root cause analysis to inform our CQI activities.

Our CQI initiatives will focus on the following dimensions of quality healthcare:

Centurion CQI Initiatives	
Accessibility	<ul style="list-style-type: none"> ▪ Eliminating barriers to accessing necessary medical care ▪ Ensuring patients know how to access care
Timeliness	<ul style="list-style-type: none"> ▪ Ensuring healthcare services are delivered within required timeframes
Effectiveness of process	<ul style="list-style-type: none"> ▪ Ensuring healthcare delivery processes work as intended
Clinical outcomes	<ul style="list-style-type: none"> ▪ Ensuring healthcare services yield effective clinical outcomes, e.g., effective degree of control for chronic medical conditions
Efficiency	<ul style="list-style-type: none"> ▪ Ensuring healthcare delivery processes are efficient and minimize waste and unnecessary interventions
Appropriateness	<ul style="list-style-type: none"> ▪ Ensuring healthcare interventions are evidence-based and clinically indicated
Continuity of care	<ul style="list-style-type: none"> ▪ Ensuring there are no gaps in ongoing care when patients transition to higher or lower levels of care, between facilities, or into or out of Muscogee County Jail facilities
Patient-centered care	<ul style="list-style-type: none"> ▪ Ensuring that healthcare clinicians recognize the importance of patient involvement in treatment and care decisions ▪ Ensuring sensitivity and respectful acknowledgment of patient’s unique treatment needs and expectations

- **Risk Management and Review of Major Occurrences/Sentinel Events** - The Centurion CQI process requires that a *Sentinel Event Tool* is initiated for deaths, serious self-injurious behaviors that require offsite or infirmary medical care, and any other significant patient concern that represents an unexpected occurrence involving serious physical or psychological injury or risk thereof.

For mortalities or morbidities that meet the criteria for a sentinel event, a collaborative review will deem the occurrence a sentinel event and we will designate staff to review the occurrence utilizing the Root Cause Analysis (RCA) Tool. We will generate occurrence reports medication errors, adverse drug reactions, errors/omissions in medical records and medication count reconciliations and implement appropriate responses.

- **Mortality Review Process** – We will conduct Mortality reviews in compliance with the City and MCP policies, GDC standard operating procedures, and NCCHC standards. The Centurion Medical Director will oversee the mortality review process through the *Mortality Review Committee*

Centurion staff are expected to cooperate fully with investigations in the event of a patient’s death. In the event of an inmate’s death, Centurion will complete any medical reviews required by the City and the GDC. Specifically, we will participate in an administrative review and complete a clinical mortality review. These reviews are multidisciplinary and involve representation from healthcare disciplines who participated in the patient’s care and treatment. Centurion will collaborate with the City and other healthcare entities to improve care processes when it is indicated.

- **Clinical Risk Management** - Centurion believes that risk management is an ongoing, multidisciplinary process that includes several levels for monitoring, tracking, and addressing issues. We operate under the premise that identifying issues of risk prior to the development of serious problems is the best way to avoid costly litigation and negative outcomes. Centurion’s risk management program addresses:
 - The prevention, detection, assessment, and correction of any problems in the treatment of inmates receiving healthcare throughout the system
 - The physical environment
 - Policies, procedures, and documentation
 - Staff training

Centurion’s risk management program includes procedures for investigating, assessing, monitoring, and reporting critical incidents. Through Incident Review Committees at MCP, Centurion will evaluate critical incidents and reportable situations for trends, patterns and anomalies. **Additionally, our risk management program encompasses our community provider network.** Centurion’s business model incorporates a thorough operations and implementation plan that extends to its contracted providers and delegated subcontracted entities.

Our processes and procedures for ensuring compliance with state and federal requirements and managing risk involve the inclusion of all “flow-down” provisions from the City/Centurion contract to sub-contracts, including but not limited to those contracts with the providers of medical services and/or supplies. Centurion’s risk management program applies to all healthcare providers who have patient direct care contact and includes review of the following risks and events:

- Inmate deaths
 - Suicide/attempted suicide/self-injuries
 - Sexual assaults
 - Abuse/neglect/exploitation
 - Infections/outbreaks
 - Accidental injury
 - Restraint, seclusion, other physical interventions
 - Fights and assaults
 - Adverse drug reactions
 - “Panic” laboratory values
 - Food/drug interactions
 - Medication variances
 - Medical equipment-related incidents
 - Environment related occurrences
 - Hazardous materials
 - Staffing effectiveness
 - Other events that could jeopardize an inmate’s life, health, or safety
- **Peer Review Process** – As noted, the Centurion CQI program includes an annual peer review process for providers, nurses, and other licensed healthcare staff. Nursing staff will receive initial orientation and will undergo competency assessment prior to delivering nursing care. Ongoing review of nursing competency will serve to complement the peer review process. The Centurion peer review process includes audit tools for each discipline and forms for the notification of staff and the client about peer reviews conducted. Forms for notification meet NCCHC and other applicable ethical standards for peer review to ensure confidentiality of the findings. It is important that the detailed findings of the peer review process remain protected and confidential to support the fidelity of the process as a peer-to-peer review of performance.
- **Ongoing Review of Inmate Complaints/Grievances Related to Healthcare** - Centurion is committed to using patient concerns/grievances to identify systemic issues in service delivery that need improvement. We have developed a model policy and procedure for responding to patient concerns through an informal complaint resolution process and will use the formal grievance resolution process the City may require. Upon contract award, we will collaborate with the MCP to ensure that our grievance policies remain consistent with MCP and GDC policies. We are confident that Centurion will meet the City’s, MCP’s and GDC’s requirements for investigating, responding to, reporting, trending and analyzing grievances and concerns from correctional patients and third parties.

Complying with Required Standards

Centurion will meet or exceed the standards of care established by accrediting agencies as well as applicable regulatory requirements, including but not limited to those established by:

- The National Commission on Correctional Health Care
- The American Correctional Association
- The Occupational Safety and Health Administration
- The Drug Enforcement Agency
- The Immigration and Customs Enforcement
- The Georgia Department of Corrections

We have created and use model prison policies and procedures that are compliant with NCCHC and ACA standards. Our policies are organized to correspond to NCCHC Standards. Applicable ACA standards are listed on and incorporated into each separate policy. The policy and procedure manual is revised and updated whenever there are changes in standards or requirements for the delivery of correctional medical care.

As noted at several points in our proposal, the 2018 NCCHC *Standards for Health Services* for both jails and prisons were issued in mid-April, 2018, and we are currently updating our policies and procedures to reflect the new organization and content of the NCCHC standards. Our policy and procedures cover aspects of care including but not limited to:

- Administrative tasks and procedures
- Pharmaceuticals
- Infection control
- Offender and employee health
- Professional credentialing
- Provisions of direct patient care, e.g. intake screening, sick call, physical assessments, infirmary care, chronic care clinics, etc.
- Offsite care and telemedicine
- Continuous quality improvement
- Legal and risk management issues
- Federal guidelines such as HIPAA
- Suicide prevention
- Transfer and maintenance of medical information

We support many of our clients in obtaining or assisting them in obtaining NCCHC or ACA accreditation, as noted in the table below:

Meeting Standards of Excellence



U.S. Immigration
and Customs
Enforcement

Client Agency	Number of Accredited Facilities	Accrediting Agency
DeKalb County Jail	1	ACA and NCCHC
Massachusetts DOC	18	ACA
Minnesota DOC	2*	ACA
Mississippi DOC	3	NCCHC
Pennsylvania DOC	26	ACA
Philadelphia Department of Prisons	6	NCCHC
Tennessee DOC	10	ACA
Vermont DOC	7	NCCHC

** Centurion has been assisting the Minnesota Department of Corrections in pursuing ACA accreditation. So far, 2 of 11 facilities have been awarded accreditation and the remaining 9 are pending.*

Senior members of our organization have extensive experience in working with ACA or NCCHC in leadership positions. These include:

- **Angela Goehring, RN, MSA, CCHP, Chief Nursing Officer:** ACA Commission on Accreditation for Corrections
- **Sharen Barboza, PhD, CCHP-MH, Vice President of Clinical Operations – Mental Health:** NCCHC CCHP-MH Subcommittee and prior member of the NCCHC CCHP Board of Trustees
- **Joel Andrade, PhD, LICSW, CCHP-MH, Director of Clinical Operations – Mental Health:** ACA Mental Health Committee
- **J. Diane Kearns, LPC, CCHP-MH, Clinical Operations Associate – Mental Health:** ACA Mental Health Committee
- **Yvonne McMullen, LCSW, Quality Assurance Coordinator:** Certified ACA Accreditation Surveyor
- **Inez Tann, RN, BS, CCHP, Regional Manager, Georgia:** ACA Health Care Committee, ACA Mental Health Committee, ACA Ad Hoc Committee on Restrictive Housing Standards, ACA Committee on Behavioral Health Certification, Certified ACA Accreditation Surveyor and, more recently, appointment to the ACA Board of Commissioners
- **Johnnie Lambert, RN, LHRM, CCHP, Clinical Operations Specialist, Certified NCCHC Accreditation Surveyor**
- **Brenda Sue Medley-Lane, RN, CCHP, Corporate Infection Prevention and Control Coordinator, Certified NCCHC Accreditation Surveyor.** Ms. Medley-Lane has been recently elected to the Board of Directors of the Academy of Health Professionals in NCCHC



Centurion Leadership

Pictured (from left to right):

Inez Tann, RN, BS, CCHP, *Regional Director, GA Program*; **Sharen Barboza**, PhD, CCHP-MH, *Vice President of Clinical Operations – Mental Health*; **Joel Andrade**, PhD, LICSW, CCHP-MH, *Director of Clinical Operations – Mental Health*; **J. Diane Kearns**, LPC, CCHP-MH, *Clinical Operations Associate – Mental Health*; **Angela Goehring**, RN, *Chief Nursing Officer*; **Yvonne McMullen**, LCSW, *Quality Assurance Coordinator*; **Johnnie Lambert**, RN, LHRM, CCHP, *Clinical Operations Specialist*; **Brenda Sue Medley-Lane**, RN, CCHP, *Corporate Infection Prevention and Control Coordinator*

Ongoing Communication and Partnership

Effective communication begins at the time of transition and is ongoing thereafter. Centurion guarantees a smooth and successful transition of the contract by allocating an abundance of experienced corporate and regional personnel to be on the ground during the transition. These staff members will be responsible for managing the transition process and maintaining active and ongoing communication with the City and MCP administrators. As we hire the local key personnel and transfer some of the programmatic responsibilities to them, the key personnel will be accountable for maintaining open lines of communication with the City, MCSO, GDC and their counterparts. We consider ourselves an extension of the goals, values, and objectives of the City and MCP and our staff are expected to manage this relationship with respect and through clear and effective communication.

As noted previously, we are committed to building and maintaining partnerships with the City, MCSO, GDC, and MCP staff that is based on mutual respect and effective communication. We will partner with the City to implement an effective medical and pharmacy program. Our leadership and facility-based team will work closely with their counterparts to ensure the use of efficient and effective processes. We will work in tandem with facility staff, especially the security staff, to address any issues related to patient transportation for medical services.

We look forward to supporting the City by offering additional training on the variety of healthcare issues that impact the prison population, using our expertise to increase the correction staff's understanding of important medical issues at MCP. We also look forward to partnering with the City and GDC to identify and implement CQI activities and routinely evaluate and enhance the service delivery model to move the MCP medical model into the future.

We are committed to providing the resources, services, staffing, and operational infrastructure to ensure that the program is implemented and managed effectively.

Transition Plan

Centurion will deliver a smooth, effective, and seamless transition of process for the MCP contract. We will be ready to begin providing medical and pharmacy services to MCP inmates beginning on September 1, 2018 and look forward to working with the City, MCSO, GDC, the current contractor, MCP staff, and other stakeholders towards this goal.

Given the current timeframe, Centurion has assumed a 60-day transition timeline. We are experienced in providing transition in compact timeframes and, though we have begun many of the preliminary transition activities as part of the proposal process, we will adjust the timelines and project deliverables as indicated based on the final time allotted between contract award and contract start date. Centurion is confident that we have the operational, technological, and clinical expertise and resources to implement this program within the requisite timelines and standards for quality.

Over the past few years, Centurion has developed our transition process into a highly efficient process defined by well-defined protocols and procedures. With each implementation, we review, refine, and enhance our processes to reflect lessons learned from the most recent transition. For this contract, we have developed and will implement a transition process that will be timely, transparent, effective, and seamless. We are confident that, like all of our other clients, the City will be highly satisfied with our transition activities and with our ability to manage the delivery of services in a timely manner on an ongoing basis, thereafter.

Centurion's Expertise in Rapid and Complex Contract Transitions

Our ability to transition complex healthcare service delivery systems is well demonstrated in Centurion's most recent transitions including Mississippi Department of Corrections, Florida Department of Corrections, and New Mexico Corrections Department. The **Mississippi Department of Corrections** healthcare contract, effective July 1, 2015 occurred in less than two months, involved transitioning services and staff from two vendors, and encompassed three state correctional facilities, four privately contracted correctional facilities, 17 community correctional facilities, and 15 county regional correctional facilities. Services coordinated included medical, behavioral health, and dental care for approximately 18,000 inmates.



During the spring of 2016, Centurion transitioned comprehensive healthcare services for over 50 institutions, 72,000 inmates, and nearly 1,800 FTEs in northern and central Florida. We did so in just over five weeks according to the timeframe and schedule established by the **Florida Department of Corrections**. The transition of comprehensive



healthcare services to Centurion, including utilization management and network services, was supported by extensive corporate resources both “on-the-ground” at individual institutions and remotely. As a result of our methodical support for the transition, the healthcare service delivery system demonstrated rapid improvements that we have since sustained.

In early June 2016, Centurion transitioned the **New Mexico Corrections Department** medical, psychiatric, and dental service contract in an extraordinarily short time necessitated by the state procurement process.

We successfully coordinated staff and service transition for over 7,000 inmates in 10 facilities in two weeks. Completing a complex contract transition in such a short timeframe is not desirable, but Centurion achieved transition goals under highly challenging turnaround requirements. Success with transitions regardless of the timeline is the result of numerous factors.



Most recently, in late June 2017, Centurion transitioned comprehensive healthcare services for 9 institutions, 13,000 inmates, and 445 FTEs in southern Florida on an urgent basis after the **Florida Department of Corrections** terminated that the prior healthcare contractor. This transition, like the transition for the rest of the Florida DOC system, was completed in accordance with the Department’s established timelines, over the course of six weeks.

Centurion’s Approach to Contract Startups

Centurion startup efforts are not restricted by a pre-established startup “budget” or a one-size-fits-all approach. We deploy the staff and resources and devote the time necessary to provide an efficient and thorough startup program based on the scope of services required and the priorities that are identified. Priorities include program-specific challenges that have been recognized by the client agency in the correctional healthcare services contract. Our start up approach goes beyond limited onsite initial support. We identify current program challenges and define a plan of action to provide ongoing support, problem solving, training, and education.

Upon notice of contract award, we routinely deploy Human Resource and Clinical Operations team members to the contracted site to conduct introductory meetings with facility and current healthcare staff impacted by the transition. One purpose of our site visit is to meet facility leadership members, discuss the startup process with them and their staff, and identify a Centurion key contact who is available to address issues and questions throughout the transition.

Our Human Resources team members focus on providing an immediate point of contact for all healthcare staff whose jobs are impacted by the contract award. We provide incumbent healthcare staff with an overview of the company, standard benefits, and contacts/specific information about how to initiate the employment process. This contact has proven helpful for current staff to begin the interview and employment transition process. Our goal is to immediately alleviate anxiety and false rumors that are common when there is a change in

contractors. Centurion has a track record of onboarding over 90% of existing staff who are in good standing with the client agency.

The focus of the Clinical Operations team member is to understand the specific healthcare processes, systems, and overall operations of healthcare delivery at the individual sites. The Clinical Operations team member spends time with the onsite clinical and administrative healthcare team to review employment schedules, medication administration and procurement, sick call, chronic care, and onsite/offsite services coordination. Our goal is to understand service delivery, current priorities and program challenges for the healthcare delivery team at the facility.

Centurion uses a dual concept of transition that includes an identified Operational Lead coupled with a Clinical Operations Lead. In addition, Centurion’s uses a “functional lead” model that requires Department leaders responsible for various startup activities to assume direct management and coordination of startup activities associated with their Department. This approach has repeatedly proven effective. Because our Clinical and Operational Leads work closely with all functional leads, we are able to provide demonstrated expertise and focused oversight to every component of the startup. This transition strategy facilitates a more rapid, accurate, and efficient startup program.

With seven successful healthcare services contract startups completed in the past three years, our startup team is well practiced and well prepared for the challenge of transitioning the contract. As the Centurion timeline below demonstrates, we have successfully transitioned the healthcare services of seven large state correctional systems:

Startup Statistics from Centurion’s Comprehensive Statewide Systems						
Statewide System	Start Date	Number of Inmates	Number of FTEs	Number of Facilities	Transition Timeframe	Vendor Replaced
Massachusetts	July 1, 2013	11,000	561	16	90 days	University of Massachusetts
Tennessee	September 9, 2013	20,000	571	11	75 days	Corizon
Minnesota	January 1, 2014	9,000	32	9	75 days	Corizon
Vermont	February 1, 2015	1,600	143	8	90 days	CCS
Mississippi	July 1, 2015	18,000	318	39	60 days	Wexford
North and Central Florida	February 1, 2016	72,000	2,639	61	60 days	Corizon
New Mexico	July, 1 2016	7,000	286	11	14 days	Corizon
South Florida	June 18, 2017	13,000	445	10	40 days	Wexford

Startup Statistics from Centurion's Comprehensive Statewide Systems						
Statewide System	Start Date	Number of Inmates	Number of FTEs	Number of Facilities	Transition Timeframe	Vendor Replaced
Totals		151,600	4,995	155	14-90 Days	4 Vendors

Centurion's Project Plan

It is our practice to develop a project plan for each transition detailing high level milestones, deliverables, key activities, and the people responsible. We will make this plan available to the City and MCP within days of contract award. Centurion will immediately implement calls and face-to-face contact meetings with the City and MCP upon contract award and in conjunction with our Operational and Transition team. A draft Project/Implementation Plan is provided in **Attachment C**.

We propose to provide regular written updates to the City and MCP regarding the status of our implementation and completion of each element in the transition plan. The Project/Implementation Plan enables stakeholders to record and track progress in the transition over time. During the transition period, we will continue to provide detailed weekly high level overview and status reports. We will also provide a final review of the project plan to guide post-transition activities. Centurion knows that client engagement and involvement is essential to a successful transition and we will make every effort to ensure this type of ongoing communication and collaboration.

An important factor for Centurion during a transition is stakeholder engagement. We ensure our client, transitioning employees, ancillary vendors, and Operational, Clinical, and Functional Leads are kept aware of the many vital activities occurring during the transition. We believe this philosophy will result in a smooth transition of the service responsibility from the current contractor to Centurion, with no lapses in service to the patients in MCP custody. Our commitment to transparent and responsive communication will ensure that the City and MCP leadership understand exactly what has been accomplished and what remains to be accomplished during the transition period.

Centurion's Operational and Clinical Management Transition Team

As noted previously, the plan assumes a 60-day transition based on the current timelines. We will adjust our timeline based on the date of contract award. Centurion has the depth of clinical, operations, and management staff to implement the startup and transition without sacrificing the delivery of healthcare services or continuity of care.

To enable a successful start-up, we will have experienced management personnel on the ground available at the Prison during the initial startup phase of the contract. Our approach provides a more proactive and hands-on transition than that of our competitors, who often utilize only a small startup team and typically manage from a distance. In contrast, Centurion's managers will be able to address facility-specific staffing and operational concerns in person and in real time. Our transition plan and approach focuses on having

operations management, clinical experts, and human resources personnel available throughout the transition process.

Centurion's approach ensures that MCP administrators and incumbent medical staff have "live" access to Centurion resources. Centurion's provision of accessible startup teams will ensure questions and concerns from MCP administrators, existing healthcare staff, and other staff can be addressed promptly.

We plan our transition activities to avoid interrupting or disturbing the ongoing provision of care. Centurion recognizes that CCS is the City's current healthcare contractor for MCP. We have conducted a successful transition with CCS for the Vermont Department of Corrections, which included transition from the ERMA electronic health record and migration to another EHR vendor. We anticipate a cooperative transition with CCS that ensures continuity of care for patients and seamless employment for transitioning employees.

Transition Meetings. Centurion recognizes the importance of coordinating various aspects of a transition with the incumbent health services contractor to ensure a smooth transition for current employees and continuous, uninterrupted, quality care for patients. Following authorization from the City, we will begin meeting with CCS and MCP staff to facilitate the transition.

Centurion has found it beneficial to have transition meetings that incorporate two teams at different levels of organization. The first team is comprised of regional clinical and administrative leaders for the City, MCP, and Centurion. The second team consists of current and transitioning site administrative and clinical leaders and representatives from the City, CCS, Centurion, and MCP. We will include GDC representatives as requested and needed.

The transition meetings support clarification specific to contract transition requirements, changes in scope of services delivery, and information sharing with transitioning team members. Our approach also supports site leadership in an active role and allows them to pass critical information to transitioning onsite healthcare staff.

Centurion understands that the transition process includes a focus on multiple areas, including City-Centurion engagement and client meetings, employee transition, clinical and policy transition, ancillary and specialty services transition, electronic health record transition and employee and new management training. We describe our proposed approach to these areas below. Centurion will work closely with the City to finalize transition models, activities, and timelines. As outlined below, our contract transition plan includes multiple elements that support multidisciplinary communication and collaboration across each aspect of service delivery.

Centurion's Transition Process

Centurion has well-defined processes for managing transition from the current vendor. Though we begin pre-emptive transition activities as part of the proposal process, formal transition begins at the time of contract award and is completed after the program has started and its successful implementation verified.

Initiation of Transition Service upon Notification of Contract Award - An important focus of our transition will be to ensure that all healthcare services are in place on the first day of the contract. To make sure that we are successful in these efforts, Centurion will establish an on-the-ground management team for the transition process. The management team will direct the activities of onsite Centurion teams and coordinate the services of ancillary and other onsite service providers. This process will allow Centurion's MCP leadership to identify site-specific support needs. The approach will also enable our program leadership to complete necessary networking with facility administrators and MCP Contract staff and representatives.

To address the anxiety, uncertainty, and even misinformation that can occur at the facility level in the weeks leading to contract startup, we will initiate a communication plan immediately after contract award. With prior approval from the City, we propose to initiate routine, ongoing communication with facility administration, MCP contract designee(s), current staff, and ancillary care staff as soon as possible.

While interface with the facility administration and healthcare staff is critical, the first step in the initiation and implementation of our transition process will be to facilitate frequent communication with the MCP contract designees. Initial discussions will be used to review and confirm that Centurion's transition plan meets the City and MCP expectations and priorities. During these discussions, we will:

- Identify the City, MCP, and if needed GDC staff with whom we need to discuss transition processes along with method and frequency of communication
- Initiate review and discussion of Centurion clinical and administrative protocols
- Identify MCP healthcare contacts for ongoing communication

Centurion's proposed Transition Plan was developed based on the requirements of this RFP with the following categorical activities occurring simultaneously. Centurion's efforts prior to contract award and/or initiation to facilitate a smooth transition are noted in the following relevant categories:

- Communication with City and MCP contract designees
- Approved communication with MCP administration and healthcare staff
- Staff retention and recruitment
- Interface with current medical contractor
- Interface with pharmacy contractor

- Ancillary services
- Interface with the local hospital(s) and affiliated offsite specialty providers
- Information Technology, including establishing interfaces and testing schedules for current systems
- Centurion New Employee Orientation
- Centurion Nursing Protocols, Clinical, Prescribing, and Disease Management Guidelines
- Interface with current utilization management services staff
- Interface with current infection control staff to facilitate continuity of care for patients currently receiving care/monitoring for infectious disease

Communication with MCP Contract and Site Leadership - Effective communication with the staff at MCP is essential to making sure that our transition plan is meeting expectations as well as to confirm that our understanding of contractual requirements is consistent with the City’s expectations. We believe that we must work seamlessly with our clients during transition and encourage this by soliciting input on service delivery preferences.

The City and MCP’s service delivery preferences can be as simple as suggesting frequency of onsite visits and communication preference with our Regional Vice President or as complex and developing new ideas to maintain or improve coordinated service delivery. We appreciate that comprehensive, coordinated, and continuous healthcare services are required, and we are ready to assist the City and MCP in ensuring service delivery systems support this goal.

We will request a meeting between the City and Centurion leadership as soon as we receive notice that we have been awarded the contract and we have the City’s approval to initiate communications. This meeting is proposed to address multiple transition issues. We will focus on confirming the City’s priorities for the transition; the timeframe of the transition; introducing the Centurion Transition Team and other essential staff; establishing contacts with the City designee(s) and MCP administrators; transition tasks with CCS, and initiating the retention of current staff and recruitment, as indicated, for staff included in our staffing plan.

Our goal for this initial meeting will be to determine the appropriate contacts for the following transition activities and to share contact information:

Transition Activity	Centurion Contact
Communication with MCP/City and GDC	Jeff Wells, Regional Vice President
Meet with MCP facility administration	Transition Team Leaders
Communication with facility administration and current healthcare staff	Centurion Transition Teams

Transition Activity	Centurion Contact
Staff Retention and Recruitment	Physician Recruitment Manager Allied Recruiter
Incumbent Physician Retention Specialist	Physician Recruitment Manager
Review/Revision/Approval of Centurion New Employee Orientation	Angela Goehring, Chief Nursing Officer Julie Buehler, Director of Operations Support Lisa Denny, Sr. Vice President of Human Resources
Interface with current medical contractor	Jeff Wells, Regional Vice President
Pharmacy transition plan; back-up pharmacies	Dr. Gregg Puffenberger, Vice President of Pharmacy Operations Vendor Pharmacy Rep.
Ancillary Services	Lisa Rossics, Director of Network Development and Maintenance
Interface with Piedmont Columbus Regional hospital system and current affiliated specialty care providers	Lisa Rossics, Director of Network Development and Maintenance
Information Technology – including establishing interfaces and testing schedules for current systems and maintenance of current EHR	Christie Nader, Director of Information Technology
Review/Revision of Centurion Clinical Practice Guidelines and Disease Management Guidelines against practice guidelines currently in use	Jeffrey Keller, MD, Chief Medical Officer
Interface with current Utilization Management Practice staff and review of current practices	Carrie Speers, Director of Medical Management
Review/Revision of Centurion Nursing Protocols and comparison against protocols currently in use	Angela Goehring, Chief Nursing Officer
Review/Revision of Centurion CQI/Infection Control Approach	Angela Goehring, Chief Nursing Officer Karen Riley, Corporate CQI Manager Brenda Sue Lane, Corporate IC Coordinator
Review/Revision/Approval of Centurion/MCP Health Services Policy and Procedure Manual	Angela Goehring, Chief Nursing Officer
Reporting	Jeff Wells, Regional Vice President
Finance	Grant Palmer, Sr. Vice President of Finance

During the initial meeting we will submit a brief introductory written communication for MCP administration and current CCS staff highlighting aspects of the new contract that will have an impact on facility operations and healthcare employment.

The goal of the communication will be to reduce anxiety and concerns during the transition. The communication will be appropriate for distribution to transitioning staff and Prison administrators. All of these stakeholders need to be informed regarding the status of the

transition and Centurion's commitment to collaborating with the City and MCP. A sample of the type of communication we propose to use is provided on the following page.

Introducing
Centurion Detention Health Services, LLC
Muscogee County Prison (MCP)

July XX, 2018

Centurion Detention Health Services, LLC is excited to have been recently awarded the contract for Inmate Medical and Pharmacy Services by the Columbus Consolidated Government (the City). The contract will take effect September 1, 2018. In the coming days, representatives from Centurion will be visiting the facility to hold introductory meetings with facility administrators and current healthcare staff to begin the contract transition. We are eager to speak with current staff regarding continued employment with Centurion. We understand the high level of anxiety and the many questions current staff may have regarding their positions. Please know Centurion considers the current staff as the primary candidates for positions going forward. A separate communication will be issued shortly providing more information about employment with Centurion.

Centurion is a corporation founded by a joint venture of two industry leaders: MHM Services, Inc. and Centene Corporation. MHM has been serving state correctional agencies since 1997, including provision of dental and mental health services to the Georgia Department of Corrections. In 2011, MHM formed a partnership with Centene Corporation, a national provider of managed care services for state Medicaid and other healthcare populations, to form Centurion and be able to deliver modern managed care services to correctional systems. Centene has a strong presence in Georgia through the Peach State Health Plan, which serves the Medicaid and PeachCare for Kids population in partnership with the Georgia Families Program.

We understand that change can cause concern, and it is our goal to alleviate any concerns by providing clear, accurate, and prompt information to you throughout the transition process. Please visit our website to learn more about Centurion at www.centurionmanagedcare.com. Feel free to call us anytime at [TOLL-FREE PHONE NUMBER].

Sincerely,

Steven H. Wheeler
Chief Executive Officer



Following the City’s approval, Centurion will transmit our introductory letter to current healthcare staff and facility administrators for distribution to designated staff in the facility.

During Centurion’s initial meeting with the City, we will also confirm the process for access to MCP for our transition staff and ancillary service vendors. We will identify the process and timeframes for routine updates and communication with facility administration and transitioning healthcare staff. If additional written communications for MCP administration and healthcare staff are needed during the transition, Centurion will collaborate with MCP for appropriate distribution of timely updates.

Centurion will facilitate routine and ongoing meetings with MCP contract designee(s). The meetings will be completed throughout the transition period as well as for the initial 45 days following commencement of the contract and ongoing as indicated. These meetings will be required for our Regional Vice President and health services leadership at MCP. Meetings will be attended in person or telephonically as agreed to between Centurion and the City.

Jeff Wells, MBA, Centurion’s Regional Vice President, will lead the startup effort for Centurion in conjunction with the Clinical Operations Transition Team Lead and site healthcare staff. Mr. Wells leads our contracts in the states of Georgia, Mississippi, and Tennessee, as well as our contract with the DeKalb County Jail. Mr. Wells is an Atlanta resident and travels to the regional office and contract sites frequently.



Jeff Wells, MBA
 Regional Vice President

Mr. Wells will maintain contact with designated City leadership during the transition period. Mr. Wells and the Clinical Operations Lead will coordinate the activities of our transition teams, functional leads, and ancillary service providers. Both will be on site as often as necessary to guide the transition. Contact will be as frequent as needed.

Given the importance of initiating transition activities, within days following contract award, daily/weekly meetings will be initiated with the City to begin discussing start up plan, goals, progress, and potential issues. To facilitate these discussions, Centurion contacts will provide status reports in the form of updates to the Project/Implementation Plan to ensure agreement on the status of transition activities.

Communication with Administration and Healthcare Staff	
Time Frame	Transition Activity
Completed Prior to Contract Award	Identify and assign Centurion staff for Initial Human Resource transition introductory site visits and assign Centurion Clinical Operations staff for onsite transition support beginning on the effective Contract Start date.
First Week After Contract Award and Notice of Approval to Initiate Communications	Conduct initial meeting with MCP Designee(s); receive approval for introductory letter; determine process and identify site visit dates for access to MCP; provide information on Centurion HR/Transition Introductory Team

Communication with Administration and Healthcare Staff	
Time Frame	Transition Activity
	members including names, dates scheduled on site, clearance information and goals of HR/Transition introductory onsite visits.
Initial Week post Contract Award	<p>Introductory meetings with facility administration and facility-based healthcare staff; identify concerns and facility-specific issues related to contract transition and delivery of proposed services; initiate visits by transition team to meet incumbent healthcare staff and obtain site-specific information concerning processes, contacts for supply and technology questions. Provide final assignments, clearance information and purpose of documented goals of onsite Clinical Operations transition support including discussion/development of plan for employee orientation activities beginning post contract transition.</p> <p>Initiate routine daily/weekly call with onsite healthcare staff, Centurion Regional Vice President, Clinical Operations and designated healthcare staff to facilitate ongoing discussions about transition, support information sharing, and facilitate responding to site questions regarding transition. Continue daily/weekly status meetings</p>
Second Week – Up to Contract Transition	<p>Continue outreach to incumbent staff assisting with on-boarding process as necessary to ensure all current transition staff are hired/on-boarded prior to contract transition date.</p> <p>Continue with daily/weekly status meetings and reporting.</p> <p>Work with CCS to obtain a list of scheduled offsite consultations through first 30 days of contract. Obtain list of current authorized/scheduled specialty care trips and establish process to obtain ongoing authorizations and scheduled appointments to ensure continuity. Discuss list of current hospitalized patients, determine any scheduled hospitalizations immediately post transition, determined a date to begin daily updates regarding current/new/discharged hospitalized patients and facilitate daily review call with MCP, CCS, contract utilization management program, and Centurion utilization management staff through contract transition.</p> <p>Coordinate meeting with MCP transportation staff to discuss process for providing required data for scheduled and emergent transportation; provide utilization management staff contact numbers and required reporting information to sites.</p> <p>Work with site healthcare administrative and clinical leadership to review and finalize healthcare services staff schedule from contract Start through initial 4 weeks</p>
Third Week – up to Transition	<p>Distribute on-call schedules; provide schedules of medical care services staff to MCP leadership</p> <p>Continue update/provision of project plan status; review and discuss during daily/weekly meeting</p>
Post Contract Start	<p>Identify outstanding transition goals; monitor transition of ancillary service providers; follow up with facility-based healthcare staff concerning any unidentified issues during transition. Continue with weekly healthcare administration and Centurion Statewide Operations calls to answer transition</p>

Communication with Administration and Healthcare Staff	
Time Frame	Transition Activity
	questions and maintain an open dialogue with Centurion operations. Continue with weekly status meetings.

Staff Recruitment - Centurion’s philosophy and practice during the start of a new contract relationship is to recognize the importance of transitioning all interested and qualified employees employed by the current MCP healthcare contractor who are in good standing with Georgia licensure and credentialing requirements. Centurion will give first consideration to all current and qualified providers and staff who are in good standing with the City to become Centurion employees. Centurion strongly believes that this is critical to maintain quality of care as well as facility knowledge. We have historically transitioned well over 90% of incumbent staff during the startup phase.

Our recruiting efforts are led by **Ms. Gina Morris**, who has been with the company over 11 years and leads our team of over 35 full-time professional recruiters. She will be supported by **Ms. Teffany Dowdy**, our Regional Manager for Provider Recruitment. These resources are far greater than those of any other company relative to our number of employees. Our current contracts with the Georgia Department of Corrections and DeKalb County Sheriff’s Office provide us with greater understanding of the current recruiting climate, challenges, salary expectations, and methods for successful recruitment for the area.



Gina Morris
 Vice President,
 Recruiting



Teffany Dowdy
 Regional Manager,
 Provider Recruitment

Centurion’s recruiting department is supported by a human resources department designed to facilitate rapid on-boarding and transitioning for new employees. We will be able to dispatch more recruiting and human resources personnel to focus on the startup and transition of the MCP healthcare program than any other company.

Prompt access upon contract award will be critical to Centurion’s ability to transition current healthcare staff and identify and facilitate recruiting and hiring for identified open positions for prompt successful hiring for those positions. Our goal will be to meet with CCS staff as soon as the City and CCS allow. Through this process, we will begin the activities necessary to receive pertinent new hire information from current employees and transition them into the Centurion Human Resources system and activate their employment and benefits.

Centurion will have open dialogue with all interested incumbent healthcare staff, as approved by the City, through open communication of wages, benefits and other terms and conditions of employment immediately upon contract award.

We believe individualized attention to each transitioning provider is essential to reducing anxiety and confirming the commitment to hire. We have recognized the need to augment our recruiters with operations management staff to assist in the necessary activities needed to retain existing staff. Support for provider staff recruitment will be provided by the contract’s Regional Vice President. This strategy provides Centurion recruiters with time to recruit new candidates for vacancies while providing personalized attention for the transitioning provider staff.

Although we conduct salary surveys as an integral component of Centurion’s recruiting process, we strive to transition all employees at their current rates and avoid changes in compensation and benefits as much as possible. Our salary scales as well as the rates of the transitioning employees provide us a starting point for the recruitment of new staff. Competitive wages and a strong benefits package ensure full staffing, low turnover, and staff stability for the long term of our contract. We believe the stability of staff allows us to generate efficiencies in many operational areas to decrease overall costs.

We are confident that when we conduct our employee satisfaction surveys in the early months of the contract, as a component of our transition review, the current healthcare staff who transition to employment with Centurion will report high levels of job satisfaction.

Centurion’s Recruiting and Retention Activities during Transition	
Time Frame	Transition Activity
Completed Prior to Contract Award	Conduct salary survey; prepare benefits package; assign recruiting staff; draft introductory letter; initiated recruitment of key positions; established toll free number and email address for questions from current contract providers
First Week After Contract Award and Notice of Approval to Initiate Communications	Receive approval for introductory letter; request contact information for current contractor staff; send introductory letter to the Prison for distribution to transitioning staff; finalize internal hiring system for MCP; initiate site visits to the Prison by Centurion transition teams; conduct interviews with current CCS staff; continue contact with transitioning staff; make job offers; follow-up with those undecided about transitioning Obtain information for background checks for new applicants and validate process for submission; obtain the City’s approval of hires as required by contract; identify process for onsite tours of new applicants
Second Week and Ongoing	Initiate recruiting process for staff not currently working within the City’s system and continue recruitment as needed through contract implementation; request and process information from current healthcare staff about transitioning to Centurion employment Assess and organize personnel, credentialing, and training records for staff transitioning to Centurion employment; begin NPDB verification of licensure for all providers and nursing staff and request credentialing review if needed; ensure all sites have scheduled providers available for startup; provide schedule to City and MCP Leadership; continue recruiting for identified vacant positions

Centurion’s Recruiting and Retention Activities during Transition	
Time Frame	Transition Activity
Post Contract Start	Continue recruitment with Centurion site level healthcare administration to identify ongoing recruitment priorities/strategies

Employee Orientation - An important component of a successful transition to Centurion services is our orientation and training program. Upon contract award, our Clinical Nursing Educator will initiate development of a MCP-specific New Employee Orientation program that incorporates specific MCP policies and processes into the training.

All new Centurion staff who have been pre-screened and cleared for entry into MCP will complete the Employee Orientation program for both Centurion and MCP. Centurion will remain flexible and adjust our New Employee Orientation Program to the needs of MCP. Orientation for new Centurion staff includes a variety of training that includes:

- Mandatory self-study modules for information specific to HIPAA, Confidentiality, Hazardous Communication, and Bloodborne Pathogen Exposure information
- Formal classroom and/or one-on-one training specific to the City’s Health Care Directives, performing all aspects of healthcare delivery, understanding and maintaining boundaries and working in the correctional environment
- Training within the facility directed by a mentor/preceptor

In addition to our Employee Orientation, we have developed specialized Provider Orientation Programs that we will use to work with the transitioning and new medical providers. The specific provider orientation is supplemented by initial and routine onsite visits by our Chief Medical Officer, **Dr. Jeff Keller** to the site.



Jeffery Keller,
MD, FACC, CCHP-P
 Chief Medical Officer

These orientation programs represent an important part of the new employee’s success. We require participation from all levels of the onsite healthcare team. While Centurion has standard orientation manuals, all of these orientation manuals are supplemented with facility- and program-specific information upon contract award.

Experience confirms that, in addition to providing Employee Orientation training to direct care staff, provision of management training to Centurion administrative and clinical leadership can be highly beneficial. We approach work with the new onsite healthcare management team specific to their role in the healthcare program management and oversight.

A designated onsite transition team from our Clinical Operations department will provide support and one-on-one training with the transitioning healthcare staff to provide to provide a company overview, identify and facilitate relationship with site specific contacts from the local market, i.e., contracted vendors as well as corporate support, set the tone for

responsiveness, and answer questions specific to goals for the contract transition. We prefer this onsite support for transition as it provides ease in access and ability to quickly manage people and program issues that might arise during the transition.

Employee Orientation and Training Activities	
Time Frame	Transition Activity
Completed Prior to Contract Award	Develop plan and define timelines for completion, introduction, and train-the-trainer sessions specific to the Centurion Employee Orientation
First Week After Award and Notice of Approval to Initiate Communication	Confirm process to complete any required MCP security orientation; collaborate with MCP leadership to develop plan for training implementation, including access to onsite training or meeting space within the facility
Second Week	Finalize Employee Orientation materials incorporating MCP Policies pertinent to Health Care service delivery and a plan for implementation of new employee orientation for Provider staff, nursing services staff and non-direct care staff Finalize and provide clinical programs onsite support team including names, dates onsite and any required MCP clearance information for assigned employees
Week of Contract Implementation & Ongoing	Initiate training onsite including provision and review of materials for Employee Orientation; provide schedule to MCP for assistance in coordination and participation as indicated; initiate self-study general orientation modules for transitioning healthcare staff

Interface with Current Healthcare Contractor - While the competition between correctional healthcare companies for contracts can be intense, when new contracts are awarded companies work together to ensure a smooth contract transition. No company wants to create delays or access to patient care or create potential for adverse clinical outcomes as a result of a poorly coordinated contract transition.

Centurion will ensure quality care is the primary focus during the transition. Centurion has a good working relationship with all companies in the correctional healthcare industry. We have transitioned with CCS previously and focused on maintaining open communication and collaboration throughout the process.

Interface with Current Healthcare Contractor	
Time Frame	Transition Activity
First Week after Contract Award and Notice of Approval to Initiate Communications	Propose initial meeting to establish expectations; identify transition and contractor coordination issues; request contact information for CCS operational staff and current contractor staff Identify current contractor concerns related to contract transition and delivery of healthcare services; provide information regarding scheduled site visits; request information regarding incumbent healthcare staff Determine inventory and reconciliation process; determine medical information technology transition activities; determine medication ordering

Interface with Current Healthcare Contractor	
Time Frame	Transition Activity
	and management through transition and review ongoing interfaces; review routine and chronic service provision and scheduling through transition
Second, Third Week and Ongoing	Review outstanding specialty services, scheduling and coordination through transition; obtain list of authorized and scheduled/not scheduled specialty services; discuss hospitalized patients; identify any current/potential backlog or delays in care and determine plan for catch up
Sixth through Eighth Week	Continue to facilitate review of ongoing onsite, offsite and infirmary care services; conduct final transition meeting on first day of contract.

Interface with Pharmacy Subcontractor - Centurion is committed to working with the City's contracted pharmacy services. We are familiar with the fact that **Diamond Pharmacy Services** is the current pharmacy contractor. Centurion has extensive experience working with Diamond as well as their electronic medication administration program, Sapphire.

Based on our previous and current experience, we are confident that the transition will be seamless with Diamond and/or any other contracted pharmacy vendor. Centurion will review current information system interfaces and work with the contracted pharmacy to verify continuity of service delivery and identify any changes associated with the transition that may require training and support for transitioning and/or new healthcare staff.

Pharmacy Transition Activities	
Time Frame	Transition Activity
First Week after Contract Award and Notice of Approval to Initiate Communications	Establish an initial meeting with Contracted Pharmacy, CCS and designated MCP staff to identify transition strategy, requirements and training. Discuss/identify current reporting available to/for healthcare staff or for required routine reporting for MCP; confirm local back-up pharmacies serving the facility and obtain contact information and process for requesting medication from back up pharmacy
Second Week and Ongoing	In collaboration with the contracted pharmacy leadership, MCP leadership and Centurion site and regional leadership, determine any policies and procedures that may require modification specific to current medication orders, partial and/or complete order fills up to the contract transition date
Contract Transition and Ongoing	Discuss maintenance of and ongoing review of current stock ordering levels; determine and complete any transition required controlled substance and/or stock counts required and develop plan/identify resources for completion Onsite Centurion transition teams to validate continued ordering for routine and stat medications Verify consistent ordering, receipt of medication per delivery; assist in troubleshooting and problem solving if site experiencing concerns; identify and report medication implementation challenges to Pharmacy subcontractor, designated MCP facility operations and Centurion site and regional operations staff

Ancillary Services - Lisa Rossics, Centurion’s Director of Network Development and Maintenance, coordinates Centurion’s ancillary services and is responsible for sourcing local and national suppliers. Our ancillary service providers are key stakeholders in the transition process. We work very closely with them to ensure that they have all the information they need to successfully transition services.



Lisa Rossics
 Director of Network Development

Our intent will be to maintain those current staff providing the onsite services and negotiate with current onsite service providers with the intent to maintain current and consistent level of service. We recognize that the ability to maintain current employees and current vendors with experience contributes to a smooth transition and will reduce the necessary steps in the transition as well as additional staff training warranted when there need to be changes in subcontracted providers.

Ancillary Services	
Time Frame	Transition Activity
Completed Prior to Contract Award	Letters of agreement developed with ancillary subcontractors for provision of routine and urgent treatment, diagnostic and testing services
First week after Contract Award and Notice of Approval to Initiate Communications	<p>Notify subcontractors and current staff/services providers of contract award; discuss contract transition specifics including timelines, contracted service requirements, availability of staff training, and contact information as indicated</p> <p>Determine any changes in service delivery such as cost centers, requisitions, process for ordering, changes in electronic system access, etc., and develop plan for staff notification/training, if indicated/required</p> <p>Determine any current equipment, inventory, supplies that may require replacement, verification, ordering to ensure ability to continue all provider services upon contract transition</p>
Second week	<p>Develop facility quick reference identifying ancillary service providers and provide to site healthcare staff for contracted vendors</p> <p>Provide process for obtaining routine and after-hours services, routine and after-hours contact information and special considerations when using services</p>
Contract Transition Week and Ongoing	Provide onsite training and in-service for healthcare administration and applicable staff; provide necessary paperwork, pick-up and delivery schedules, timelines for completion of services and other information as pertinent to service delivery; post contact sheets in healthcare areas, review service completion and assist with trouble-shooting as required; follow-up with site leadership to confirm they have the necessary contact information and confirm scheduled presence of onsite assistance as necessary

Hospital, Emergency Services, and Specialty Care - Ms. Rossics is also responsible for identifying and establishing relationships with hospitals, emergency services providers, and

specialty care providers. We will also initiate contracts for inpatient and/or specialty services beyond the capability of the local hospital. Ms. Rossics will coordinate directly with the City’s contract designee to initiate discussion on current program and network availability and process for identification/expansion as indicated.

Hospital, Emergency Services, and Specialty Care	
Time Frame	Transition Activity
Completed Prior to Contract Award	Contractual Agreements and/or letters of intent initiated with required subcontractors for provision of specialty service providers or services currently unavailable at the local hospital
First Week After Contract Award and Notice of Approval to initiate Communications	Identify point of contact with the hospital and specialty providers and initiate contact for confirmation of current services provided to MCP
Second Week	<p>Transition team staff to identify any current tracking tools, logs to monitor emergency room, hospitalization use, and reporting requirements; identify and finalize process, including logs for tracking scheduling, routing onsite and offsite specialty care/clinics</p> <p>Transition team staff to coordinate meeting with facility security to discuss and define emergency and non-emergency transport; define scheduling processes, contacts associated with offsite specialty care and/or hospitalization</p>
Contract Transition and Ongoing	Develop institution quick reference guide identifying emergency services and transport provider, hospitals, and specialty care providers; provide training regarding the process for referring and obtaining services. Confirm with facility leadership that information available is appropriate; identify any areas of concern and work to correct

Information Technology - Transition of information technology (IT) related activities is essential for the ongoing capturing of data and aspects of documentation of care. Our IT Department, led by **Christie Nader**, will work closely with the City’s IT Department, MCP, CCS, and the subcontracted pharmacy to ensure that all aspects of the information technology transition are in order we transition and operationalize the program.

We commit to providing support for arranging and managing the processes needed for information technology interfaces. This includes, if needed, assistance in identifying and implementing a replacement EHR as well as developing/implementing EHR interfaces.

Our overall IT transition steps are provided below:



Christie Nader
 Vice President of IT

Information Technology	
Time Frame	Transition Activity
Completed Prior to Contract Award	Reviewed technology available; developed draft strategy for interface requirements and clarification required from the City. Identified replacement product for electronic health record
First Week After Contract Award and Notice of Approval to initiate Communications	Identify City information technology contact including facility-specific contacts; perform institution review to determine current IT infrastructure, discuss infrastructure requirements and identify any potential infrastructure gaps, connectivity issues, and license requirements
	Identify necessary interfaces for ancillary service providers; confirm use of the City and/or institution secure lines by Centurion staff, including limitations; determine equipment that will not be retained as part of the contract transition and determine potential impact on service delivery
Second Week and Ongoing	Identify telephone requirements and transition service provider; deploy Kronos time clocks; coordinate installation and testing Maintain current electronic data collection, documentation platforms and work with current vendor(s) to troubleshoot transition issues

Centurion Clinical Protocols/Medical Management - As a component of our contract with the City, we will deploy corporate utilization management (UM) leadership to MCP to ensure coordination of these services continues without interruption. The Centurion UM Manager will work closely with incumbent UM staff to identify current protocols, evidence-based guidelines, and/or clinical business rules that the UM staff utilize to manage healthcare for MCP patients receiving offsite specialty services, inpatient hospitalization, and/or onsite infirmary services.

Our UM staff will build close working relationships with our onsite providers. We will assist as needed to ensure MCP patients continues to receive medically necessary care at the local hospital(s) and associated specialists, emergency departments, and community-based specialty providers. A positive working relationship between MCP’s healthcare team, UM program staff and local community providers can help support timely processing and follow-up of requests for services. These relationships, in conjunction with evidence-based protocols, can also help ensure medically appropriate use of the important onsite infirmary beds, appropriate utilization of healthcare resources associated with the hospital(s), and minimization of unnecessary offsite time of security staff with concomitant security risks when inmates are in the community.

Centurion Clinical Protocols/Medical Management	
Time Frame	Transition Activity
Completed Prior to Contract Award	Clinical infrastructure for onsite medical services and utilization management developed and reviewed

Centurion Clinical Protocols/Medical Management	
Time Frame	Transition Activity
First Week After Contract Award and Notice of Approval to initiate Communications	Submit to and review with the City Centurion’s current clinical and medical management program components including: Centurion’s Clinical Guidelines, Disease Management Guidelines, Prescription Guidelines, Utilization Management Program Description, patient education handouts, and staff healthcare training programs Identify current documents, reporting, and tracking processes associated with the offsite specialty, emergency, and inpatient services and required reporting process for the UM program and Prison administrative staff
Second Week	Identify and determine variance of current program with existing program, determine education/training for provider and other healthcare services staff
Contract Transition Week and Ongoing	Continue to communicate with MCP, Centurion Medical Director and other involved healthcare staff about any concerns or issues with utilization management systems; ensure patients are accessing specialty consultations as scheduled

Centurion Administrative Protocols - Centurion’s implementation plan includes completion of the administrative infrastructure that is necessary to support effective healthcare services for the City and MCP. Administrative protocols and other administrative infrastructure to be addressed and implemented in the transition period include but are not limited to:

- Centurion job descriptions
- Centurion credentialing process
- Centurion facility transition support and review
- Centurion emergency preparedness plans
- City-Centurion HIPAA Business Associate Agreement

Proposed implementation timeframes for administrative protocols are as follows:

Centurion Administrative Protocols	
Time Frame	Transition Activity
Completed Prior to Contract Award	Administrative and clinical infrastructure for the City’s healthcare contract developed
First Week After Contract Award and Notice of Approval to initiate Communications	Provide Centurion job descriptions as part of the transitioning employee or new employee orientation; Identify documents from Centurion and the City to use for facility transition review and development of transition priorities and support needed

Centurion Administrative Protocols	
Time Frame	Transition Activity
Second Week	<p>Submit and discuss Centurion Transition goals and transition checklist, provide information to onsite transition team, onsite clinical and operational transitioning leadership and operations team</p> <p>Initiate data gathering for Credential files</p> <p>Discuss and define requirement for Centurion emergency preparedness plan</p>
Week of Contract Implementation & Ongoing	Transition team on site to assist with trouble shooting, MCP operational and clinical team support

Centurion’s CQI and Infection Prevention and Control Programs - Centurion is confident our CQI program and our Infection Prevention and Control Program will meet or exceed the City’s and GDC’s expectations. Our proposed implementation timeframes for these programs are outlined below.

Centurion CQI and Bloodborne Pathogens Exposure Control Programs	
Time Frame	Transition Activity
Completed Prior to Contract Award	Centurion CQI and Infection Prevention and Control Programs developed and reviewed specific to the City and/or GDC-specific requirements
First Week After Contract Award and Notice of Approval to initiate Communications	Submit for review to the City: Centurion’s Continuous Quality Improvement Program, Centurion’s Infection Control Program specifically related to Centurion employee issues such as Bloodborne Pathogens Exposure Control Plan and tuberculosis screening
Second Week	<p>Identify standardized roles/responsibilities for Centurion site staff specific to CQI and Infection Control activities for the MCP site/contract; identify documents from Centurion and the City to use for quality review process; develop CQI calendar for site for review and recommendations.</p> <p>Discuss training needs with Corporate Infection Control Nurse and Quality Improvement Coordinator’s to provide onsite training to key site administrative and clinical leaders; assist in implementing reporting and data collection – in-service key site healthcare leaders on documentation, reporting and collection tools available on the Centurion portal, including required reporting</p>
Contract Transition Week and Ongoing	Perform collaborative review with the City to make final recommendations and revisions for Centurion’s CQI Program; revise documents as indicated and submit to the City and Centurion site staff for final review and approval; submit and finalize format, method, and City/Centurion contact person for submission of infectious disease information, quality outcome data; discuss and finalize Centurion CQI program, schedule for monitoring and reporting of results

Reporting - Centurion recognizes that defined reporting requirements are included in this procurement.

Reporting	
Time Frame	Transition Activity
Completed Prior to Contract Award	Review current reports submitted by current medical contract and required by the City; define current internal and/or external tracking/reporting documents that may be required
First Week After Contract Award and Notice of Approval to initiate Communications	Confirm reporting requirements and discuss reporting formats with the City Confirm City-mandated reporting, data elements and identify data sources; identify key personnel responsible for reporting; discuss required clinical and administrative reporting and define format required and timeliness for/method of submission of clinical and administrative data
Second Week	Ensure all Centurion Departments are aware of reporting requirements; formally initiate tracking for data
Contract Implementation and Ongoing	Begin monitoring and collection of data; work with the City to define any recommendations for changes in reporting structure, format, data elements and modify as indicated

Deployment of Centurion Transition Teams

In facilitating a smooth and coordinated transition of inmate healthcare services, Centurion will rely on the services of Clinical Operations nursing staff as well as other Centurion healthcare administrative and clinical/program managers who have valuable expertise and experience in contract startups. Centurion has assembled a clinical-operational team dedicated to facilitating a seamless transition and startup of services. These individuals will be tasked with implementing specific aspects of the contract. They have been assigned to implementation tasks based on their specific areas of expertise and the required transition activities.

These team members will provide onsite transition support through the initial few weeks of the contract to assist with general transition support. Focused support will then be provided at designated sites based on contract priorities and identification of sites requiring additional clinical/operational support after the initial transition. Efforts of continued support will be to identify and initiate an individual work plan specific to the needs of health services program for the City and MCP.

The objective of the Centurion Transition Teams is to provide operational support to minimize discrepancies in implementation activities. These teams will also act as a liaison among site staff, ancillary service providers, the site healthcare administrative team, and the Centurion regional operator.

We will streamline administrative and operational aspects of the program to ensure that there is no delay in services upon contract startup. We fully appreciate the importance of a seamless transition, particularly in the critical early days and weeks of the contract. With our leadership and the Centurion Transition Team assembled specifically including Clinical Operations Team Members with experience managing onsite programs for Prison Programs, we will be able to implement, monitor and maintain services with no lapses in care.

Our Centurion Transition Team will consist of the key individuals highlighted below, as well as others who will provide support both locally and from our corporate office.

- Jeff Wells, MBA – Regional Vice President
- Inez Tann, RN, BS, CCHP - Georgia Regional Director
- Jeffrey Keller, MD, FACEP – Chief Medical Officer
- Angela Goehring, RN, MSA, CCHP – Chief Nursing Officer
- Julie Buehler, RRT, MPA, CCHP – Director of Operations Support
- Karen Riley, RN, BSN, MBA - Director of Continuous Quality Improvement
- Gregg Puffenberger, MBA, PharmD - Vice President of Pharmacy Management
- Rebecca Luethy, MSN, RN, CNS, LNC - Director, Operations Development
- Christie Nader, MS - Vice President of Information Technology
- Lisa Denny, SPHR, CCHP - Senior Vice President of Human Resources
- Teffany Dowdy, Georgia Recruiting Regional Manager



Centurion Transition Team Leaders

Pictured (from left to right):

Jeff Wells, MBA – *Regional Vice President*; **Inez Tann**, RN, BS, CCHP – *Georgia Regional Director*; **Jeffrey Keller**, MD, FACCPC – *Chief Medical Officer*; **Angela Goehring**, RN, MSA, CCHP – *Chief Nursing Officer*; **Julie Buehler**, RRT, MPA, CCHP – *Director of Operations Support*; **Karen Riley**, RN, BSN, MBA - *Director of Continuous Quality Improvement*; **Gregg Puffenberger**, MBA, Pharm.D - *Vice President of Pharmacy Management*; **Becky Luethy**, MSN, RN, CNS, LNC - *Director, Operations Development*; **Christie Nader**, MS - *Vice President of Information Technology*; **Lisa Denny**, SPHR, CCHP - *Senior Vice President of Human Resources*; **Teffany Dowdy**, *Georgia Recruiting Regional Manager*

More information about each of these team members is provided in *Section 4. Experience and Qualifications*.

C. Provide a list of all known equipment that will be provided by the vendor, or must be provided by the Muscogee County Prison, under this contract.

Equipment provided by Muscogee County Prison

Per the RFP Section III, *Vendor Requirements*, the MCP will provide all durable medical equipment Centurion requires to provide medical services to patients within the timeframe and of the quality required.

In section IV Equipment Provided by Muscogee County Prison it is noted the clinic has one of each of the following equipment available (unless otherwise indicated) for vendor use:

- Examination Tables (2 each)
- Centrifuge
- Dental Chair
- AED
- Medication Cart
- Sharps Cart
- Glucometer
- Oxygen Tanks (4 each)
- Emergency Bags (2 each)
- Scales: 1 digital, 1 manual (2 each)
- Wheel Chair
- Back Board
- Medical Refrigerator
- Specimen Refrigerator
- Gurnee
- Ophthalmoscope
- Portable Pulse oximeter
- Dental X-ray Machine
- Autoclave
- Mobile Blood Pressure
- Copier
- Physician stools (3 each)
- Compressor Nebulizer
- IV Pole
- Office Desks (4 each)

Centurion assumes this equipment is in good repair, working order, and will be available for our use.

Equipment Provided by Centurion

Centurion appreciates the equipment provided by the County. To it we will add:

- 2 Computers
- 1 Fax machine
- 1 Copier
- EKG Machine
- Otoscope
- Internet Services
- Telephone Services

Upon termination of the contract, Centurion will return to the County's possession and control all county-owned medical and office equipment. At such time, the office equipment and medical equipment will be in good working order, reasonable wear and tear excepted.

- D. Describe any similar contracts vendor is currently involved in and their duration. Include the entity name and contact person, project, location, services provided, date of completion, and contact telephone and email.

Below we have provided information about similar contracts we currently manage, including the entity name, location and other basic information, contract term, contact person and information, and scope of services provided. We also provide a listing of MHM’s contracts held with correctional agencies to further demonstrate the full breadth of our collective experience and resources serving in correctional systems. We encourage the evaluation committee to contact *any* of these references for information about our services.

Centurion Contract References	
Agency Contract Name: Florida Department of Corrections	
Contract Term	02/01/2016 – 06/18/2018 <i>*in current procurement re-bid process</i>
Location and Other Basic Information	Location: All 4 regions of Florida DOC prison system Average Daily Population: 88,000 Facilities: 61 Accreditation: ACA
Contact Name, Title and Contact Information	Thomas Reimers <i>Director Health Services Administration</i> A: 501 South Calhoun Street Tallahassee, FL 32399-2500 P: 850.487.8443 E: Reimers.thomas@mail.dc.state.fl.us
Scope of Covered Services	Comprehensive medical, mental health, and dental services throughout all 4 regions of the FL DOC prison system
Agency Contract Name: Massachusetts Department of Correction	
Contract Term	07/01/2013-06/30/2018
Location and Other Basic Information	Location: Statewide Average Daily Population: 9,000 Facilities: 15 Accreditation: ACA
Contact Name, Title and Contact Information	Carol Mici <i>Deputy Commissioner of Clinical Services and Re-entry</i> A: 50 Maple Street, Suite 3 Milford, MA 01757 P: 508.422.3301 E: carol.mici@massmail.state.ma.us
Scope of Covered Services	Comprehensive medical, mental health, and dental services in all facilities (except Bridgewater State Hospital)
Agency Contract Name: Minnesota Department of Corrections	
Contract Term	01/01/2014 – 06/30/2023

Centurion Contract References	
Location and Other Basic Information	Location: Statewide Average Daily Population: 9,500 Facilities: 9 Accreditation: Planned ACA Accreditation Surveys in 2018
Contact Name, Title and Contact Information	Mike Hermerding <i>State Program Administrative Manager-Principle</i> A: 1450 Energy Park Drive St. Paul, Minnesota 55108 P: 651.361.7287 E: mike.hermerding@state.mn.us
Scope of Covered Services	Provider and ancillary staffing, pharmacy services, and utilization management to support MDOC Health Services Division statewide
Agency Contract Name: Mississippi Department of Corrections	
Contract Term	07/01/2015 – 06/30/2019
Location and Other Basic Information	Location: Statewide Average Daily Population: 19,000 Facilities: 39 Accreditation: NCCHC/ACA
Contact Name, Title and Contact Information	Dr. Gloria Perry <i>Medical Director/Health Services Director</i> A: 633 North State Street Jackson, MS 39202 P: 601.359.5162 E: gperry@mdoc.state.ms.us
Scope of Covered Services	Comprehensive medical, mental health, and dental services statewide that integrates state-run institutions with privately-run institutions
Agency Contract Name: New Mexico Corrections Department	
Contract Term	06/01/2016 – 05/31/2020
Location and Other Basic Information	Location: Statewide Average Daily Population: 7,000 Facilities: 11 Accreditation: ACA
Contact Name, Title and Contact Information	Jerry Roark <i>Director, Adult Prisons Division</i> A: 4337 State Road 14 Santa Fe, NM 87508 P: 505.827.7867 E: jerry.roark@state.nm.us
Scope of Covered Services	Comprehensive healthcare services including medical, psychiatry, and dental Services statewide
Agency Contract Name: Tennessee Department of Correction	
Contract Term	09/09/2013- 06/30/2023
Location and Other Basic Information	Location: Statewide Average Daily Population: 22,000 Facilities: 11 Accreditation: ACA

Centurion Contract References	
Contact Name, Title and Contact Information	Kenneth Williams <i>Chief Medical Officer</i> A: Rachel Jackson Building, Fifth Floor 320 Sixth Avenue North Nashville, TN 37243 P: 615.979.5631 E: Kenneth.williams@tn.gov
Scope of Covered Services	Comprehensive healthcare services
Agency Contract Name: Vermont Department of Corrections	
Contract Term	02/01/2015-01/31/2019
Location and Other Basic Information	Location: Statewide Average Daily Population: 1,500 Facilities: 8 Accreditation: NCCHC
Contact Name, Title and Contact Information	Ben Watts <i>Chief of Administration Health Services Division</i> A: NOB 2 South 280 State Drive Waterbury, VT 05671 P: 802.503.2082 E: Benjamin.Watts@vermont.gov
Scope of Covered Services	<ul style="list-style-type: none"> • Comprehensive medical, mental health, and dental services statewide • Statewide system which combines all jail and prison services

MHM Correctional Contract References	
Agency Contract Name: DeKalb County Jail (Atlanta, GA)	
Contract Term	08/19/2006 – 12/31/2021
Location and Other Basic Information	Location: Atlanta, Georgia Average Daily Population: 2,200 Facilities: 1 Accreditation: NCCHC/ACA
Contact Name, Title and Contact Information	Chandra Brown A: 4415 Memorial Drive Decatur, GA 30032 P: 404.298.8100 F: 404.298.8101 E: cbrown@dekalbcountyga.gov
Scope of Covered Services	Comprehensive mental health Services program for large urban jail in Atlanta, GA
Agency Contract Name: Georgia Department of Corrections	
Contract Term	10/01/1997– 06/30/2018 <i>*in current procurement re-bid process</i>
Location and Other Basic Information	Location: Statewide Average Daily Population: 54,000

MHM Correctional Contract References	
	Facilities: 37 Accreditation: Medical Association of Georgia
Contact Name, Title and Contact Information	Jack Randall Sauls, MBA, FACHE <i>Assistant Commissioner</i> A: 300 Patrol Road Forsyth, GA 31209 P: 478.992.5879 (o) E: randy.sauls@gdc.ga.gov
Scope of Covered Services	Mental health and dental staffing and services
Agency Contract Name: Maryland Department of Public Safety & Correctional Services <i>*Includes the Baltimore City Detention Center & the Baltimore Central Booking & Intake Center</i>	
Contract Term	07/01/2005 – 12/31/2023
Location and Other Basic Information	Location: Statewide Average Daily Population: 27,000 Facilities: 27 Accreditation: Planned ACA & NCCHC Accreditation Surveys in 2018, 2019, 2020
Contact Name, Title and Contact Information	Randall Nero, Ph.D <i>Director of Behavioral Health Services</i> A: 300 East Joppa Road, Suite 100 Baltimore, MD 21286 P: 410.585.3725 E: rnero@dpscs.state.md.us
Scope of Covered Services	<ul style="list-style-type: none"> ▪ Comprehensive Mental Health Services, including services for the pre-trial and sentenced populations ▪ Blended model, work alongside state-employed mental health personnel
Agency Contract Name: Massachusetts Department of Correction at Massachusetts Treatment Center <i>*FHS Contract</i>	
Contract Term	07/01/2006 – 06/30/2018
Location and Other Basic Information	Location: Statewide Average Number of Cases Annually: 300+ Expert Witnesses Accreditation: Various healthcare Accrediting bodies
Contact Name, Title and Contact Information	Lisa Mitchell <i>Superintendent, MTC</i> A: 2 Administration Road Bridgewater, MA 02324 P: 508.279.8100 E: lisa.mitchell@state.ma.us
Scope of Covered Services	<ul style="list-style-type: none"> ▪ Qualified Examiner Evaluations of Sex Offenders at the MTC; Expert Witness testimony to Superior Court throughout the Commonwealth of Massachusetts ▪ Community Access Board Evaluations of Sex Offenders at the MTC (reports) with Occasional Expert Witness Testimonies
Agency Contract Name: Massachusetts Department of Correction Sex Offender Treatment Program <i>*FHS Contract</i>	
Contract Term	07/01/2002 – 06/30/2018

MHM Correctional Contract References	
Location and Other Basic Information	Location: Statewide Average Number of Cases Annually: 650+ Facilities: 5 Accreditation: n/a
Contact Name, Title and Contact Information	Lisa Mitchell <i>Superintendent, MTC</i> A: 2 Administration Road Bridgewater, MA 02324 P: 508.279.8100 E: lisa.mitchell@state.ma.us
Scope of Covered Services	Cognitive-behavioral treatment program for incarcerated sex offenders
Agency Contract Name: New Hampshire Department of Corrections <i>*Contract for Mental Health Services Only</i>	
Contract Term	01/01/2008 – 06/30/2021
Location and Other Basic Information	Location: Statewide Clinical Professionals: 2,800 Facilities: 6 Accreditation: n/a
Contact Name, Title and Contact Information	Helen Hanks <i>Commissioner</i> A: 105 Pleasant Street, PO Box 1806 Concord, NH 03302-1806 P: 603.271.5600
Scope of Covered Services	Comprehensive Inpatient & Outpatient Psychiatric Services
Agency Contract Name: New Hampshire Department of Corrections <i>*Contract for Medical and Dental Staffing Services Only</i>	
Contract Term	01/01/2009 – 06/30/2018 <i>*in current procurement re-bid process</i>
Location and Other Basic Information	Location: Statewide Clinical Professionals: 2,800 Facilities: 6 Accreditation: n/a
Contact Name, Title and Contact Information	Helen Hanks <i>Commissioner</i> A: 105 Pleasant Street, PO Box 1806 Concord, NH 03302-1806 P: 603.271.5600
Scope of Covered Services	Medical Staffing and Management; Dental Program Staffing and Management
Agency Contract Name: New Mexico Corrections Department	
Contract Term	07/01/2016 – 06/30/2020
Location and Other Basic Information	Location: Statewide Average Daily Population: 600 Facilities: 2 Accreditation: n/a
Contact Name, Title and Contact Information	Dr. Wendy Price <i>Behavioral Health Bureau Chief</i> A: 111 Gold Ave SE,

MHM Correctional Contract References	
	Albuquerque, NM 87102 P: 505.827.8850 E: Windy.Price@state.nm.us
Scope of Covered Services	Behavioral health and substance abuse services to female prisoners
Agency Contract Name: Pennsylvania Department of Corrections	
Contract Term	09/01/2003 – 11/31/2018
Location and Other Basic Information	Location: Statewide Average Daily Population: 50,000 Facilities: 25 Accreditation: ACA
Contact Name, Title and Contact Information	John Wetzel <i>Secretary</i> A: 1920 Technology Parkway Mechanicsburg, PA, 17050 P: 717.728.4109 F: 717.728.4178 E: jowetzel@pa.gov
Scope of Covered Services	Comprehensive Mental Health Services
Agency Contract Name: Philadelphia Department of Prisons	
Contract Term	09/01/2004 – 06/30/2019
Location and Other Basic Information	Location: Philadelphia, PA Average Daily Population: 7,500 Facilities: 6 Accreditation: NCCHC
Contact Name, Title and Contact Information	Bruce W. Herdman, PhD <i>Deputy Commissioner, Medical & Behavioral Health</i> A: 7901 State Rd. Philadelphia, PA 19136 P: 215.685.7804 F: 215.685.7749 E: bruce.herdman@prisons.phila.gov
Scope of Covered Services	Comprehensive Mental Health Services to large urban jail system across six sites

**Proposal Information for:
Correctional Electronic Health Records Software**

May 2018

Prepared by:

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Company History

SapphireHealth has been providing correctional-specific computerized prescriber order entry (CPOE), electronic medication administration record (eMAR), inventory management, and electronic order reconciliation solutions as well as electronic medication return processing (where permitted by law) since 2010. Originally created as Sapphire eMAR, our product has evolved into the most robust order-entry and eMAR available in the correctional market. The development team has incorporated feedback and suggestions from our correctional partners to create a correctional-industry-specific application with over 70 customizable settings that provides the flexibility needed to accommodate a wide variety of unique operational procedures that are simply not available in commercially offered products. In response to customer requests, the software package was expanded to include modules that provide interfacing with and importation of lab results, immunization and vaccine tracking, treatment pass records (TARS), and an internal messaging system.

The Sapphire CPOE/eMAR system has been successfully deployed at over 250 facilities nationwide including the Minnesota, Pennsylvania, and Virginia Departments of Corrections (DOCs). Our current system already meets the key objectives detailed under Section 5: Facility Information of your RFP, specifically regarding patient management, computerized physician order entry, comprehensive reporting, and an interface with county systems.

Sapphire EHR's development has been driven by continual requests from correctional partners who wanted a comprehensive product with the same innovative and efficient design to which they have grown accustomed with Sapphire eMAR.

With ongoing input from correctional medical professionals, including prescribers and nurses who specialize in correctional healthcare, Sapphire has created a corrections-specific full EHR that is uniquely capable of handling the specific requirements encountered in jails and prisons. Sapphire is supported with the same attention to customer needs that its parent company—Diamond Drugs, Inc.—has provided to their customers for the past 45 years. Sapphire EHR has modules in place for scheduling, tasks, diagnosis association, reporting, progress notes, TB management, labs, imaging, utilization management, problem lists, internal messaging, protocol lists, and nursing notes.

Sapphire works on a 4- to 6-week development cycle through our team of 17 in-house software developers that provide timely upgrades and system enhancements. The benefit of Sapphire having its own programming staff is that your needs will be quickly met instead of being outsourced to a third party and placed on a development list, on their timeline, as is the case with many other products currently on the market.

Much has changed since our first deployment of Sapphire in 2010, but at least one thing has remained constant—our commitment to providing our clients and patients with superior value, competitive pricing, unparalleled service, and unsurpassed care. This commitment is our company's core value. We will always be upfront and honest regarding our capabilities, and we continue to always work hard on your behalf to provide you with innovations and solutions. Through our honest approach to business, coupled with values you find only in a family-owned business, we will deliver on our commitments and exceed your expectations for providing our comprehensive Sapphire EHR.

Overview of Computer Technology Products and Services

Sapphire eMAR & EHR

You can benefit from two versions of our proprietary software—Sapphire EHR (put forward for this proposal) and Sapphire eMAR. For your reference, we have provided a comparison between these product versions in the following table.

Comparison of Sapphire eMAR and Sapphire EHR		
Major Feature	Sapphire eMAR	Sapphire EHR
Patient-Specific & Stock Computerized Physician Order Entry (CPOE)	✓	✓
Electronic Medication Pass	✓	✓
Electronic MARs	✓	✓
Medication Inventory Management (check in/return, separation of patient & stock medications)	✓	✓
Administrative Features (user management, software settings, etc.)	✓	✓
Preset and Custom Reporting capabilities	✓	✓
In-program medication/vital Protocol Management	✓	✓
Vaccine Inventory Management	✗	✓
Electronic Treatment Pass	✗	✓
Immunization Support, including Vaccine Protocol Management	✗	✓
Electronic Form Completion and Signoff (electronic signature supported)	✗	✓
Manual and Form-Generated Task/Appointment Scheduling	✗	✓
Labs/Diagnostic Results	✗	✓
Consultation/Utilization Management Support	✗	✓
TB Management	✗	✓
Imaging/Radiology Support	✗	✓
Documentation/Audio/etc. Upload and Signoff Support	✗	✓
Secure Internal Messaging System	✗	✓
Patient Health Record Exports (Clinical Summary)	✗	✓

Comparison of Sapphire eMAR and Sapphire EHR		
Major Feature	Sapphire eMAR	Sapphire EHR
Patient Special Needs and Restrictions Management	✗	✓

Our Services

For both Sapphire eMAR and Sapphire EHR, we provide you with the following services:

- ◆ **Project Management** - You benefit from a single point of contact here at Sapphire known as a Transition Specialist (TS). Your TS acts as your project manager, coordinating all necessary parties to ensure your users are trained, your environment is properly configured, and any interfaces are in place and functioning.
- ◆ **Environment Setup** - Your TS outlines the different settings available within the program and collects your input as to how you want your Sapphire environment configured.
- ◆ **User Training** - As part of your transition, your users benefit from four (4) phases of training:
 - ✓ Training Modules/Videos - Our standard eMAR/EHR training, done through guided modules of Sapphire's basic features and task-specific functions offered in the EHR.
 - ✓ Webinars - Sapphire conducts live, web-based training(s) for your users. This gives you the opportunity to ask a TS questions and see how the program works in real-time. Further, you can request webinar customization for specific user groups.
 - ✓ Sandbox Self-Study - You have access to a replica of the live site for individual/group study and practice. You will have continuous access to this training tool for refresher/new employee training as long as you use Sapphire.
 - ✓ On Site Review - During implementation, you and your TS and any others that may be part of your transition team will be on-site to review the training material and provide live assistance for five (5) consecutive eight (8) hour business days.
- ◆ **Custom Programming/Interfacing** - You are not locked into a "one-size for all" solution. During your transition, you can request custom programming to provide features/functions that are not currently available within the program. This also applies to interfacing, as the program is capable of accepting data from any outside provider as long as it is sent in HL7 format. All such work is completed by our Systems Development team with the following caveat:
 - ✓ If your request benefits all Sapphire users, there is no charge.
 - ✓ If your request is for the sole benefit of your facility, it is billed at the predetermined rate outlined in our cost proposal.
- ◆ **Program Support** - You always have the full backing of our 24/7/365 Support team. Helpdesk representatives are available by phone, email, and fax to answer your questions and troubleshoot your issues.

For Sapphire EHR, you also receive the following services:

- ◆ **Workflow & Form Assessment** - Your TS, with your personnel, assess your current medical workflow and documentation processes. Any forms being digitally replicated will be designed to trigger appropriate tasks/messages/etc. as conveyed by you.
- ◆ **Form Creation** - Your TS (and other TS's or Support, if needed) will create digital copies of your paper forms and upload them into the Sandbox (and the Live Site after you approve them) for testing/review.

Key Individuals

Jayne Shildt, General Manager of SapphireHealth, will serve as your dedicated representative for any operational and technical concerns or requests, you can reach Jayne at 877-532-2345 x2617 or jshildt@Sapphire-Health.com.

Mark Zilner, Owner and President of SapphireHealth, will act as your liaison for any concerns or requests relative to the contractual terms of the agreement. You can reach Mark at 800-882-6337 x1003 or mzilner@diamondpharmacy.com.

Interface/Interoperability Requirements

Jail Management Interface

Sapphire supports complete jail management system (JMS)/offender management system (OMS) integration. This integration will populate your patient demographic information directly into Sapphire from a feed sent to us by your JMS. As inmate locations change, either within a building or to another building, Sapphire automatically updates the patient's information. Releases are also handled automatically through this interface. Sapphire also imports identification items such as photos, aliases, date of birth, sex, etc. for easy patient identification beyond simple patient-badge scanning. Images and important demographic information are available during medication/treatment passes as well.

Pharmacy Interface

Sapphire's comprehensive, fully HIPAA-compliant, online ordering program is a bi-directional system that interfaces directly with pharmacy management systems. All new orders, upon submission, transmit electronically to the pharmacy, eliminating the need for any paper process. All orders entered into the pharmacy system will automatically populate the patient's chart in Sapphire as well.

Lab Vendor/Radiological Services/Commissary Software Interfacing

Sapphire supports a robust industry standard HL7/XML interface system that can accept data from any company that supports an applicable data transmission format. Our middleware integration system allows us to quickly spin up new integrations with very little custom work. Our current system already supports the ORU message format as defined in the HL7 specification, along with many other HL7 message formats. ORU messages provide structured patient-oriented clinical data between systems (e.g., EKG results to a physician's office). Through interfaces with your providers, the relevant lab/imaging/etc. results transmit back into the patient's chart (and any related sign-off queues if you opted for this during order entry) automatically, once they are ready.

Effectiveness of the Proposed Approach

Our experience has shown great success through our proposed approach with numerous benefits. The Muscogee County Jail receives a user-friendly electronic health record (EHR_ designed and built exclusively for correctional environments. More importantly, the program serves as a central point for you to store, manage, and access your patient's healthcare data 24/7/365. Through the proposed middleware system, your JMS and service providers quickly integrate with the program, automating patient movement in and out of the facility, sending/receiving data, and removing the need for you to comb through multiple programs, looking for that one key piece of information. This eliminates the worry of missing patient charts or having incomplete information. All you have to do is log into the program.

You further benefit from a company that is willing and able to work with any outside vendor to support and deliver new interfaces to ensure your staff always has the data it needs to improve its patient outcomes. With a robust set of features that more than fulfill the standard capabilities listed under the scope of services requested. Facility Information of your RFP, you have a program that can grow with you, providing the flexibility and functionality you need to administer patient care.

Security Overview

You have full control over who has access to Sapphire as well as their level of access. You can designate on-site personnel to serve as Administrators and Power Users to manage your user access locally. These users can create new accounts and, if needed, modify or disable existing ones, as your needs dictate. Further, through a system of roles and permissions, you decide which groups of users (e.g., nurses, providers) can use a feature or see certain information. Your facility's roles and permissions are customizable as well - you can change a group's access by adding/removing a permission, or create entirely new custom roles as needed.

With regard to logins, we do not take chances with your data's security. All access (logins and logouts) are recorded on the back-end, and website access is protected, requiring three key pieces of information:

- ◆ A user ID, issued prior to implementation
- ◆ A password, which you set up on your first login
- ◆ The answer to two (2) of your five (5) security questions selected at random, which you also set up on your initial login

Further, to keep your account secure and prevent unauthorized access, the program requires a password reset every ninety (90) days.

Software Functionality Overview

1. Charting

You benefit from a streamlined data entry experience. You can create and edit Protocol Forms for common prescribing situations (e.g., flu, allergies) which allow you to store any number of medication and/or vital orders on the form. When needed, you submit the form, which submits orders for all listed items at once, instead of via individual entry. Further, the program offers, through standard and taper direction types, a series of preset and drop down choices to streamline entry. For most drugs, the program automatically fills in relevant information for you such as dose type (e.g., milligrams, milliliters) and route (e.g., orally, subcutaneously). You choose medications, vitals/labs/treatments, and most of the information during order entry from pick-lists as well. All order entry is reportable through several standard and custom reports within the program. For day-to-day operations, you can view order statistics, divided into categories (e.g., new patient orders, stock, refills) while you benefit from an extensive library of reports outlining patient compliance.

Your access to an extensive reports library provides you with this information. Further, through use of the tasks/appointment scheduling module, you can export PDFs outlining the scheduled sick/cell calls and their completion status. The built-in filtering options also provide you a high level of control over what you export.

Your staff has the ability to sign off on several different documentation types through the program, including:

- ◆ **MedPass/Treatment Pass** - When you document the administration/refusal/etc. of a medication or vital check, the program automatically records your name, initials, and the date/time of the record. Your initials appear under the result on the patient MAR after you end the pass.
- ◆ **Tasking/Appointments** - Marking a single task or patient appointment complete tags it with the user's name and a date/time stamp. Events with multiple occurrences record this information for each time you mark it complete.
- ◆ **Forms** - During your initial consultation, you can specify which forms require electronic signature. Once set up, your patients and any number of users/witnesses can sign using a signature pad. Further, you can subject completed forms to a review signoff. This allows another user to review and sign off that the form is satisfactorily completed.
- ◆ **Documents** - Your patient documents and media uploads to their chart can be subject to sign off as well. This adds an entry to a specialized queue, providing you the opportunity to review the content and sign off on it.
- ◆ **Lab Results** - You can choose to have lab results signed off during order entry and, once they are complete, they provide you with an opportunity to sign off on them.

The program also offers you specialized queues, which contain all items (separated by category such as "Documents" and "Lab Results") that are awaiting sign off.

Charting: Intake Screening, 14 Days Physicals, Sick Call, Chronic Care

As part of your transition, we will create electronic versions of your forms which will drive your workflow and produce these trigger actions. You have the benefit of being able to specify which form(s) and which answer(s) should drive the follow-ups. These include, but are not limited to the following actions:

- ◆ Showing additional related questions
- ◆ Automatic submission of patient med/vital orders

- ◆ Capturing vital/diagnosis data
- ◆ Sending internal Sapphire messages to certain users
- ◆ Automatically creating and/or scheduling tasks/appointments when you record certain answers

Charting: Medical Records Management

You have a comprehensive storage solution within the program, as outlined below.

- ◆ **Patient Chart** - Every chart has unlimited storage, allowing you to upload documents, store completed forms, and lab results, to name a few examples.
- ◆ **Persistent Storage** - Unless removed by you, every upload becomes a permanent fixture in the patient's record. This gives you the convenience of a single storage point, as every entry automatically moves with the patient when their housing location changes or they transfer to a new facility.
- ◆ **Retrieval Options** - You can download and/or print all documentation from within the program - Sapphire also provides numerous printable copies of patient/order information, ranging from individual order printouts to the Clinical Doc, which allows you to export the patient's entire health record (or selected sections of it.)
- ◆ **County Specific Documentation** - Your documentation can be stored in Sapphire as a "Resource," which is available for immediate download/printing on the main screen of the program.

2. Orders/Tasks

You have the ability to assign tasks to individual users, multiple users, entire roles, or, if needed, your entire facility through a comprehensive tasking/scheduling system. You can generate and assign these tasks, appointments, or orders automatically through form responses, or you can generate/assign them manually. In either scenario, here are a few benefits you receive from the tasking module:

Complex recurrence system – You can schedule tasks/appointments with a wide range of recurrences and timeframes, giving you almost infinite flexibility in how you schedule new or existing tasks.

Categorization – You have customized task categories, which allow you to custom tailor your tasks to your facilities particular organizational needs. These also assist you in filtering and sorting your tasks by user/department/category/etc. and in generating reports.

Task assignments – User, role, facility – You can assign tasks/appointments to individual users, entire roles, multiple users, multiple roles, or if needed, to your entire facility.

Skipping holidays and weekends – You can configure your tasks/appointments to skip holidays or weekends automatically, ensuring you do not have tasks scheduled on days you do not have coverage.

Task list generation – You can export a PDF copy of your current task/appointment list as needed. Built-in filters provide you a high-level of control over the information your export contains.

You benefit from ad hoc and standing order entry support for medications, vitals, treatments, and tasks. You also have the ability to create your own standing orders and protocols for complicated medication therapies and treatment plans. You also benefit from standing immunization order support, which allows you quick, accurate immunization tracking.

You can sort and manage your workflow/order routines by status, urgency, user name, user role, housing location, category, and frequency. You can also export these into task lists for printing and distribution. Provider

staff, with designated permissions, can easily reschedule or move tasks to other calendar dates when needed by dragging-and-dropping them. Further, you do not need to take any extra action to pass incomplete tasks, as any incomplete entries remain on the provided list/calendar, allowing your oncoming shift to see and address them without issue.

You have a high-level overview of your orders routines through the task list and calendar. Each routine has a status (complete, refused, etc.) which provides you color-coded feedback, allowing you to see today's workflow progress at a glance. Further, you benefit from built-in filters, which allow you to focus on certain users/housing locations/task categories/etc., giving you detailed information as to what is completed and/or remains undone. You also have an extensive list of preloaded standard and custom reports that you can run at any time to supplement the available information on the task list/calendar. Should you need information not captured by these existing reports, we can create custom reports for you upon request.

Your secondary standing orders can be submitted as part of your forms-based workflow. During your initial consultation, your lead transition specialist (TS) will conduct a form review with appropriate personnel. As part of this review, you communicate which form(s) should generate standing orders, as well as what they are and what question(s)/answer(s) should trigger them, and we will configure the form accordingly. Then, once you submit a form with the appropriate answer(s), the program submits the standing order(s) automatically.

3. Intake

Your intake process is handled through forms. As part of your transition, we will create a digital version of your current intake form(s). This decreases training and adoption time by keeping a familiar look and feel to your existing intake process while providing complete documentation of it and your initial inmate screenings. Through your input, data collected on the intake record will generate tasks, alerts, and internal/external communications, driving workflow and alerting the proper individuals or roles. You can track the orders/tasks created in this process for compliance through use of the task list/calendar, and results can be tracked for statistical reporting and administrative follow-ups.

Should you need to modify the layout/content of the form itself, our dedicated support staff and transition specialists will assist you during start-up and at any point while on the Sapphire platform.

You have the ability to add addenda to any existing forms, which allows you to add supplementary information or notes to already complete forms. Further, you can save a form instead of processing it, to allow other users to add/update information on the form accordingly.

During your initial consultation, your lead transition specialist (TS) will conduct a form review with appropriate personnel. As part of this review, you communicate which form(s) should generate alerts/notifications, as well as what question(s)/answer(s) should trigger these events, and we will configure them accordingly. Any alerts or notifications are then submitted to medical and/or any other identified recipients automatically, once you process the form.

4. History & Physical

We will provide you with an electronic version of your existing history and physical examination form within the program as part of your transition. This decreases training and adoption time by keeping a familiar look and feel to your existing intake process while providing you the opportunity to specify action(s) that should result from certain answers (e.g., refer to medical if the patient has diabetes.)

5. Sick Call/Cell Call

You can track and manage your sick call requests through use of the tasking module. Once entered, you can filter and track them by category, frequency, role, and priority.

You can easily track sick calls through the scheduling module. As part of this feature, you can export task/appointment lists, which present you with a list of occurrences matching your filter criteria. This allows you locate all sick call occurrences (for a specific patient or in general) over a timeframe you select, and gives you the option to add supplemental text (e.g., "altercation") to narrow your results further.

6. Consent Forms

You have the ability to generate (and print) any electronic form created for your use within Sapphire. This information is also specific to certain parts of the program, so you can limit access by removing the relevant permission(s) from your users' roles. In addition, as part of your workflow, you can "Save" consent forms instead of processing them, which allows other users to add/remove information from them as needed. Further, you also have access to a specialized queue that houses these incomplete forms, removing the need to search through patient records manually. Should you need to make changes to the actual content of the form (e.g., questions, wording) we will address that for you, upon notification.

7. Utilization Management

Sapphire has an entirely built-in utilization management system for the submission, review and management of your on/off-site patient consultation requests.

Your patients have a dedicated "consultations" tab within their chart, for the permanent storage of all entered/approved/declined requests. As with the rest of their information, this data stays with the patient profile, ensuring that even if they change facilities or are discharged, their consult record is always available. Your requests begin with completing a form within the patient chart, providing information such as the type of the request, its referring provider, prior patient treatment, and the patient cancer status, if applicable. With drag and drop functions built into this form, you save time spent otherwise manually entering large amounts of information.

You also benefit from a robust review process. Each user in Sapphire can be assigned a rank of approval which determines their ability to review/approve/decline/schedule requests. You decide who has the ability to make these decisions within the application. Your patient requests can require up to two levels of approval before it proceeds to scheduling, ensuring that the request receives a proper review. Your approved users can choose to approve a request, propose an alternate treatment plan, or deny it and provide reasoning for doing so at any level.

Your patient request scheduling is also managed from within the application. The sites you use, whether at the facility or an off-site location, are added to the system from your input. This gives you the ability to quickly and easily select locations, dates/times, as well as contact information for the location during scheduling. You also have the ability to add comments and mark that a patient was seen, providing documentation at every step of the process.

Upon completion, your users can upload the final findings of the consultation to the request, providing documentation of the results and provide cancer status updates. Your attached files remain with the consultation as well, eliminating the worry of missing information. As part of this system, your users receive

email alerts notifying them of the need to review patient requests, and a specialized queue that stores information requiring attention at their level.

8. An Electronic MAR

You benefit from a comprehensive documentation system within the program, called MedPass. This function gives you the ability to efficiently record medication administrations/vital results as the administration occurs. For patients that refuse, you have a system in place to record not only the refusal but also the reason why, from a preset list of reasons (chosen by you), and/or a custom reason you enter. All this information appears on the patient's MAR automatically, along with the user's initials, and a date/time-stamp once you end the pass.

You also have access to an alternate version of MedPass devoted entirely to your treatments. This Treatment Pass possesses the same features as MedPass, but allows you to set dedicated time(s) to conduct these treatments, streamlining your workflow and saving time.

Both of these processes also function offline, so you have a dedicated backup available if/when internet connectivity or power failure issues occur.

Your patient identification is supported on two fronts. First, the program is barcode enabled, so you can scan patient barcodes to locate, identify, and administer their medication(s), streamlining your passes. Further, you have several identifiers built into the program, such as standard information (name, ID number, date of birth, etc.) all of which display prominently on the MedPass. Additionally, you can upload a patient's image directly into their chart manually, or automate this process by including images in your JMS/OMS feed to Sapphire. This provides you with a quick and easy supplemental method of identifying your patients, further saving time.

Your patient orders, unless they require some form of approval (e.g., non-formulary medication requests), transmit to your pharmacy vendor automatically on submission. This process then feeds MedPass, so you always see up-to-date med/vital information.

9. Notifications

You have several areas devoted to notifications within the program. In the patient's chart, you benefit from a "MedPass Notes" section that allows you to put alert notes directly into their profile. These appear during order entry, while on MedPass, and in the patient's chart. Further, during order entry, you have two fields that allow you to add special information/instructions to the order. You can use "Special MedPass Instructions" to add notes that only appear on MedPass/Treatment Pass for your users administering medication(s). These appear below the directions in red to draw attention to them. You can also use "Special Directions" to add extra information that appears as part of the medications' directions within the program. This information also appears on the prescription label sent from your vendor pharmacy to ensure they are followed. The latter two options also feature prominently into the patient's chart, with highlighting to draw your attention to these notifications.

Your MedPass progress is tracked by way of a status bar which keeps a tally on the number of medication/vitals remaining before the pass is complete. You also have filter options that allow you to see which patients still require medications/vitals to be administered before the pass ends, quickly and easily. Once you end a pass, your results are further reflected in the MedPass/Treatment Pass status bars. These interactive bars generate a report showing you who missed/no-showed their medication(s) for that time, and/or for the day overall. This puts all missed/no-showed/etc. patients and their medication orders in an easily accessible location for your review.

You have a “General Issues” icon created for this exact purpose. During MedPass or Treatment Pass, you can record a General Issue for any patient, need, alert, etc. you deem necessary. You can type anything into this field and, once your pass is complete, the information transmits into a special “General Issues Queue” which acts as a central storage for these notes. Here, you can review them, make additional notes, and, if needed, flag it as complete. All such general notes do not appear on the patient’s MAR, and are stored permanently within the system (even once flagged as complete,) so you can always refer back to them.

Fully Configurable Protocol Templates

As part of your transition, we will digital copies of your existing protocol forms. These forms will then trigger discrete actions based on the answers and information gathered from the forms and your input, thus facilitating and driving your workflow. These actions can consist of internal or external emails, task creation, SMS messages, submitting orders, or alerts, all of which are designed to quickly and easily inform the user of the next steps to take in the protocol process. Users can then indicate completion as they perform tasks and carry out the protocols. We also have a dedicated support staff available should you need to modify the forms or the respective action(s) they generate.

Your digital forms can, acting upon input gathered from both your forms and your personnel, direct your workflow based upon the responses your patients provide. Some examples of this include sending internal messages/external emails and/or SMS messages, generating tasks/appointments, and submitting orders. Your lead transition specialist will outline the possibilities, should you select Sapphire for a contract.

Onsite Training

You benefit from a comprehensive training program tailored to each client’s unique operational procedures and training needs. Our highly qualified training staff will work with your site administrators to coordinate and customize each phase according to the different user roles and positions at each of your facilities. You will have a lead project manager who will oversee the transition and training. Sapphire has successfully implemented eMAR training at more than 250 facilities nationwide. During go-live, our transition specialists are onsite, which allows them to exceed the training requirements of your staff while providing a level of comfort during this period.

In addition to onsite training, Sapphire provides three preliminary training phases to ensure thorough competency with the software prior to implementation:

- ◆ Training Modules & Videos – Role-specific training modules and major EHR function/feature videos will be created, customized, and hosted by Sapphire. This content is web-based, specific to each task offered in the EHR, and sets the foundation for your training.
- ◆ Webinars - Your users undergo live, online webinar training conducted by Sapphire transition staff. These can also be customized for specific user groups.
- ◆ Sandbox – A user-training sandbox is provided for pre-implementation practice. This tool simulates the live environment, allowing your users to experiment with all the functions/features (within their role) found within the program. You will continue to have access to this site for refresher or new employee training, for as long as you use Sapphire.

Onsite training will be conducted with medical staff at your facility just prior to launch to review and solidify the training material covered in the initial three phases. Transition specialists will coordinate the training and work with your personnel to provide role-specific, interactive training using the forms and functionality created specifically for your facility.

Our experience has shown great success through the training at each location of power users that serve as local experts who are readily available to assist your staff should any issues arise at the facility level as well as train new personnel to the system once they in turn have completed the web-based modules. Not only has this approach resulted in successful training and retention of the skills needed to operate within the Sapphire platform, it is also a way to lower up-front costs, in that transition specialists are not onsite for extended periods of time at additional cost.

Your users, power users, and site administrators also have access to our 24/7/365 toll-free support line to help you with any concerns you have during implementation and at any time in the future. Throughout the day, overnight, on weekends, and on holidays, support is always available to address your concerns.

Trainers

You will have transition specialists on site for final refresher training and go-live support during your launch. The numbers and duration of this live support will be determined in the project planning stage in collaboration with your project leaders so we can obtain an understanding of your staff size and number of various roles as well as the number of different locations to be supported during the launch. Our team will work with users in all roles as they transition from paper to electronic medical management and charting. Additionally, you will have the full support of our Helpdesk representatives, who can provide further assistance should your users have questions or need assistance during/after implementation.

Lead Trainer

Your assigned Sapphire project manager will also be your lead trainer, who will coordinate your training, both pre-launch and onsite. He or she will meet with facility management to determine the training needs, and will have access to Sapphire's full team of trainers to schedule and fulfill the agreed-upon training plan. The training team assigned to this project will be involved in your customization process, conduct the webinars designed specifically for your facility, and will be the team onsite for training and go-live support. The lead will report on the progress of your staff at regular intervals in terms of module completion and webinar attendance to ensure that the pace complies with the project timeline.

Technical Support

Sapphire employs a full team of IT specialists, system developers, transition specialists and utilization experts to address issues, provide operational and technical support to assist your staff 24/7/365. Facility users have access to a toll-free number; inquiries are routed to the proper individual for round-the-clock support.

Sapphire EHR Features and Benefits

Features	Benefits
Software	
Cloud-Based Application	<ul style="list-style-type: none"> • Free, regular updates and improvements; no need to download and install software • Savings on equipment – no need to pay for on-site servers and maintenance • Easy back-up and recovery of data, compared to on-site server storage • Secure user access to patient profiles, medication orders, and history from any location with internet connectivity
In-House Programmers and IT Professionals	<ul style="list-style-type: none"> • No third party outsourcing – Connect directly with Sapphire professional support staff • 24/7 emergency support • Quick resolution to requests and questions
Fully HIPAA-Compliant	<ul style="list-style-type: none"> • Password protected, unique-user sign-in process time stamps and identifies the source of all actions in Sapphire • Exchange of data and information secured by HTTPS/SFTP protocols • Industry standard encryption of all offline MedPass and Treatment Pass data
Forms	
Custom and Template Forms	<ul style="list-style-type: none"> • Custom electronic forms are designed to match your existing in-house forms (e.g., intake, chronic care, progress notes, evaluation tools, etc.) • Template forms are pre-made and available to your facility if you decide not to convert your current forms • Completed forms are saved and archived in the patient’s chart for easy review and access • Users can be required to populate certain fields, ensuring completely filled forms
Triggers	<ul style="list-style-type: none"> • Forms can be designed to automatically generate alerts, assign tasks, send messages, and elicit additional questions • Triggers are sensitive to form-responses – you define what actions are entailed in Sapphire by any given form-response
Addenda	<ul style="list-style-type: none"> • Users are capable of attaching information to a form after it has been completed
Electronic Signatures and Signature Pad Compatibility	<ul style="list-style-type: none"> • Users’ electronic signatures are time-stamped and automatically applied to completed forms • Sapphire supports electronic signature pad integration - written signatures for any and all required parties can be applied to forms
Internal Messaging System	
Read and Send Messages	<ul style="list-style-type: none"> • Secure messages are only viewable within Sapphire • Operates similarly to the most popular e-mail services. Functions include: compose, reply, forward, save, trash, attach files, prioritize, and more • Correspond with any other user or groups in your facility or within your region

Features	Benefits
Patient Chart Linking	<ul style="list-style-type: none"> Embed a link in a message to enable single click access to a patient's chart, precluding the need to perform a search
Alerts	<ul style="list-style-type: none"> Users see a notification icon anytime a new message is received, informing them that there is an unread message, no matter where the user is in Sapphire
Tasking and Scheduling	
Task Creation and Tracking	<ul style="list-style-type: none"> Tasks can be assigned to individual users, entire roles, multiple users, multiple roles, or to your entire facility Electronically track task assignments from creation to completion Calendar view displays all tasks at your facility or tasks that are assigned to certain users/roles
Timing and Recurrence	<ul style="list-style-type: none"> Schedule tasks to occur with almost infinite flexibility Recurrences allow the creation of a single task to be carried out multiple (potentially unlimited) times into the future
Patient Documents	
Upload and Manage Documents	<ul style="list-style-type: none"> Convert hard copy documentation into viewable electronic documents and add to a patient's chart Remove documents from the patients chart (with appropriate user permissions) Download and save documents to be viewed anytime Review/audit all logged document access
Document Signoff	<ul style="list-style-type: none"> Users have the option of requiring signoff for uploaded documents, ensuring that important documents are reviewed in a timely manner
Immunization and Vaccine Tracking	
Inventory Management	<ul style="list-style-type: none"> Keep track of inventory – including NDC, lot, and expiration date
Patient Immunization Records	<ul style="list-style-type: none"> Document administrations, refusals, and exemptions "Quick Form" option pre-populates administration record fields, saving time for commonly used immunizations and/or detailed regimens
CDC Vaccine List	<ul style="list-style-type: none"> View vaccine types and manufacturers collated from CDC data source so you always have an accurate, up-to-date list
Labs	
Interface with Lab Providers	<ul style="list-style-type: none"> Full HL7 inbound lab result support Import results from your lab company, enabling report viewing in real time from the patient's chart Lab requisitioning within Sapphire is supported
Signoff Support	<ul style="list-style-type: none"> Require lab signoffs to ensure prompt internal review and prevent crucial lab results from being missed
Abnormal Result Flagging	<ul style="list-style-type: none"> Prevent important results from being overlooked - results outside of pre-set parameters are specially displayed in Sapphire on both the prescriber's dashboard and in the patient's chart
Other	

Features	Benefits
Clinical Summary Reports	<ul style="list-style-type: none"> • A patient overview that allows the user to select which items in the patient chart to include • Displayed as a PDF document which can be saved or printed
Vital/Lab/Treatment Flowsheets	<ul style="list-style-type: none"> • View patient measurements over time in graph form or as a list of values
Facility Document Support	<ul style="list-style-type: none"> • Ability to upload and save your facility's existing static information sheets
Comprehensive Reporting Support	<ul style="list-style-type: none"> • Generate reports for virtually any data that is collected in Sapphire • Standard Reports – Users are able to define criteria and filters in order to get targeted results; parameters can be saved for future, adjusted results reporting • Custom Reports – Upon customer request, Sapphire developers can create unique reports for your facility that go beyond the scope of the standard reporting feature • Export in multiple formats for easy review and auditing
TB PPD Result Tracking	<ul style="list-style-type: none"> • PPD tests, results, X-rays and other information are contained in a single module in the patient profile
Problem List Support	<ul style="list-style-type: none"> • Fully searchable ICD-10 and DSM-V databases of diagnoses • Customizable shortlists can be created to reduce search time for diagnoses that are frequently used by your facility • Un-coded problems can be entered and tracked • Ability to link diagnoses to Rx orders, vitals, and treatments
Patient Record Archive Support	<ul style="list-style-type: none"> • Retention of patient records in excess of what is required by any and all applicable laws • Retention of records for released inmates for later review or re-activation
Patient Restrictions and Special Needs Tracking	<ul style="list-style-type: none"> • Identify patient medical limitations and requirements (e.g. employment restrictions, assistive devices, medical housing)

Summary

Sapphire fully understands all the requirements, specifications, and expectations set forth, and we will immediately provide a correctional-specific electronic health record (EHR) that will meet your key objectives of patient management, electronic prescription order entry, comprehensive reporting, electronic medication pass (eMAR), and interfaces to your current service providers.

If Sapphire should be awarded a contract, we will provide you with an innovative system design that is fully hosted to keep your facility at the forefront of the correctional healthcare industry while keeping your costs within budget and much lower than an on-site system that requires expensive hardware and infrastructure. Sapphire will assist with continuity of patient care, technical and support personnel who have established relationships with your staff, and our commitment to work hard and exceed your expectations.

Our proposal details several innovations, defines our qualifications, and establishes our credibility through our current and past performance serving regional, state, and local facilities of all sizes. Our onsite orientation and support provides a simple learning curve for existing staff that is already familiar with our CPOE/eMAR product, and your staff will not be absorbed in learning a completely new system. Sapphire is committed to accomplishing this project as defined in your RFP.

We will not make promises we cannot keep; our relationship with our customers is far too valuable. We will always be upfront and honest regarding our capabilities and our limitations, and we promise always to work hard on your behalf to provide you with innovations and solutions that are requested in your RFP. Through our honest approach to business, coupled with values you find only in a family-owned business, we will deliver on our commitments and exceed your expectations. Sapphire will work amicably with your other vendors regarding interfacing with software provided by your commissary, pharmacy, lab, and radiological providers of service. Sapphire has evolved over the past eight years from a correctional-specific order-entry and eMAR solution into a dynamic, robust, and comprehensive EHR designed specifically for the correctional industry through the consultation of industry experts and the recommendations of our system's current users. Due to the void created by current providers of correctional EHRs who have been unable to meet the unique and specific needs of the correctional healthcare industry, we are determined to become the leading correctional-specific EHR provider. Our system is dynamic, easy-to-use, comprehensive, and affordable. We are constantly in the process of enhancing our current functionality and features to meet our customer needs.

Sapphire will help reduce human error, improve efficiency, eliminate paper processing, provide unparalleled reporting, and enhance patient care. Sapphire will become an integral part of your quality assurance process, giving you the ability to monitor workflow compliance across any parameter or timeframe.

Our fully hosted solution has numerous benefits compared to an on-site system regarding:

- ◆ Reliability – Our hosted solution brings with it a load balanced architecture, redundancy across data centers, and 99.95% up time. In other words, we are responsible for ensuring that our software is always running and the application is available to our customers.
- ◆ Maintenance – Ongoing maintenance, upgrades, and system monitoring require IT resources and an internal commitment to maintain new releases and patches. With a hosted software solution, you can keep your internal resources focused on important projects and leave the ongoing maintenance items to our team.
- ◆ Cost – Traditional software implementations can cost large sums of money after adding up implementation fees, hardware, licensing, and ongoing maintenance costs. Hosted software solutions help facilities realize a lower total cost of ownership with benefits such as:
 - ✓ No need to hire extra IT staff
 - ✓ Faster implementation time
 - ✓ Little to no involvement from your IT department
- ◆ Lower risks – Since the initial costs of starting a hosted project are much lower than are those of locally installed software, the financial considerations are limited, and a decision to rollback or switch to different software is easier. The investment made in a hosted system is minimal. You are not burdened with the hardware, operating systems, software, and IT personal if you decide to switch to another solution at some point in the future.

We truly appreciate the opportunity available through your request for proposals to earn your trust and become your electronic health record provider. After reviewing our response, we hope you will agree that SapphireHealth has the experience, a well thought out implementation plan, the commitment of resources, past performance and history of deployment to multiple facility clients, along with the required plan for operational and technological support to be the logical choice for exceeding your needs.

Sapphire – System Example Screenshots

Patient Demographic

First Name * **Middle Name**
Last Name* **Alias(es)**
Date of Birth * **Gender**
Social Security # - - **Weight (lbs) / Taken**
Height Feet / Inches **Ethnicity**
Tentative Release Date **State**
Race
Secondary Race
 American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White

Miscellaneous

Allow KOP? **Number ***
Patient Suicide Status? **Barcode Number**
Language **Billing Number**
Body Surface **Status ***

Identifying Information. In addition to standard first/middle/last name and date of birth, your inmates have fields for their ID number, housing location, an area to upload a patient image, and (if applicable) insurance information.

PATIENT, SAMPLE #00123456

Demographics **Chronic Problems** **Allergies**

DOB: 01/01/1971 (47y) Race: Race Declined Ethnicity: Ethnicity Declined
 Height: 72ft 0in Weight: 175lbs BMI: 0.18 Army Date: 7/22/2018
 Medpass Notes: Caught checking meds
 Chronic Problems: 1933.29 Unspecified disorder of binocular vision, 145.1 00 Unspecified retinal detachment with retinal break, left eye, 193.2 Attention-deficit hyperactivity disorder, combined type, 111.21 Type 2 diabetes mellitus with diabetic nephropathy, 110 Essential (primary) hypertension
 Allergies: NO KNOWN DRUG ALLERGY

Patient Demographics

Exam Date: * **Exam Time: ***
Type of Examination: *
 Initial Other
Age: * **Weight: *** **BP: ***
Sex: * **BMI: *** **Temp: ***
Height: * **Pulse: *** **Resp: ***

Allergies/Drug Sensitivities:

B / U

(0) Document(s) Attached

Sapphire | Correctional Electronic Health Records

Intake preliminary health evaluation screening form (1). Your preliminary health evaluation screening forms can be customized to include whatever questions are required. In addition to standard questions, your answers can trigger appointments/referrals/tasks/orders, and more. You can record answers using buttons, text boxes, drop downs/pick lists, and/or drag and drop information from the tabs (pictured right) to streamline completion.

B / **I** / **U**

BROTHER: SAMPLE, JOHN
123 ANYWHERE LN
SOMEWHERE, PA 12345
555-5555

GIRLFRIEND SPICE, SUGAR
101 CANDYSHOP LANE
LOLLIPOP, AK 11990

Initial Computation - Are there any abnormal findings?

1. Are there Abnormal General Appearance Findings: (Development, Nourishment, Distress):
 Development Nourishment Distress None

2. Are there any Abnormal Skin Findings: (Rashes, Ecchymosis, Jaundice, and Ulcers) *
 Rashes Ecchymosis Jaundice Ulcers None

3. Are there any abnormal Lymph Node Findings: (Cervical, Axillary, Inguinal) *
 Cervical Axillary Inguinal None

4. Are there any abnormal Head or Neck Findings: (Thyromegaly, Carotid, Bruits) *
 Thyromegaly Carotid Bruits None

5. Are there any abnormal Ear Nose and Throat Findings: (TM, EAC, Septum, Turbinates, Pharynx) *
 TM EAC Septum Turbinates Pharynx None

6. Are there any abnormal Dental Findings: (Dentition, Dentures) *
 Dentition Dentures None

7. Are there any abnormal Eye Findings: (EOMI, PERRLA, Conjunctiva, Sclera) *

(0) Document(s) Attached

PROCESS FORM CANCEL SAVE PROGRESS MARK AS FAVORITE SAVE TO CACHE

Prescription Visit/Referral Problem Consult Documents

Intake preliminary health evaluation screening form (2). Your preliminary health evaluation screening forms can be customized to include whatever questions are required. In addition to standard questions, your answers can trigger appointments/referrals/tasks/orders, and more. You can record answers using buttons, text boxes, drop downs/pick lists, and/or drag and drop information from the tabs (pictured right) to streamline completion.

Sapphire | Correctional Electronic Health Records

Medical History

Allergies (including medications, food, and environmental): *

B / / U

Current Diagnosis: *

B / / U

All Prescribed Medications (Name, Dosage, Frequency, Date and Time of Last Dose): *

B / / U

Past Hospitalizations (Date, Name and Location of Hospital, Reason(s) for Admission): *

B / / U

Family History (List First Degree family members who had the following Mother, Father, Sister, Brother, Daughter, Son)

Diabetes: *

Select Status Category:

(0) Document(s) Attached

PROCESS FORM CANCEL SAVE PROGRESS MARK AS FAVORITE SAVE TO CACHE

Comprehensive health evaluation form (1). Your health evaluation forms can be customized to include whatever questions are required. In addition to standard questions, your answers can trigger additional questions/appointments/referrals/tasks/orders, and more. You can record answers using buttons, text boxes, drop downs/pick lists, and/or drag and drop information from the tabs (pictured right) to streamline completion.

Other Family History (specify the condition and the first-degree family members who have/had the condition):

B / / U

Past/Present Problems (Do you now or have you ever had any of the following?)

General: *

No General Problems to Report Fever Weight Loss Weight Gain Loss of Appetite

Endocrine: *

No Endocrine Problems Diabetes Thyroid

Skeletal: *

No Skeletal Problems Swollen Joints Painful Joints Fractures
 Joint Replacement Difficulty Ambulating Back Pain Blood Clot in Leg

Respiratory: *

No Respiratory Problems Asthma Trouble with Breathing Cough Pneumonia
 Emphysema Blood Clot in Lung Hay Fever Frequent Colds Coughing Blood

Cardiac: *

No Cardiac Problems Hypertension Chest Pain/Pressure Heart Attack/Disease Heart Murmur
 Irregular Heartbeats Extra Beats Skipped Beats Heart Palpitations Rheumatic Fever

Gastrointestinal: *

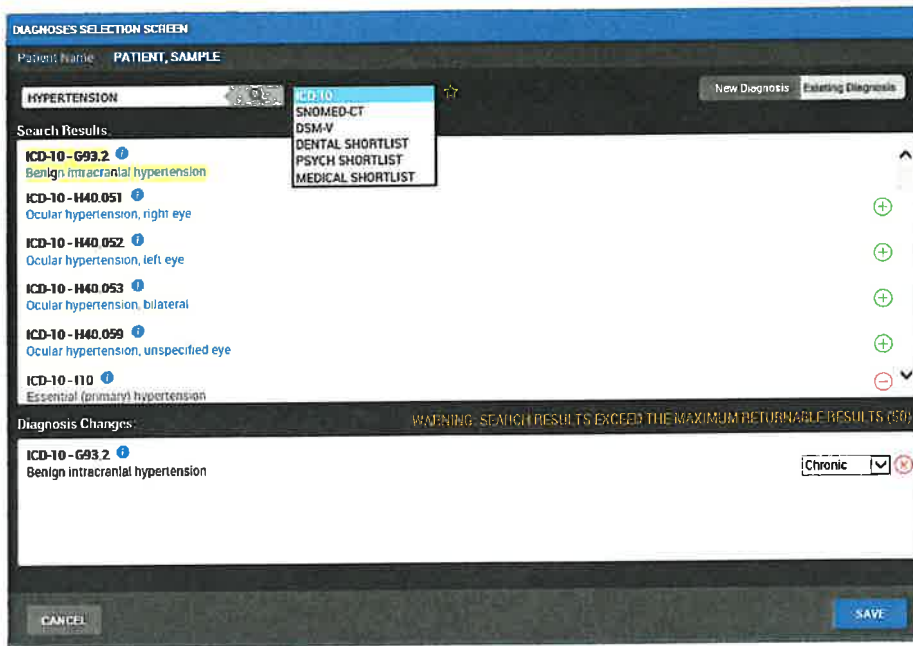
No Gastrointestinal Problems Trouble Swallowing Ulcers Heartburn Nausea/Vomiting Diarrhea
 Constipation Blood in Stool Hemorrhoids Hepatitis Gallstones Hemile

(0) Document(s) Attached

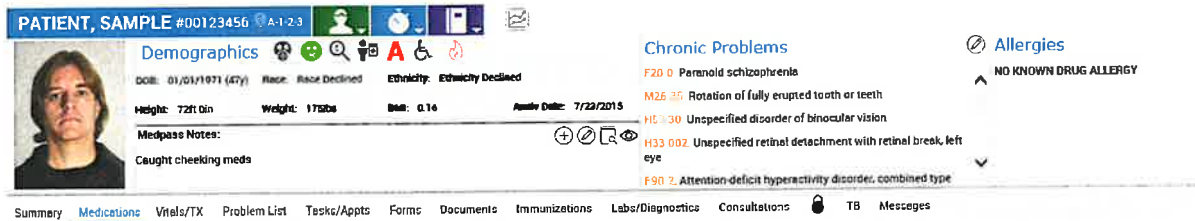
PROCESS FORM CANCEL SAVE PROGRESS MARK AS FAVORITE SAVE TO CACHE

Comprehensive health evaluation form (2). Your health evaluation forms can be customized to include whatever questions are required. In addition to standard questions, your answers can trigger additional questions/appointments/referrals/tasks/orders, and more. You can record answers using buttons, text boxes, drop downs/pick lists, and/or drag and drop from the tabs (pictured right) to streamline completion.

Sapphire | Correctional Electronic Health Records



Problem list containing medical, mental health, and dental diagnoses...(1) You have access to the complete ICD-10 problem list, as well as DSM-V, and SNOMED. You can also have shortlists for common medical, mental health, and/or dental diagnoses created to streamline problem assignments.



Problem list containing medical, mental health, and dental diagnoses...(2) Your inmate charts feature chronic problems and patient allergies upfront. Editing (adding/removing) diagnoses requires a single click next to the **Chronic Problems** header.

Sapphire | Correctional Electronic Health Records

Progress Note Medical Provider * - Required Field

Date/Time:

Subjective:

Objective:

Assessment:

Plan:

Other:

Progress notes of all significant findings, diagnoses, treatments, and dispositions (1). Your progress notes can be customized to include all these fields and more. As with previous forms you can drag and drop relevant information from the tabs (pictured right) to streamline completion. This sample image outlines the basic SOAP (Subjective, Objective, Assessment, Plan) format.

Summary Medications Vitals/TX Problem List Task/Apts Forms Documents Immunizations Labs/Diagnostics Consultations TB Messages

Group: All Groups
 Category: All Categories
 Created By: All Created By
 Date Range: From: To: FILTER BY DATE
 Status Range: Select Documentation Status... FILTER BY DOCUMENTATION STATUS DATES

Signoff Required
 Signoff Completed
 Forms Declined
 Clear legend filter

NAME	CREATED ON	DESCRIPTION	GROUP	CATEGORY	CREATED BY	SIGN OFF BY	SIGN OFF DATE	
DENTAL PROGRESS NOTE	12/28/2017	DENTAL PROGRESS NOTE - SOAP NOTE FOR DENTAL USE	DENTAL	PROGRESS NOTE				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
PSYCHIATRIC OBSERVATION CELL ORDERS	12/21/2017	DC-447 - PSYCHIATRIC OBSERVATION CELL ORDERS	PSYCHIATRY	MENTAL HEALTH, ORDERS, POC				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
PROGRESS NOTE MEDICAL PROVIDER	12/13/2017	DC-472 - PROGRESS NOTE	MEDICAL	PROGRESS NOTE				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
THERAPEUTIC DIET ORDER FORM (STANDARD)	12/11/2017	DC-465A - THERAPEUTIC DIET ORDER FORM (STANDARD)	LEGAL	NUTRITIONIST NOTES, INFIRMARY, STANDARD DIET			12/11/2017	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
THERAPEUTIC DIET ORDER FORM (STANDARD)	12/11/2017	DC-465A - THERAPEUTIC DIET ORDER FORM (STANDARD)	LEGAL	NUTRITIONIST NOTES, INFIRMARY, STANDARD DIET			12/11/2017	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
DEMO - NURSING PRE-SCREEN EXAMINATION	12/04/2017	NURSING PRE-SCREEN EXAMINATION - DEMONSTRATION FORM	NURSING	INTAKE, MEDICAL SCREENING			12/04/2017	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Progress notes of all significant findings, diagnoses, treatments, and dispositions (2). Your completed inmate progress notes are permanently stored in their chart, outlining all significant findings, diagnoses, treatments, and dispositions recorded by the user. You can decrease the risk of misdiagnosis by requiring a review and signoff of completed notes.

Sapphire | Correctional Electronic Health Records

Clinician orders for prescribed medication and medication administration records (1). Your clinicians enter orders based on a paper form. Standard options speed up order entry by allowing you to select preset options while giving your clinicians freedom to require vital/lab checks prior to administration and scheduling on a daily/weekly/monthly/specific date timeframe.

MEDICATION	DIRECTIONS	FREQUENCY	START	END	STATUS	CP
ASPIRIN 325MG TABLET (BAYER ASPIRIN)	TAKE 1 TABLET(S) ORALLY TWICE DAILY		01/17/2018	04/16/2018	ACTIVE (REFILLABLE) 38603	0%
BUDESONIDE 3MG CAPSULE (ENTOCORT EC)	TAKE 1 CAPSULE(S) ORALLY THREE TIMES DAILY		01/11/2018	04/02/2018	ACTIVE (REFILLABLE) 88066	0%
HUMULIN R 100UNIT VIAL (INSULIN REGULAR HUMAN)	200-250 = 2U; 251-300=4U; 301-350=6U; 351-400 8U; >400 CHECK KETONES AND CALL MD [VITAL: DO NOT GIVE IF GLUCOSE IS LESS THAN (-) 200 MG/DL]		10/30/2017	10/29/2018	ACTIVE (FILL HOLDING) 28400	0.6%
MELOXICAM 7.5MG TAB (MOBIC)	TAKE 1 TABLET(S) ORALLY TWICE DAILY	CRUSH	01/17/2018	02/12/2018	ACTIVE (REFILLABLE) 38603	NA

Clinician orders for prescribed medication and medication administration records (2). Your inmate orders appear under a designated tab in their chart. From here you can take action (e.g. refill, discontinue) on any order by using the icons on the right.

Sapphire | Correctional Electronic Health Records

SYMBOL KEY

- A: AGENT
- E: EYE
- M: MOUTH
- N: NOSTRIL
- R: REFUSED
- N: NO SYM
- C: COMPLETED

SITE KEY

- 1: HEAD
- 2: RIGHT BUTTOCK (LEFT/RIGHT)
- 3: LEFT BUTTOCK (LEFT/RIGHT)
- 4: RIGHT VERTEBRAL SUPPORT
- 5: LEFT VERTEBRAL SUPPORT
- 6: RIGHT TIBIA (QUADRANT)
- 7: LEFT TIBIA (QUADRANT)
- 8: RIGHT KNEE
- 9: LEFT KNEE
- 10: RIGHT ARM (LATERAL)
- 11: LEFT ARM (LATERAL)
- 12: RIGHT ANTERIOR THORAX
- 13: LEFT ANTERIOR THORAX
- 14: UPPER BACK (LEFT)
- 15: LOWER BACK (LEFT)
- 16: UPPER BACK (RIGHT)
- 17: LOWER BACK (RIGHT)
- 18: UPPER EXTREMITY (RIGHT)
- 19: LOWER EXTREMITY (RIGHT)
- 20: HEAD (FR)
- 21: HEAD (BT)
- 22: UPPER EXTREMITY (LEFT)
- 23: LOWER EXTREMITY (LEFT)
- 24: ABDOMEN (LEFT)
- 25: ABDOMEN (RIGHT)
- 26: ABDOMEN (UPPER QUADRANT)
- 27: ABDOMEN (LOWER QUADRANT)
- 28: HEAD (L)
- 29: HEAD (R)
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Demographics

DOB: 01/11/1971 SEX: M RACE: Race Unknown ETHNICITY: Ethnicity Unknown

Height: 72in Weight: 175lbs BSA: 21.6 Family Date: 7/28/2018

Medpass Notes: Caught cheating meds

Chronic Problems

- F20.X Paranoid schizophrenia
- M16.3X Rotation of fully erupted tooth or teeth
- H33.3X Unspecified disorder of binocular vision
- H33.00X Unspecified retinal detachment with retinal break, left eye
- F06.2 Attention-deficit hyperactivity disorder, combined type

Allergies

NO KNOWN DRUG ALLERGY

DIAGNOSIS

ICD-10	ICD-9-CM	DESCRIPTION	TYPE	DIAGNOSED DATE	DIAGNOSED USER	DIAGNOSED	RESOLVED / STOP-DR
F20.0	ICD-10	PARANOID SCHIZOPHRENIA	CHRONIC	01/17/2018	NA	NA	📄 🗑️ 🔄
M26.35	ICD-10	ROTATION OF FULLY ERUPTED TOOTH OR TEETH	CHRONIC	01/17/2018	NA	NA	📄 🗑️ 🔄
H33.30	ICD-10	UNSPECIFIED DISORDER OF BINOCULAR VISION	CHRONIC	10/12/2017	NA	NA	📄 🗑️ 🔄
H33.002	ICD-10	UNSPECIFIED RETINAL DETACHMENT WITH RETINAL BREAK, LEFT EYE	CHRONIC	06/15/2017	NA	NA	📄 🗑️ 🔄
F90.2	ICD-10	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	CHRONIC	01/31/2017	NA	NA	📄 🗑️ 🔄
I10	ICD-10	ESSENTIAL (PRIMARY) HYPERTENSION	CHRONIC	01/23/2017	NA	NA	📄 🗑️ 🔄
E11.21	ICD-10	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEPHROPATHY	CHRONIC	01/23/2017	NA	NA	📄 🗑️ 🔄
N63	ICD-10	UNSPECIFIED LUMP IN BREAST	CHRONIC	10/23/2015	NA	NA	📄 🗑️ 🔄
K75.4	ICD-10	AUTOIMMUNE HEPATITIS	CHRONIC	10/23/2015	NA	NA	📄 🗑️ 🔄
C7A.010	ICD-10	MALIGNANT CARCINOID TUMOR OF THE DUODENUM	CHRONIC	10/20/2015	NA	NA	📄 🗑️ 🔄

Clinician orders for prescribed medication and medication administration records (3). Medical administration records (MARs) are automatically updated after you end a MedPass. MARs list the initials of the user recording the result, their full name (bottom of image just above the demographics,) and a code (symbol key at top left) for refusals, absences, etc.

PATIENT, SAMPLE #00123456

Demographics

DOB: 01/11/1971 SEX: M RACE: Race Unknown ETHNICITY: Ethnicity Unknown

Height: 72in Weight: 175lbs BSA: 21.6 Family Date: 7/28/2018

Medpass Notes: Caught cheating meds

Chronic Problems

- F20.X Paranoid schizophrenia
- M16.3X Rotation of fully erupted tooth or teeth
- H33.3X Unspecified disorder of binocular vision
- H33.00X Unspecified retinal detachment with retinal break, left eye
- F06.2 Attention-deficit hyperactivity disorder, combined type

Allergies

NO KNOWN DRUG ALLERGY

Problem List

Diagnosis Type: Show all

DIAGNOSIS

ICD-10	ICD-9-CM	DESCRIPTION	TYPE	DIAGNOSED DATE	DIAGNOSED USER	DIAGNOSED	RESOLVED / STOP-DR
F20.0	ICD-10	PARANOID SCHIZOPHRENIA	CHRONIC	01/17/2018	NA	NA	📄 🗑️ 🔄
M26.35	ICD-10	ROTATION OF FULLY ERUPTED TOOTH OR TEETH	CHRONIC	01/17/2018	NA	NA	📄 🗑️ 🔄
H33.30	ICD-10	UNSPECIFIED DISORDER OF BINOCULAR VISION	CHRONIC	10/12/2017	NA	NA	📄 🗑️ 🔄
H33.002	ICD-10	UNSPECIFIED RETINAL DETACHMENT WITH RETINAL BREAK, LEFT EYE	CHRONIC	06/15/2017	NA	NA	📄 🗑️ 🔄
F90.2	ICD-10	ATTENTION-DEFICIT HYPERACTIVITY DISORDER, COMBINED TYPE	CHRONIC	01/31/2017	NA	NA	📄 🗑️ 🔄
I10	ICD-10	ESSENTIAL (PRIMARY) HYPERTENSION	CHRONIC	01/23/2017	NA	NA	📄 🗑️ 🔄
E11.21	ICD-10	TYPE 2 DIABETES MELLITUS WITH DIABETIC NEPHROPATHY	CHRONIC	01/23/2017	NA	NA	📄 🗑️ 🔄
N63	ICD-10	UNSPECIFIED LUMP IN BREAST	CHRONIC	10/23/2015	NA	NA	📄 🗑️ 🔄
K75.4	ICD-10	AUTOIMMUNE HEPATITIS	CHRONIC	10/23/2015	NA	NA	📄 🗑️ 🔄
C7A.010	ICD-10	MALIGNANT CARCINOID TUMOR OF THE DUODENUM	CHRONIC	10/20/2015	NA	NA	📄 🗑️ 🔄

All complaints of illness or injury. Inmate illnesses and injuries added into Sapphire appear under the "Problem List" tab. All such problems are stored permanently in their chart under the "Active", "Resolved", or "Deleted" tab and appear on their printable history.

Sapphire | Correctional Electronic Health Records

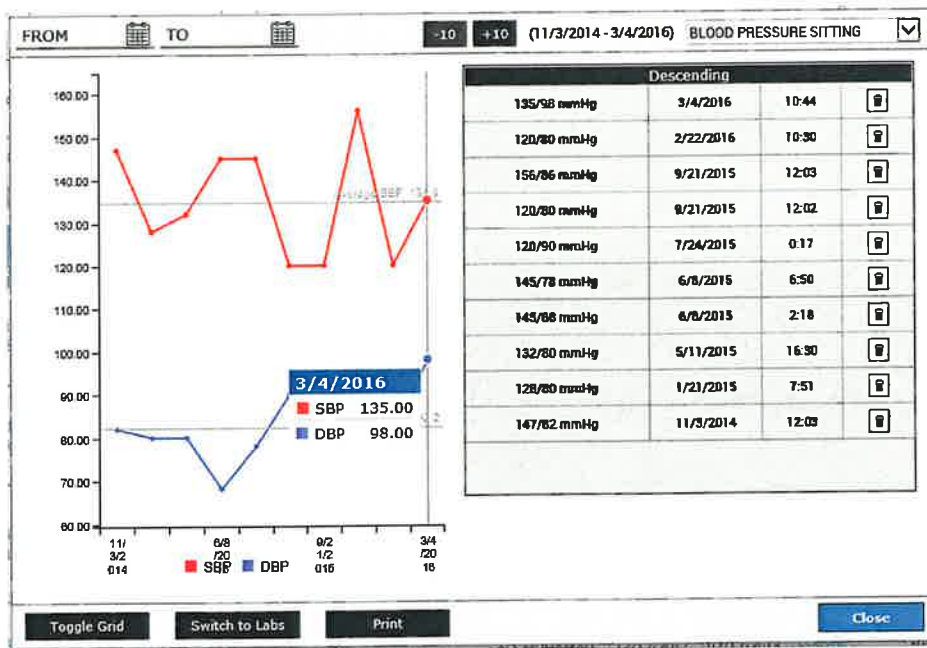
Jan 14 - 20, 2018

Tue 1/16	Wed 1/17	Thu 1/18	Fri 1/19
Appointment: HTN Ann...	Appointment: Dr. [REDACTED]		
Appointment: Panels:	Task: Schedule IRP Ann...		
Task: Schedule D Roste...	3:10p Appointment: M...		
Task: Schedule D Roste...			

12:30P-1:15P Appointment:
Mental health evaluation in MH room 01

Patient Name: PATIENT, SAMPLE
Patient Number: 00123456
Priority: Routine
Category: Acute Mental Health
Frequency: Daily
Assigned To:
Roles: DOCTOR
Start Date: 1/17/2018
End Date: 1/17/2018

Place, date, and time of each clinical encounter. Scheduling through Sapphire gives you the ability to record when and where your clinical encounters take place. When linked to an inmate, these items become a permanent part of their record.



Flowsheets. All inmate charts have flowsheets which display certain vital/lab results on a grid and, optionally, table formats.

Sapphire | Correctional Electronic Health Records

Please list any Additional Side Effects that may occur if not listed above:

B / U

N/A

I understand the Following:

- Taking the medication as prescribed will most likely help me to feel better.
- I can and should ask my questions about this medication whenever I meet with my provider.
- If I want to change the med caision or how I take it, I must talk with my provider first.
- If I want to stop the medication, I must talk with my provider first.
- Without medication treatment and without taking this medication as prescribed, my problems may worsen and possibly put me or others in danger.
- The medication may have some effects that my provider noted above and explained to me.
- My provider may order blood tests to show if I am taking enough medicine and to make sure that it is not causing any harmful side effects.
- It is very important to tell my provider as soon as possible about any side effects I have or changes in my health while I am taking the medication.
- (For Women) I must tell my provider as soon as possible if there is a chance that I am pregnant now or while taking the medication.

The above was reviewed with the Inmate: *

I WANT to take the medication I DO NOT WANT to take the medication.

Additional Comments:

B / U

N/A

I understand this form will be kept on my medical record, whether or not I sign it.

Capture Signature:

CAPTURE PATIENT SIGNATURE CAPTURE WITNESS SIGNATURE Use Mouse for Signature

Name	Type
	Patient

PROCESS FORM CANCEL SAVE PROGRESS MARK AS FAVORITE SAVE TO CACHE

Consent and refusal forms (1 - Consent). Your inmate consent and refusal forms can be customized with any necessary verbiage and/or generate follow-up tasks/appointments/referrals once completed. Each form supports a patient and any number of user/witness signatures with or without a signature pad. All recorded data appears on downloaded copies of the completed form.

RELEASE FROM RESPONSIBILITY FOR MEDICAL TREATMENT

I, SAMPLE PATIENT, an inmate at State Hard Cut have been advised by the physician named below that I am in need of treatment for:

B / U

I understand the nature of the treatment is: (Give brief description of the treatment required, and the possible consequences of this inmate not receiving it):

B / U

Select all That Apply: *

Refused medication Refused onsite provider appointment Refused an outside medical appointment Refused laboratory services

Refused X-Ray service Refused other diagnosis services Refused physical exam Dialysis

Other

PROCESS FORM CANCEL SAVE PROGRESS MARK AS FAVORITE SAVE TO CACHE

Consent and refusal forms (2 - Refusal). Your inmate consent and refusal forms can be customized with any necessary verbiage and/or generate follow-up tasks/appointments/referrals once completed. Each form supports a patient and any number of user/witness signatures with or without a signature pad. All recorded data appears on downloaded copies of the completed form.

Sapphire | Correctional Electronic Health Records

https://sapphire.sapphire.com/... - Internet Explorer

• Medication Effects
• Low blood sodium

Please list any Additional Side Effects that may occur if not listed above:

B / U
N/A

I Understand the Following:

- Taking the medication as prescribed will most likely help me to feel better.
- I can and should ask any questions about this medication whenever I meet with my provider.
- If I want to change the medication or how I take it, I must talk with my provider first.
- If I want to stop the medication, I must talk with my provider first.
- Without medication treatment and without taking this medication as prescribed, my problems may worsen and possibly put me or others in danger.
- This medication may have side effects that my provider noted above and explained to me.
- My provider may order blood tests to show if I am taking enough medicine and to make sure that it is not causing any harmful side effects.
- It is very important to tell my provider as soon as possible about any side effects I have or changes in my health while I am taking the medication.
- (For Women) I must tell my provider as soon as possible if there is a chance that I am pregnant now or while taking the medication.

The above was reviewed with the Inmate: *

I WANT to take the medication. I DO NOT WANT to take the medication.

Additional Comments:

B / U
N/A

I understand this form will be kept on my medical record, whether or not I sign it.

Capture Signature

CAPTURE PATIENT SIGNATURE CAPTURE WITH QR SIGNATURE Use Mouse for Signature

Name	Type	
	Patient	

(0) Document(s) Attached PROCESS FORM CANCEL SAVE PROGRESS MARK AS FAVORITE SAVE TO CACHE

Documentation of necessity for involuntary treatment or medication. Documentation forms can easily be accommodated through creating a custom form. This allows you to capture signatures, record relevant data, and specify any follow-up tasks/appointments/referrals/other actions which occur automatically once you complete the form.

Release of Information * Required Field

AUTHORIZATION FOR RELEASE OF INFORMATION
(THE INMATE SHALL COMPLETE, CHECK, AND INITIAL ALL BOXES THAT APPLY)

Inmate Name: SAMPLE PATIENT Inmate Number: 00123456 Inmate DOB: 01/01/1971

Last 4 digits of Social Security Number: *

Hint: length: 4 Max: Length: 4

Check All Included Records *

Medical/Dental Mental Health Drug & Alcohol Treatment HIV Information General

I, the undersigned, hereby give my consent for (name and address of facility/responder): *

B / U

To release information to (name and address of requester): *

B / U

I hereby authorize the above named source to release or disclose information related to the above referenced records/information to the requester during the period:

Beginning: *

07/23/2015

(0) Document(s) Attached PROCESS FORM CANCEL SAVE PROGRESS MARK AS FAVORITE SAVE TO CACHE

Release of information forms. Your release of information forms can be customized with any necessary verbiage and/or generate follow-up tasks/messages/alerts once completed. You can also capture inmate and user/witness signatures to ensure proper documentation.

The Dental Department shall obtain the prosthetic appliance as per Inmate's request from: * - Required Field

Prosthetic Provider Name: *

Prosthetic Provider Address: *

Type of Prosthetic Appliance: *

The Department will not be responsible for breakage, loss, or damage/defect of the appliance. Upon delivery of the prosthetic appliance, the dentist/designee will inspect the appliance for damage/defect or concealment and determine the use of the appliance.

Capture Signature

CAPTURE PATIENT SIGNATURE CAPTURE WITNESS SIGNATURE Use Mouse for Signature

(0) Document(s) Attached PROCESS FORM CANCEL SAVE PROGRESS MARK AS FAVORITE SAVE TO CACHE

All inmate request forms. Your inmate request forms can be customized with any necessary verbiage and/or generate follow-up tasks/appointments/alerts/etc. once completed. You can also capture inmate and user/witness signatures to ensure proper documentation.

PLEASE LIST ANY ADDITIONAL SIDE EFFECTS THAT MAY OCCUR IF NOT LISTED ABOVE.

N/A

I UNDERSTAND THE FOLLOWING:

- Taking the medication as prescribed will most likely help me to feel better.
- I can and should ask any questions about this medication whenever I meet with my provider.
- If I want to change the medication or how I take it, I must talk with my provider first.
- If I want to stop the medication, I must talk with my provider first.
- Without medication treatment and without taking this medication as prescribed, my problems may worsen and possibly put me or others in danger.
- The medication may have side effects that my provider noted above and explained to me.
- My provider may order blood tests to show if I am taking enough medicine and to make sure that it is not causing any harmful side effects.
- It is very important to tell my provider as soon as possible about any side effects I have or changes in my health while I am taking the medication.
- (For Women) I must tell my provider as soon as possible if there is a chance that I am pregnant now or while taking the medication.

The above was reviewed with the inmate: *

I WANT to take the medication. I DO NOT WANT to take the medication.



Additional Comments:

N/A

I understand this form will be kept on my medical record, whether or not I sign it.

Capture Signature

CAPTURE PATIENT SIGNATURE CAPTURE WITNESS SIGNATURE Use Mouse for Signature

Name	Type	
	Patient	

(0) Document(s) Attached PROCESS FORM CANCEL SAVE PROGRESS MARK AS FAVORITE SAVE TO CACHE

All medical grievance forms. Your inmate grievance forms can be customized to record any necessary information and/or generate follow-up tasks/messages/alerts once completed. You can also capture inmate and user/witness signatures to ensure proper documentation.

Sapphire | Correctional Electronic Health Records

INIT	FULL NAME	INIT	FULL NAME
SU	USER, SAMPLE		

Diagnosis Attention-deficit hyperactivity disorder, combined type, Autoimmune hepatitis, Essential (primary) hypertension, Malignant disorder of binocular vision, Unspecified lump in breast, Unspecified retinal detachment with retinal break, left eye

Allergies NO KNOWN DRUG ALLERGY

User Credentials Registered Nurse ▼

Default Region 1|ADMIN ▼

Accessible Facilities 1|OF|STATE SOFT CUT ▲

Capture Signature

sample user



- Patient Has Refused to Sign
- Patient Is Unable to Sign

ACCEPT SIGNATURE CLEAR CANCEL

Printed name, signature, and title of each documenter. Sapphire captures your documenter's information on the inmate's MAR, within their user account, and during form completion. The program also logs this information when they take action elsewhere in the program, providing you an audit log of who did what, and when.

Site Location: State Hard Cut

Date of Admission: / /

Date of Discharge: 01/17/2018

Discharge Diagnosis:

B / U

C7A.010 - Malignant carcinoid tumor of the duodenum - [] - 2015-10-20
 E11.21 - Type 2 diabetes mellitus with diabetic nephropathy - [] - 2017-01-23
 F20.0 - Paranoid schizophrenia - [] - 2018-01-17
 F39.2 - Attention deficit hyperactivity disorder, combined type - [] - 2017-01-31
 H33.002 - Unspecified retinal detachment with retinal break, left eye - [] - 2017-08-15
 H53.30 - Unspecified disorder of binocular vision - [] - 2017-10-12
 I10 - Essential (primary) hypertension - [] - 2017-01-23
 K75.4 - Autoimmune hepatitis - [] - 2015-10-23
 M25.35 - Rotation of fully erupted tooth or teeth - [] - 2018-01-17
 N63 - Unspecified lump in breast - [] - 2015-10-23
 G99.20 - Pain, chronic, other - [] - 2015-07-23

Summary of Treatment in POC (include any medication adjustments made and current Mental Status Exam):

B / U

Mental Status: Brief Full MSE

POC Discharge Medications:

(0) Document(s) Attached

PROCESS FORM CANCEL SAVE PROGRESS MARK AS FAVORITE

Discharge summaries of hospitalizations and inpatient stays. Your inmate discharge summaries can be customized with any necessary verbiage and/or generate follow-up tasks/appointments/alerts/etc. once completed. You can also scan and upload these documents directly into the inmate's chart.

Sapphire Laboratory Report

DOCTOR PAA | State Hard Cut

PATIENT DOB: 8/5/1883 AGE: 134
 SEX: F W:
 UFL: BED:
 RM:
 #: GDC1094

SAMPLE <Info Not Provided>
 Reported Date: 11/22/2017 11:52
 Date Collected: 11/22/2017 11:52
 Date Received: 11/22/2017 11:52

Key: L=Below Lbs Normal, H=Above High Normal, HH = Above Upper Panic Limits, LL=Below Lower Panic Limits, N=Normal(non-numeric only), *-critical value

Test	Patient's Results	Reference Range	Units
PLATELET COUNT	115 L	150-400	TH/CUMM
WHITE BLOOD COUNT	4.27 N	4.0-10.0	TH/CU MM
ABSOLUTE NEUTROPHIL CT	2.58 N	1.56-8.10	x10 ³ /uL
NEUTROPHILS	60.3 N	39-81	%
LYMPHOCYTE	26.3 N	14-51	%
MONOCYTES	8.8 N	0-13.3	%
EOSINOPHIL	4.0 N	0-8	%
BASOPHILS	0.7 N	0-2	%
RED BLOOD CELLS	3.48 LL	4.41-5.51	M/CU MM
HEMOGLOBIN	10.2 LL	13.5-17.5	G/DL
HEMATOCRIT	32.0 LL	41-53	%
MCV	92.5 N	80-105	FL
MCH	29.3 N	27-33	PG
MCHC	31.7 N	31-37	G/DL
RDW	16.3 H	11.5-14.5	%
MPV	11.3 H	7.4-10.4	FL

Reports of laboratory, radiology, and diagnostic studies. Your inmate laboratory, radiology, and diagnostic study results automatically appear within their chart via interface once the tests are complete and the results are ready.

Sapphire | Correctional Electronic Health Records

Consultation Details

Authorization #: 12458

SCHEDULE CONSULTATION APPT SEND REVIEW MESSAGE

Current Next 5 All Appointments Seen: 1 / Remaining: 0

Scheduled for: 10/20/2017, 8:00 AM CONTRACT AMBULANCE NAME HERE

Therapies Inc.

Scheduled On: 10/20/2017, 14:43 PM Scheduled By:

Completed On: 10/20/2017, 14:46 PM Completed By:

ADD COMMENT MARK NOT SEEN EDIT TRANSPORT NOTES

Report:

Comments: WRITE COMMENTS (**REQUIRED FIELD**)

CLOSE CONSULT

Add File(s) to Consult Report

Results of specialty consultations and off-site referrals. You can upload your inmate consultation/off-site referral results by using the Consultations module. This provides you with thorough documentation of the visit from ordering to appointment results. You also have a separate “Documents” feature which lets you upload items directly into the inmate’s chart, should you choose not to use Consultations.

Recovery Plan: *

Initial Change of Status Review

IRP Purpose: *

Psychiatric Observation Cell Restricted Housing Unit Self-Injurious Behavior/Serious Suicide Attempt Residential Treatment Unit Behavioral Management Unit

Accountability Status Annual Monthly Diagnostic Change Roster Change

Mental Health Unit Forensic Treatment Center Intermediate Care Unit Special Management Unit Mental Status Change

Diversionary Treatment Unit Other

MH/ID Roster: *

A

Next Regular Scheduled Due Date of IRP: *

Annually from Initial Date Roster = 120 days from Initial Date Specific Date

Date of MH/ID Roster History: *

B / U

Date of Functional Impairment: *

(0) Document(s) Attached

PROCESS FORM CANCEL SAVE PROGRESS MARK AS FAVORITE

Special needs treatment plan, if applicable (1 – Form). Special needs treatment plans can easily be accommodated through creating a custom form. This allows you to capture signatures, record relevant data, and specify any follow-up tasks/appointments/referrals/other actions which occur automatically once you complete the form.

Activity Restrictions

Select Activity Restrictions +

Start Date: End Date:

Restriction Change Reason...

Current Activity Restrictions

Indoor activities only (1/18/2018 - 1/20/2018) x

Employment Restrictions

Select Employment Restrictions +

Start Date: End Date:

Restriction Change Reason...

Current Employment Restrictions

Limited sitting (1/18/2018 - 1/20/2018) x

Medical Clearances

Select Medical Clearances +

Start Date: End Date:

Restriction Change Reason...

Current Medical Clearances

No Known Restrictions

Medical Housing

Transfer Mode Restrictions

Special needs treatment plan, if applicable (2 – Restrictions/Needs). You can also specify inmate special needs and restrictions directly through their chart, providing documentation of what they are, any assistive devices they may need, and start/end dates of these restrictions.

Patient Immunization History

Patient Number: Date of Birth:

Immunizations

VACCINE	DATE GIVEN	LOT #	MANUFACTURER	VACCINATOR	ADMIN SITE	TEMP	NOTES
HEPATITIS A VACCINE, ADULT DOSAGE <small>(e.g., Hep A, adult)</small>	3/25/2015	45712458721 3	PROTEIN SCIENCES		ABDOMEN LOWER QUADRANT LEFT	98.60	
TETANUS TOXOID, NOT ADSORBED	3/25/2015	1577425865	GLAXOSMITHKLINE		ABDOMEN UPPER QUADRANT RIGHT	98.80	
INFLUENZA, SEASONAL, INJECTABLE	4/7/2015	0144199	NOVAVAX, INC.		LEFT ARM (DELTOID)	98.80	Administer Seasonal Influenza Vaccine 0.5 ml Intramuscular x1 dose per standing order by [redacted]
TETANUS TOXOID, NOT ADSORBED	10/5/2015	1577425865	GLAXOSMITHKLINE		LEFT ARM (DELTOID)	98.80	
HEPATITIS A VACCINE, ADULT DOSAGE <small>(e.g., Hep A, adult)</small>	1/5/2017	45712458721 3	PROTEIN SCIENCES		RIGHT ARM (DELTOID)	98.90	These are my notes
HEPATITIS A VACCINE, ADULT DOSAGE <small>(e.g., Hep A, adult)</small>	6/7/2016	45712458721 3	PROTEIN SCIENCES		RIGHT ARM (DELTOID)	99.00	These are my notes
TETANUS TOXOID, NOT ADSORBED	1/5/2017	1577425865	GLAXOSMITHKLINE		LEFT ARM (DELTOID)	98.60	
TETANUS TOXOID, NOT ADSORBED	12/24/2016	1577425865	GLAXOSMITHKLINE		LEFT ARM (DELTOID)	98.00	
TETANUS TOXOID, NOT ADSORBED	2/18/2017	1577425865	GLAXOSMITHKLINE		LEFT ARM (DELTOID)	98.00	test
HEPATITIS A VACCINE, ADULT DOSAGE <small>(e.g., Hep A, adult)</small>	1/24/2017	45712458721 3	PROTEIN SCIENCES		RIGHT ARM (DELTOID)	98.00	test
RESPIRATORY SYNCYTIAL VIRUS MONOCLONAL ANTIBODY (PALVIZUMAB), INTRAMUSCULAR <small>(e.g., RSV-MAb)</small>	3/10/2017	00-124124	ABBOTT LABORATORIES		LEFT KNEE	98.00	

Patient ID No 1/17/2018 1:32:38 PM

Technical Information on this sheet from the Centers For Disease Control and Prevention, March 2013.

Sapphire | Correctional Electronic Health Records

PATIENT, SAMPLE #00123456

Demographics
 DOB: 01/01/1971 (47Y) | Race: Race Declined | Ethnicity: Ethnicity Declined
 Height: 72in 0in | Weight: 175lbs | Sex: 0.10 | Annot Date: 7/22/2018
 Medpass Notes: Caught checking meds

Chronic Problems
 F20.0 Paranoid schizophrenia
 M26.00 Rotation of fully erupted tooth or teeth
 H53.90 Unspecified disorder of binocular vision
 H33.000 Unspecified retinal detachment with retinal break, left eye
 F99.9 Attention-deficit hyperactivity disorder, combined type

Allergies
 NO KNOWN DRUG ALLERGY

Summary Medications Vitals/TX Problem List Tasks/Appts Forms Documents Immunizations Lab/Diagnostics Consultations TB Messages

PRINT HISTORY

PATIENT IMMUNIZATIONS				
ADMIN DATE	IMMUNIZATION	LOT NUMBER	ADMINISTERED BY	ACTIONS
5/16/2017, 3:42PM	INFLUENZA, HIGH DOSE SEASONAL, PRESERVATIVE-FREE	123456		🔍 🗑️ 📄

PATIENT IMMUNIZATION REFUSALS / EXEMPTIONS				
DATE	IMMUNIZATION	RECORDED BY	TYPE	NOTES
10/12/2017, 12:11PM	HEPATITIS A VACCINE, ADULT DOSAGE		REFUSAL	PATIENT REFUSED TO ACCEPT VACCINATION. COMMUNICATED RISKS AND CONSEQUENCES OF REFUSAL TO PATIENT WHO VERBALIZED UNDERSTANDING.
5/16/2017, 4:08PM	INFLUENZA, SEASONAL INJECTABLE		EXEMPTION	PATIENT RECEIVED HIGH DOSE EARLIER TODAY

Immunization records, if applicable. Your inmate immunization records, including vaccinations, refusals, and exemptions, are recorded from and stored permanently within their chart. You can also generate a printable copy of this information as circumstances require.

ADD TASK/APPT

Assign To: SEARCH USERS

Link Patient: PATIENT, SAMPLE

Reason: Appointment

Category: Psychology x Suicide x

Roles: PSYCHOLOGY x

Priority: Priority

Description: Post suicide attempt recovery treatment and counseling

Start Time: 08:00 | End Time: 09:00

Recurrence: Weekly

Every 1 Week(s) on: Su M Tu W Th F Sa

Schedule From: Date: 01/16/2018 | Patient Anniversary Date

Exclusions: Weekends Excluded | Holidays Excluded

End On: End after 15 occurrences

CANCEL | SAVE

Appointment scheduling. Your inmate task/appointment scheduling happens through this prompt, which allows for unlimited flexibility. All such events appear on a central task/appointment list and calendar, which gives you greater oversight over your day-to-day workflow.

GENERATE CLINICAL SUMMARY

- Show Vitals
Show Vitals After: 12/18/2017
- Show Consultations
Show Consultations After: 12/18/2017
- Show Immunizations
- Show Activities & Restrictions
- Show Patient Document Upload Summary
- Show Patient TB Report
- Show Patient Messages
Show Messages After: 12/18/2017

CANCEL OK

Clinical Documentation. Your inmate health record, or specific sections as shown above, can be exported into a PDF. This gives your records portability, allowing you to provide them to discharged inmates or other non-Sapphire facilities as needed.

Document Details

Title: * SAMPLE MENTAL HEALTH REPORT

Group: * Psychology

Category: * Acute Mental Health X Assessment X Psychology X

Provider: No Provider Selected

Document Date: 01/18/2018

Description: A sample mental health report

Request Signoff

Drag and Drop Files Here

Add files Remove all

Report PDF File uploaded 100%

CANCEL SAVE DOCUMENT

Document Uploading. Paper documents and other outside records can be scanned and uploaded directly into the inmate’s chart. Your uploads can be reviewed and signed off, providing documentation that your inmates files have received the attention they need.

Sapphire | Correctional Electronic Health Records

Queue Options

Group:

Category:

Provider:

Forms:

Date Range: To

Show Region:

My Approvals:

PATIENT FORM RESPONSE SIGNOFF QUEUE									
FORM	PATIENT NAME	PATIENT ID	CREATED ON	GROUP	CATEGORY	PROVIDER	CREATED BY	FACILITY	
PSYCHIATRIC OBSERVATION CELL ORDERS			01/18/2018	PSYCHIATRY	MENTAL HEALTH, ORDERS, POC			STATE HARD CUT	
ABNORMAL INVOLUNTARY MOVEMENT SCALE (AIMS) - [OVER 72 HOURS OLD]			01/14/2018	MEDICAL	ASSESSMENT			STATE HARD CUT	
EVALUATION OF INMATE SELF-INJURY - [OVER 72 HOURS OLD]			01/12/2018	PSYCHOLOGY	SUICIDE RISK, SELF-INJURIOUS BEHAVIOR			STATE HARD CUT	
DENTAL PROGRESS NOTE - [OVER 72 HOURS OLD]			01/09/2018	DENTAL	PROGRESS NOTE			STATE HARD CUT	
EVALUATION OF INMATE SELF-INJURY - [OVER 72 HOURS OLD]			01/08/2018	PSYCHOLOGY	SUICIDE RISK, SELF-INJURIOUS BEHAVIOR			STATE HARD CUT	
EVALUATION OF INMATE SELF-INJURY - [OVER 72 HOURS OLD]			01/09/2018	PSYCHOLOGY	SUICIDE RISK, SELF-			STATE HARD CUT	

Form Signoffs. All inmate forms that require signoff appear in a specialized queue for review. This allows you to track what documentation still needs review/signatures/etc. with tagging and filtering options to fine-tune your results.

Messaging

Inbox

Sent

Saved

Compose Message

To: By Role:

Subject: Priority:

Patient: Type:

Report PDF: File uploaded 100%

Files

Message:

This is a sample message to every user at the facility who has a role of DOCTOR. Everyone on this list will receive this message and the sample "Report" file attached, as if you were sending an email.

This feature is built into Sapphire and does not allow you to send or receive messages from outside the program, providing you with unparalleled security.

General

General

General

Patient

Patient

Messaging. Users can send messages to specific users or roles (e.g. all doctors) with the messaging feature. This functions much like any email program, ensuring all your users receive the information they need without having to pay for a third party feature.

Sapphire | Correctional Electronic Health Records

Summary Medications Vitals/TX Problem List Tests/Apps Forms Documents Immunizations Labs/Diagnostics Consultations **TB** Messages

TB Summary

Admin Update
 Next Review Date **07/23/2017** Anniversary Date **7/23/2015** Medical Worker Immuno Compromised **UPDATE**

Type of Review: **1011 - Annual TST**

Current Review: Medically Cleared for TB Therapy Recommended

Previous Treatment: **No** Last Modified By: _____

TST Results

ADD TST **ADD TB SYMPTOM REVIEW** **VIEW MOST RECENT TB SYMPTOM REVIEW**
Tests (2) Deleted Tests (2) Symptom Reviews (4)

TEST/SYMPTOM REVIEW DETAIL										
TYPE	REASON	TESTED BY	TEST DATE	INJECTION SITE	DATE READ	READ BY	RESULTS	DOSE(MM)	COMMENTS	ACTION
M - MANTOUX	ANNUAL		07/28/2017	RIGHT FOREARM						
M - MANTOUX	ANNUAL		05/11/2017	LEFT FOREARM	05/13/2017		POSITIVE	1 000	BUMP IS FIRM	

PAGE 1 OF 1

X-Ray Results

TB. You have a dedicated TB module for all your patients. This provides users the means to record tests and their results, symptom reviews, chest x-rays, and test refusals. This data can be exported as part of a Clinical Doc, allowing you to effectively communicate TB treatment with non-Sapphire users.

Summary Medications Vitals/TX Problem List Tests/Apps Forms Documents Immunizations Labs/Diagnostics Consultations **TB** Messages

TB Summary

Admin Update
 Next Review Date **07/23/2017** Anniversary Date **7/23/2015** Medical Worker Immuno Compromised **UPDATE**

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Tests (2) Deleted Tests (2) Symptom Reviews (4)

TEST/SYMPTOM REVIEW DETAIL										
TYPE	REASON	TESTED BY	TEST DATE	INJECTION SITE	DATE READ	READ BY	RESULTS	DOSE(MM)	COMMENTS	ACTION
M - MANTOUX	ANNUAL		07/28/2017	RIGHT FOREARM						
M - MANTOUX	ANNUAL		05/11/2017	LEFT FOREARM	05/13/2017		POSITIVE	1 000	BUMP IS FIRM	

PAGE 1 OF 1

X-Ray Results

TB. You have a dedicated TB module for all your patients. This provides users the means to record tests and their results, symptom reviews, chest x-rays, and test refusals. This data can be exported as part of a Clinical Doc, allowing you to effectively communicate TB treatment with non-Sapphire users.

Sapphire | Correctional Electronic Health Records

The screenshot shows the 'Queues' section with a table of tasks:

Count	Task Name	Count	Task Name
37	Vital/Lab Reviews	0	Stock Double Check
15	Approval of Conve...	0	Verifications
9	Non-Formulary Ap...	0	Declined Orders
3	General Issues	0	Clarifications
1	Renewals	0	Patient Review
1	Vital/Lab/TX Rene...	0	Lab Results Signat...
0	Stock Order Appro...		
0	Schedule Exceptio...		
0	Refills Due		

The 'Tasking - Prev 7 Days' section includes filters for Category, Roles, Select a title, and Select a type. Below it are buttons for Appointment, Task, Due Today, and Past Due.

The 'Messaging (0)' section shows an 'Inbox' with 'Sent' and 'Saved' sub-sections, and a message: 'There are no messages to view.'

The 'Recent Bookings' section lists five bookings with dates from 01/06/2018 to 01/09/2018.

Prescriber Dashboard. This dashboard is focused on prescriber responsibilities, providing them with easy access to tasks, messages, recent bookings, hotlist patients, and reports.

The screenshot shows the patient profile for **PATIENT, SAMPLE # 00123456**. The patient's status is 'Not Released', DOB is 01/01/1971, and the diagnosis is 'PARANOID SCHIZOPHRENIA, ROTATION OF FULLY ERUPTED TOOTH OR TEETH, UNSPECIFIED DISORDE (+)'. A warning icon indicates 'CAUGHT CHECKING MEDS'.

The medication list includes:

- ASPIRIN 325MG TABLET (BAYER ASPIRIN):** TAKE 1 TABLET(S) ORALLY TWICE DAILY. Last Admin: 1/18/2018 10:47:23 AM.
- BUDESONIDE 3MG CAPSULE (ENTOCORT EC):** TAKE 1 CAPSULE(S) ORALLY THREE TIMES DAILY. Last Admin: 1/18/2018 10:47:24 AM.
- HUMULIN R 100UNIT VIAL (INSULIN REGULAR HUMAN):** 200-250 = 2U; 251-300=4U; 301-350=4U; 351-400 8U; >400 CHECK KETONES AND CALL MD. Last Admin: 1/18/2018 10:47:37 AM.

A diagram shows injection sites on the body, with 'DELTOID LEFT' highlighted. A legend indicates IM SITE, IV SITE, and SUB-Q SITE. The current glucose reading is 352. The interface also shows 'Previous Administration' history and a 'Previous Vitals' section.

MedPass and Treatment Pass. Once downloaded, your inmate MedPasses and Treatment Passes are capable of being done offline, giving you the freedom to perform your work without an internet connection. You can also locate patients and administer medications by using a barcode scanner, or by using the point and click interface.

All work is backed up by Silverlight, allowing you peace of mind by saving and recovering your work on the computer you are using in the event of power loss/connection failure.

Muscogee co jail and prison transition plan

ID	Task Mode	Task Name	Duration	Start	Finish	Resource Names	Aug '18	Sep '18
1	➔	Transition Plan - General	25 days	Mon 7/30/18	Fri 8/31/18		22 29 5 12 19 26	2 9 16 23
2	✈	Transition Communication Plan	5 days	Mon 7/30/18	Fri 8/3/18		0%	
3	✈	Identify/Establish key contacts for County & facility	3 days	Mon 7/30/18	Wed 8/1/18		0%	
4	✈	Establish initial mtg with key clients & Centurion leadership	3 days	Mon 7/30/18	Wed 8/1/18		0%	
5	➔	Prepare welcome letter from President	3 days	Mon 7/30/18	Wed 8/1/18		0%	
6	✈	Prepare schedule for site staff & facility administration visit	3 days	Mon 7/30/18	Wed 8/1/18		0%	
7	✈	Obtain approval from client to distribute communication & site visit schedule	3 days	Mon 7/30/18	Wed 8/1/18		0%	
8	✈	Provide info to client on HR/transition introductory team mtgs	3 days	Mon 7/30/18	Wed 8/1/18		0%	
9	✈	Notify contracted vendors of transition timelines & activities	3 days	Mon 7/30/18	Wed 8/1/18		0%	
10	✈	Distribute info to transition team members & functional leads; set up initial internal kick off mtg	3 days	Mon 7/30/18	Wed 8/1/18		0%	
11	✈	Client Activities	3 days	Mon 7/30/18	Wed 8/1/18		0%	
12	✈	Schedule initial client mtg	3 days	Mon 7/30/18	Wed 8/1/18		0%	
13	✈	Establish ongoing status/transition mtgs	3 days	Mon 7/30/18	Wed 8/1/18		0%	
14	✈	Establish transition priorities with client	3 days	Mon 7/30/18	Wed 8/1/18		0%	
15	✈	Establish process, verify forms, verify facility contact	3 days	Mon 7/30/18	Wed 8/1/18		0%	
16	✈	Determine & complete pre-employment testing, transition staff required info	3 days	Mon 7/30/18	Wed 8/1/18		0%	

█ Critical
⋯ Critical Split
█ Critical Progress
█ Task
⋯ Split
█ Task Progress
█ Manual Task
█ Start-only
█ Finish-only
⋯ Duration-only
█ Baseline
⋯ Baseline Split
◇ Baseline Milestone
◆ Milestone
█ Summary Progress
█ Summary
█ Manual Summary
█ Project Summary
█ External Tasks
⋯ External Milestone
█ Inactive Task
◆ Inactive Milestone
█ Inactive Summary
↓ Deadline

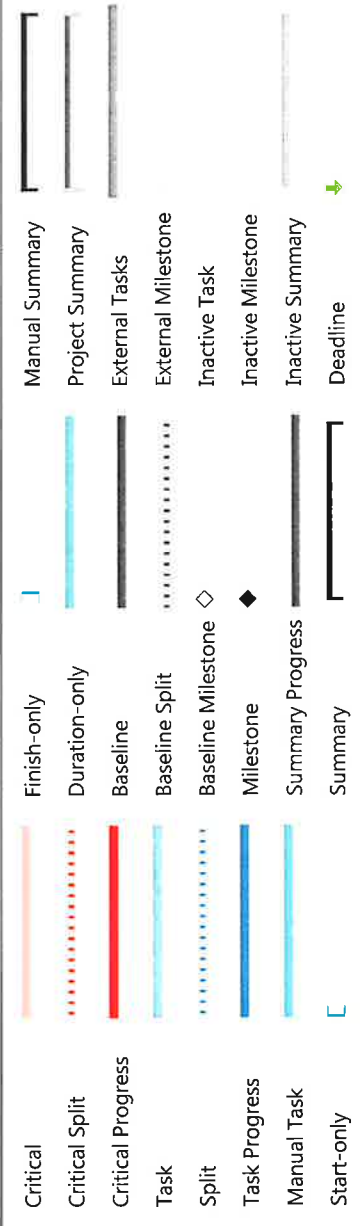
Muscogee co jail and prison transition plan

ID	Task Mode	Task Name	Duration	Start	Finish	Resource Names	Aug '18	Sep '18
17		Initial Site Visit	7 days	Wed 8/1/18	Thu 8/9/18		22 29 5 12 19 26 9 16 23	
18		Identify HR & Clin resources for site visit	3 days	Wed 8/1/18	Fri 8/3/18		0%	
19		Prepare/finalize materials for site visit	3 days	Wed 8/1/18	Fri 8/3/18		0%	
20		Identify facility contact info, travel info	3 days	Wed 8/1/18	Fri 8/3/18		0%	
21		Distribute materials to site visit team members	7 days	Wed 8/1/18	Thu 8/9/18		0%	
22		Operations, Program Transition, Management	61 days	Wed 8/1/18	Wed 10/24/18			
23		Slu schedule for internal routine transition mtgs	3 days	Wed 8/1/18	Fri 8/3/18		0%	
24		Internal transition discussion - include clin ops transition lead, dept leads to identify priorities, address issues, Q/A	3 days	Wed 8/1/18	Fri 8/3/18		0%	
25		Develop/finalize staffing matrix - distribute to clin ops, recruiting	3 days	Wed 8/1/18	Fri 8/3/18		0%	
26		Develop/finalize pay scales	5 days	Wed 8/1/18	Tue 8/7/18		0%	
27		Finalize/submit shift diffs - applicable positions	5 days	Wed 8/1/18	Tue 8/7/18		0%	
28		Establish PDO policy for transitioning staff; initial 90 days	5 days	Wed 8/1/18	Tue 8/7/18		0%	
29		Finalize benefits flyer, distribute to client and site visit participants	5 days	Wed 8/1/18	Tue 8/7/18		0%	
30		Identify/begin development of on-call schedule	15 days	Mon 8/13/18	Fri 8/31/18		0%	
31		Distribute on-call schedule to site/client	15 days	Mon 8/13/18	Fri 8/31/18		0%	
32		Recruit/Hire/Retention current EE's, Incumbent Staff Coordination	25 days	Mon 7/30/18	Fri 8/31/18			
33		Establish initial hire link for transition staff	3 days	Mon 7/30/18	Wed 8/1/18		0%	

Critical		Finish-only		Manual Summary
Critical Split		Duration-only		Project Summary
Critical Progress		Baseline		External Tasks
Task		Baseline Split		External Milestone
Split		Baseline Milestone		Inactive Task
Task Progress		Milestone		Inactive Milestone
Manual Task		Summary Progress		Inactive Summary
Start-only		Summary		Deadline

Muscogee co jail and prison transition plan

ID	Task Mode	Task Name	Duration	Start	Finish	Resource Names	Aug '18	Sep '18
34		Obtain roster, pay rates, FTE status of current incumbent staff	3 days	Mon 7/30/18	Wed 8/1/18		22 29 5 0%	2 9 16 23
35		Incumbent site leadership - offer determination	5 days	Mon 7/30/18	Fri 8/3/18		5 0%	
36		Initiate retention/initiate offers - incumbent staff	10 days	Mon 7/30/18	Fri 8/10/18		5 0%	
37		Identify/establish toll free number, email address for Q/A - incumbent staff	3 days	Mon 7/30/18	Wed 8/1/18		5 0%	
38		Initiate credentialing - incumbent staff	5 days	Mon 8/6/18	Fri 8/10/18		5 0%	
39		Determine open positions & initiate outside recruitment	8 days	Mon 8/6/18	Wed 8/15/18		5 0%	
40		Obtain clearance forms, process, contacts for submission	3 days	Mon 8/6/18	Wed 8/8/18		5 0%	
41		Initiate clearance process with incumbent & new staff	8 days	Mon 8/6/18	Wed 8/15/18		5 0%	
42		Identify/confirm client specific training requirements, obtain schedule and initiate for incumbent/new staff	12 days	Mon 4/16/18	Tue 5/1/18			
43		HR Data Collection/Data Entry	25 days	Mon 7/30/18	Fri 8/31/18			
44		Prepare/finalize benefits flyer for HR/clinical site visits	4 days	Mon 7/30/18	Thu 8/2/18		5 0%	
45		Initiate daily call with recruiting, HR, operations, clin ops transition coordinator	61 days	Wed 8/1/18	Wed 10/24/18			
46		Identify incumbent staff currently on leave	6 days	Wed 8/1/18	Wed 8/8/18		5 0%	
47		Develop/initiate Online questionnaire for incumbent staff to initiate application process	3 days	Mon 7/30/18	Wed 8/1/18		5 0%	
48		Test questionnaire & email domain prior to go live for incumbent staff	2 days	Mon 7/30/18	Tue 7/31/18		5 0%	



Muscogee co jail and prison transition plan

ID	Task Mode	Task Name	Duration	Start	Finish	Resource Names	Aug '18	Sep '18
							22 29 5 12 19 26 2 9 16 23	
49		Verify position codes/titles, obtain job descriptions, post to secure Centurion contract website	21 days	Wed 8/1/18	Wed 8/29/18			
50		Set up jobs, job classes, Departments, position mgmt tools; post to contract specific Centurion portal	20 days	Wed 8/1/18	Tue 8/28/18			
51		Identify HR staff transition support, provide schedule of calls/onsite support, obtain clearance for onsite support	4 days	Mon 8/6/18	Thu 8/9/18			
52		Issue offer letters (onboarding & new hire packet) electronically	5 days	Wed 8/8/18	Tue 8/14/18			
53		Initiate daily report for recruiting/ops of filled positions	3 days	Wed 8/8/18	Fri 8/10/18			
54		Prepare & run NPDB on transitioning staff; f/u as indicated based on report findings	4 days	Wed 8/8/18	Mon 8/13/18			
55		Verify, track copy of current professional license, DEA, CPR/AED - f/u as indicated on license questions/issues	51 days	Wed 8/8/18	Wed 10/17/18			
56		Distribute/collect enrollment materials and obtain benefit confirmations	23 days	Wed 8/8/18	Fri 9/7/18			
57		Provide schedule of HR transition support, HR orient sessions to site operations and clin ops coordinator	6 days	Mon 8/20/18	Mon 8/27/18			
58		Staffing/Scheduling	15 days	Mon 8/13/18	Fri 8/31/18			
59		Discuss/define deadline for initial schedule for transition month	5 days	Mon 8/13/18	Fri 8/17/18			
60		Review critical openings	10 days	Mon 8/13/18	Fri 8/24/18			

Task Name	Start	Finish	Resource Names
Manual Summary			
Project Summary			
External Tasks			
External Milestone			
Inactive Task			
Inactive Milestone			
Inactive Summary			
Deadline			

Muscogee co jail and prison transition plan

ID	Task Mode	Task Name	Duration	Start	Finish	Resource Names	Aug '18	Sep '18
61	★	Identify Agency/Locum/Interim critical staff needs	10 days	Mon 8/13/18	Fri 8/24/18		22 29 5 12 19 26 2 9 16 23	0%
62	★	Pharmacy	25 days	Mon 7/30/18	Fri 8/31/18			0%
63	★	Determine controlled drug licensing requirements, initiate license application and track through obtaining license	26 days	Mon 7/30/18	Sat 9/1/18			0%
64	★	Contact/initiate discussion/schedule mtg with current vendor	4 days	Mon 7/30/18	Thu 8/2/18			0%
65	★	Initiate/obtain approval for formulary	15 days	Fri 8/3/18	Thu 8/23/18			0%
66	★	Identify current process for destruction of controlled meds	5 days	Fri 8/3/18	Thu 8/9/18			0%
67	★	Finalize process for non-formulary review, approval	10 days	Mon 8/13/18	Fri 8/24/18			0%
68	★	Educate site staff, transition staff & site providers on non-form process	11 days	Mon 8/13/18	Mon 8/27/18			0%
69	★	Identify, hire pharmacy consultant; set up schedule for initial onsite review, provide site review tool to H.S.A	10 days	Mon 8/13/18	Fri 8/24/18			0%
70	★	Determine b/u pharmacy, obtain/provide to site	15 days	Fri 8/10/18	Thu 8/30/18			0%
71	★	Contact numbers, process to obtain	10 days	Fri 8/10/18	Thu 8/23/18			0%
72	★	Determine procedure for release meds, work with Pharmacy for site training on process	10 days	Fri 8/10/18	Thu 8/23/18			0%
73	★	Determine final stock meds, develop ordering tool/process, educate site	10 days	Fri 8/10/18	Thu 8/23/18			0%
		Coordinate with site and determine initial stock order for transition	10 days	Fri 8/10/18	Thu 8/23/18			0%

Task Name	Legend	Resource Names
Critical		Manual Summary
Critical Split		Project Summary
Critical Progress		External Tasks
Task		External Milestone
Split		Inactive Task
Task Progress		Inactive Milestone
Manual Task		Inactive Summary
Start-only		Deadline

Muscogee co jail and prison transition plan

ID	Task Mode	Task Name	Duration	Start	Finish	Resource Names	Aug '18	Sep '18
74		Complete inventory of current meds at time of transition for reporting/purchasing requirements	2 days	Thu 8/30/18	Fri 8/31/18		22 29 5 12 19 26	1 2 9 16 23
75		Determine med cart inventory/ownership, coordinate ordering of new/replacement carts if needed	5 days	Tue 7/31/18	Mon 8/6/18		0%	0%
76		Review approved nurse protocols, identify/coordinate packaging/process with site & contracted pharmacy	10 days	Fri 8/3/18	Thu 8/16/18		0%	0%
77		Laboratory Services	25 days	Mon 7/30/18	Fri 8/31/18			
78		Notify vendor of award, finalize contract with onsite lab provider	11 days	Mon 7/30/18	Mon 8/13/18		0%	0%
79		Facilitate onsite visit with vendor and site contact - review equipment, supplies needs	11 days	Mon 7/30/18	Mon 8/13/18		0%	0%
80		Determine routine & stat pick up process - educate site staff	3 days	Fri 8/3/18	Tue 8/7/18		0%	0%
81		Verify current CLIA waiver in place; coordinate with clin ops/lab services for new waiver, if indicated	3 days	Fri 8/3/18	Tue 8/7/18		0%	0%
82		Verify lab training set up/completed by vendor	10 days	Fri 8/10/18	Thu 8/23/18		0%	0%
83		Radiology Services	25 days	Mon 7/30/18	Fri 8/31/18			
84		Notify vendor of award, finalize contract & coordinate site visit	11 days	Mon 7/30/18	Mon 8/13/18		0%	0%
85		Determine method of onsite services (mobile, onsite equip); coordinate schedule for services with site designee	3 days	Fri 8/3/18	Tue 8/7/18		0%	0%

Critical		Finish-only		Manual Summary	
Critical Split		Duration-only		Project Summary	
Critical Progress		Baseline		External Tasks	
Task		Baseline Split		External Milestone	
Split		Baseline Milestone		Inactive Task	
Task Progress		Milestone		Inactive Milestone	
Manual Task		Summary Progress		Inactive Summary	
Start-only		Summary		Deadline	

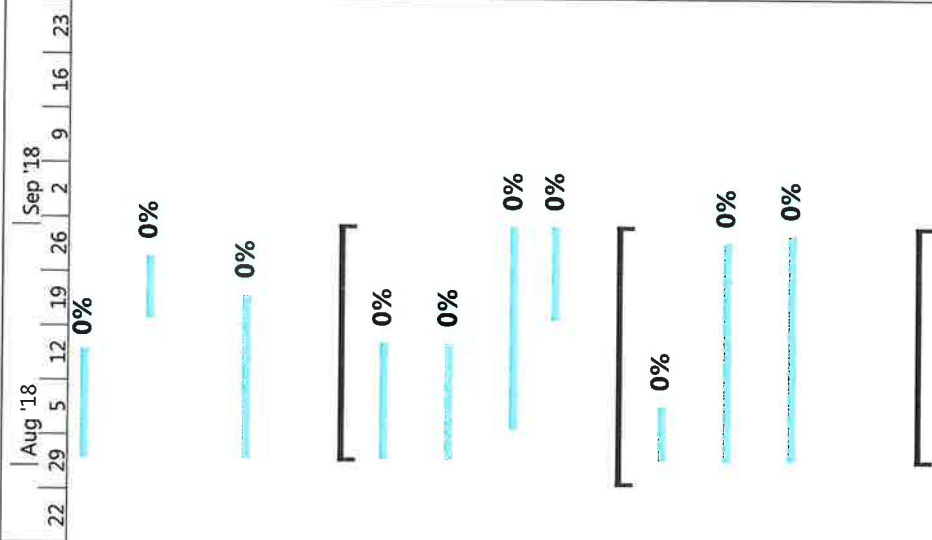
Muscogee co jail and prison transition plan

ID	Task Mode	Task Name	Duration	Start	Finish	Resource Names	Aug '18	Sep '18
86	🚀	Vendor staff - identify, complete and submit security clearance for onsite xray tech	10 days	Fri 8/3/18	Thu 8/16/18		0%	0%
87	🚀	Discuss, identify, train site staff on STAT xray capabilities/process	10 days	Fri 8/3/18	Thu 8/16/18		0%	0%
88	🚀	Identify addtl radiology services onsite, educate staff on ordering, scheduling	26 days	Fri 8/3/18	Fri 9/7/18		0%	0%
89	🚀	Train site staff on resulting process, vendor contact numbers, etc	6 days	Mon 8/20/18	Mon 8/27/18		0%	0%
90	🚀	EKG	22 days	Thu 8/2/18	Fri 8/31/18			
91	🚀	Notify vendor of award and coordinate onsite visit, as indicated	5 days	Thu 8/2/18	Wed 8/8/18		0%	0%
93	🚀	Determine # of devices needed	5 days	Thu 8/2/18	Wed 8/8/18		0%	0%
94	🚀	Determine need/ability to perform telephonic overread (include contract requirements in review); identify site availability of line	5 days	Thu 8/2/18	Wed 8/8/18		0%	0%
95	🚀	Train site on equipment, process for obtaining overread, timelines for overread	6 days	Mon 8/20/18	Mon 8/27/18		0%	0%
96	🚀	Other Ancillary Services	22 days	Thu 8/2/18	Fri 8/31/18			
97	🚀	Purchasing binder - complete initial binder and provide 2 - 3 copies to site	10 days	Thu 8/2/18	Wed 8/15/18		0%	0%
98	🚀	Oxygen Services - identify current, contract with & determine current type/# tanks needed	10 days	Thu 8/2/18	Wed 8/15/18		0%	0%
99	🚀	Oxygen - set up delivery of tanks/supplies for start of contracted services	10 days	Mon 8/20/18	Fri 8/31/18		0%	0%
100	🚀?	Medical Waste - identify current provider, pick up schedule		Thu 8/2/18			8/2	

Critical		Finish-only		Manual Summary	
Critical Split		Duration-only		Project Summary	
Critical Progress		Baseline		External Tasks	
Task		Baseline Split		External Milestone	
Split		Baseline Milestone		Inactive Task	
Task Progress		Milestone		Inactive Milestone	
Manual Task		Summary Progress		Inactive Summary	
Start-only		Summary		Deadline	

Muscogee co jail and prison transition plan

ID	Task Mode	Task Name	Duration	Start	Finish	Resource Names
101		Medical Waste - verify vendor, pick up days & timeline for p/u - notify site	10 days	Thu 8/2/18	Wed 8/15/18	
102		Set up Medical Supplies account, distribute user ID/ordering information to site end user, verify receipt/training occurred	6 days	Mon 8/20/18	Mon 8/27/18	
103		Identify additional onsite services, verify contacts, services - set up contracts for continued services	15 days	Thu 8/2/18	Wed 8/22/18	
104		Specialty Care Providers - Onsite & Offsite	22 days	Thu 8/2/18	Fri 8/31/18	
105		Obtain list/identify current specialty clinics onsite & contact info, frequency, locations, volumes	11 days	Thu 8/2/18	Thu 8/16/18	
106		Obtain list/identify community specialty service providers	11 days	Thu 8/2/18	Thu 8/16/18	
107		Set up contracts, MOU's with specialty providers	20 days	Mon 8/6/18	Fri 8/31/18	
108		Provide contract/contact info to site H.S.A and schedulers for set up of ongoing services	10 days	Mon 8/20/18	Fri 8/31/18	
109		Ambulance/Transportation	25 days	Mon 7/30/18	Fri 8/31/18	
110		Identify current emergency/non-emergency transport providers	5 days	Thu 8/2/18	Wed 8/8/18	
111		Obtain contract with ambulance provider; provide contact info to site H.S.A/scheduler	20 days	Thu 8/2/18	Wed 8/29/18	
112		Meet w/site transport to validate process, frequency/numbers associated with ED/scheduled transport by ambulance/security transport	21 days	Thu 8/2/18	Thu 8/30/18	
113		Hospital/IP network	22 days	Thu 8/2/18	Fri 8/31/18	



Task Name	Start	Finish	Resource Names
Manual Summary			
Project Summary			
External Tasks			
External Milestone			
Inactive Task			
Inactive Milestone			
Inactive Summary			
Deadline			

Muscogee co jail and prison transition plan

ID	Task Mode	Task Name	Duration	Start	Finish	Resource Names	Aug '18	Sep '18
114		Determine hospital/IP/ED network and initiate contracts/MOU	10 days	Thu 8/2/18	Wed 8/15/18		0%	0%
115		Expand network as indicated to meet patient care needs	15 days	Thu 8/2/18	Wed 8/22/18		0%	0%
116		Schedule meeting with hospital/IP/ED providers; discuss transition/billing/paperwork/etc	10 days	Mon 8/27/18	Fri 9/7/18		0%	0%
117		UM/Medical Management	25 days	Mon 7/30/18	Fri 8/31/18			
118		Meet w/current onsite scheduler/UM coordination staff; identify current processes for specialty referral, tracking, IP mgmt	5 days	Thu 8/2/18	Wed 8/8/18		0%	0%
119		Discuss, verify, order any equipment necessary for onsite UM referral management IT	10 days	Thu 8/2/18	Wed 8/15/18		0%	0%
120		Identify any IT/infrastructure requirements; develop/track/implement prior to contract start	55 days	Thu 8/2/18	Wed 10/17/18		0%	0%
121		Review/verify current process for ED referral, tracking, reporting	5 days	Thu 8/2/18	Wed 8/8/18		0%	0%
122		Finalize process for implementation - tracking, reporting, forms, system/IT needs	5 days	Thu 8/2/18	Wed 8/8/18		0%	0%
123		Hire/train staff pertinent for the process (local or corporate)	8 days	Mon 8/20/18	Wed 8/29/18		0%	0%
124		Review current UM guidelines, pathways, business rules - compare/submit for review/approval changes/updates	20 days	Thu 8/2/18	Wed 8/29/18		0%	0%
125		Obtain current list of authorized/scheduled specialty referrals for initial 90 days post transition date; determine/educate staff on plan for continuity	20 days	Thu 8/2/18	Wed 8/29/18		0%	0%

Task Name	Start	Finish	Resource Names
Manual Summary			
Project Summary			
External Tasks			
External Milestone			
Inactive Task			
Inactive Milestone			
Inactive Summary			
Deadline			

Muscogee co jail and prison transition plan

ID	Task Mode	Task Name	Duration	Start	Finish	Resource Names	Aug '18	Sep '18
							22 29 5 12 19 26 0%	2 9 16 23
126	🚀	Train site staff on referral process, reporting requirements, forms requirements for routine, urgent, ED and IP referral mgmt	5 days	Mon 8/20/18	Fri 8/24/18		0%	
127	🚀	Determine current hospitalized patients and begin 4 days concurrent review with current healthcare vendor	4 days	Mon 8/27/18	Thu 8/30/18		0%	
128	🚀	Dental Services	25 days	Mon 7/30/18	Fri 8/31/18			
129	🚀	Review current onsite services, offsite services and vendor contact info	10 days	Thu 8/2/18	Wed 8/15/18		0%	
130	🚀	Review current/set up contract for dental supplies	3 days	Thu 8/2/18	Mon 8/6/18		0%	
131	🚀	Review current/set up contract for dental equipment maintenance/repair	3 days	Thu 8/2/18	Mon 8/6/18		0%	
132	🚀	Review current/set up contract for radiation badge monitoring	15 days	Thu 8/2/18	Wed 8/22/18		0%	
133	🚀	Review current/set up contract for spore test monitoring	5 days	Thu 8/2/18	Wed 8/8/18		0%	
134	🚀	Include all supplier/vendor information in purchasing services manual & provide to Site H.S.A and AA	5 days	Mon 8/20/18	Fri 8/24/18		0%	
135	🚀	Employee Orientation/Transition Support/Policy & Procedure/Protocol	22 days	Thu 8/2/18	Fri 8/31/18			
136	🚀	Develop/finalize specific nursing services employee orientation program for contract	10 days	Mon 8/13/18	Fri 8/24/18		0%	
137	🚀	Finalize Medical provider and Dental provider orientation workbooks	15 days	Mon 8/13/18	Fri 8/31/18		0%	

Task Name	Start	Finish	Resource Names
Manual Summary			
Project Summary			
External Tasks			
External Milestone			
Inactive Task			
Inactive Milestone			
Inactive Summary			
Deadline			

Muscogee co jail and prison transition plan

ID	Task Mode	Task Name	Duration	Start	Finish	Resource Names	Aug '18	Sep '18
138		Order nursing, provider orientation materials, workbooks and coordinate delivery with scheduled orientation sessions	12 days	Mon 8/13/18	Tue 8/28/18		22 29 5 12 19 26 0%	9 16 23
139		Schedule/implement use of provider workbooks for all provider level staff	5 days	Mon 8/13/18	Fri 8/17/18		12 19 0%	
140		Develop/finalize/submit for approval contract specific PPI's	10 days	Mon 8/13/18	Fri 8/24/18		12 19 0%	
141		Submit nursing protocols for review/approval (include review/comparison with current nursing protocols if applicable or embedded in current E.H.R)	10 days	Mon 8/13/18	Fri 8/24/18		12 19 0%	
142		Provide approved nursing protocols info to Education/Training for inclusion in NEO	5 days	Mon 8/13/18	Fri 8/17/18		12 19 0%	
143		Submit disease management guidelines/pathways for review/approval by client	5 days	Mon 8/13/18	Fri 8/17/18		12 19 0%	
144		Provide approved disease mgmt guidelines to education and IT; education to include in training materials; IT to upload to portal	11 days	Fri 8/31/18	Fri 9/14/18		12 19 8/13 0%	
145		Facilitate/initiate electronic completion of mandatory training for Centurion staff	10 days	Mon 8/13/18	Fri 8/24/18		12 19 0%	
146		Set up initial training/support for H.S.A, DON, CQL, IC staff - order/provide training materials	5 days	Mon 8/13/18	Fri 8/17/18		12 19 0%	
147		Set up schedule for nursing services training sessions for new/transiting EE's - provide to onsite healthservices/client admin						

Legend for task types and progress indicators:

- Critical: Red bar
- Critical Split: Red dotted bar
- Critical Progress: Red solid bar
- Task: Light blue bar
- Split: Dotted light blue bar
- Task Progress: Solid light blue bar
- Manual Task: Light blue bar with a bracket
- Start-only: Light blue bar with a bracket
- Finish-only: Light blue bar with a bracket
- Duration-only: Light blue bar with a bracket
- Baseline: Grey bar
- Baseline Split: Dotted grey bar
- Baseline Milestone: Grey bar with a diamond
- Milestone: Grey bar with a diamond
- Summary Progress: Grey bar with a bracket
- Summary: Grey bar with a bracket
- Manual Summary: Grey bar with a bracket
- Project Summary: Grey bar with a bracket
- External Tasks: Grey bar with a bracket
- External Milestone: Grey bar with a diamond
- Inactive Task: Grey bar with a diamond
- Inactive Milestone: Grey bar with a diamond
- Inactive Summary: Grey bar with a bracket
- Deadline: Grey bar with a bracket and a green arrow

Muscogee co jail and prison transition plan

ID	Task Mode	Task Name	Duration	Start	Finish	Resource Names	22	29	5	12	19	26	2	9	16	23
148		Identify/schedule/coordinate dates for Site Medical Director onsite support/education/training by CMO or designee	5 days	Mon 8/13/18	Fri 8/17/18					0%						
149		Identify/schedule Clin Ops Nursing/medical onsite transition support - provide required security clearance info	10 days	Mon 8/13/18	Fri 8/24/18					0%						
150		Provide onsite transition support	14 days	Fri 8/31/18	Wed 9/19/18					0%						
151		Provide IT clinical ops resource materials specific to contract for upload to Contract Specific Portal page	5 days	Mon 8/13/18	Fri 8/17/18					0%						
152		CQI and IPC Training/Program Support	16 days	Fri 8/10/18	Fri 8/31/18											
153		Corporate CQI and IPC staff initiate review of current programs/activities/reporting requirements	16 days	Fri 8/10/18	Fri 8/31/18					0%						
154		Develop contract specific compliance indicators for quality	17 days	Fri 8/10/18	Mon 9/3/18					0%						
155		Review IPC reporting requirements - State and local county; compare with current	5 days	Fri 8/10/18	Thu 8/16/18					0%						
156		Educate, train, provide tools for onsite clinical/administrative leadership	20 days	Fri 8/10/18	Thu 9/6/18					0%						
157		Educate, train onsite clinical/administrative leadership on Centurion portal tracking, information, etc	20 days	Fri 8/10/18	Thu 9/6/18					0%						
158		Provide onsite training with identified IPC and CQI coordination staff	10 days	Mon 8/27/18	Fri 9/7/18					0%						
159		Validate current IPC county and state information being reported as required	15 days	Fri 8/10/18	Thu 8/30/18					0%						

	Critical		Finish-only		Manual Summary
	Critical Split		Duration-only		Project Summary
	Critical Progress		Baseline		External Tasks
	Task		Baseline Split		External Milestone
	Split		Baseline Milestone		Inactive Task
	Task Progress		Milestone		Inactive Milestone
	Manual Task		Summary Progress		Inactive Summary
	Start-only		Summary		Deadline

Muscogee co jail and prison transition plan

ID	Task Mode	Task Name	Duration	Start	Finish	Resource Names	Aug '18	Sep '18
160		Office Support Services	23 days	Wed 8/1/18	Fri 8/31/18		22-29	1-23
161		Determine copier/printer/fax needs - order, coordinate and validate delivery and set up	55 days	Fri 8/3/18	Thu 10/18/18		1-16	17-23
162		Determine postage machine needs - order, validate delivery and site telephonic training	11 days	Fri 8/3/18	Fri 8/17/18		1-16	17-23
163		Establish office supply account for site, distribute user ID's, coordinate/validate training completed	11 days	Fri 8/3/18	Fri 8/17/18		1-16	17-23
164		Establish Express Mail account, distribute contract/ordering information to site/validate receipt/site end user understanding	11 days	Fri 8/3/18	Fri 8/17/18		1-16	17-23
165		Finalize site/contract cell phone requirements, coordinate shipping of equipment, as indicated and/or finalize listing for reimbursement	5 days	Mon 8/20/18	Fri 8/24/18		1-16	17-23
166		Payroll	24 days	Tue 7/31/18	Fri 8/31/18		22-29	1-23
167		Identify state/local tax requirements	6 days	Fri 8/3/18	Fri 8/10/18		1-16	17-23
168		Determine current shift premium amount/time allocation and review/finalize current shift premiums, times	10 days	Fri 8/3/18	Thu 8/16/18		1-16	17-23
169		Identify/finalize pay schedule/scales by job class, provide to recruiting for ongoing recruitment	11 days	Fri 8/3/18	Fri 8/17/18		1-16	17-23
170		Identify, finalize special pay arrangements/dollars/etc	20 days	Fri 8/3/18	Thu 8/30/18		1-16	17-23
171		Perform KRONOS set up including pay rules, translation tables, user access, queries	10 days	Fri 8/3/18	Thu 8/16/18		1-16	17-23
172		Identify timecard approval, sign off & provide site approver(s) user ID, payroll/approval dates	10 days	Fri 8/3/18	Thu 8/16/18		1-16	17-23

Critical		Finish-only		Manual Summary	
Critical Split		Duration-only		Project Summary	
Critical Progress		Baseline		External Tasks	
Task		Baseline Split		External Milestone	
Split		Baseline Milestone		Inactive Task	
Task Progress		Milestone		Inactive Milestone	
Manual Task		Summary Progress		Inactive Summary	
Start-only		Summary		Deadline	

Muscogee co jail and prison transition plan

ID	Task Mode	Task Name	Duration	Start	Finish	Resource Names	Aug '18	Sep '18
173		Perform training for new end users at site/regional level	10 days	Thu 8/30/18	Wed 9/12/18		22 29 5 12 19 26	2 9 16 23
174		Provide support for closing initial payroll	6 days	Thu 8/30/18	Thu 9/6/18			0%
175		Identify/provide EE badges for transition/new staff to site H.S.A	4 days	Mon 8/27/18	Thu 8/30/18			0%
176		Information Technology	24 days	Tue 7/31/18	Fri 8/31/18			
177		Determine site IT contact, arrange meeting with County and/or facility IT rep	10 days	Fri 8/3/18	Thu 8/16/18			0%
178		Determine/arrange meeting/discussion with current vendor IT rep	10 days	Fri 8/3/18	Thu 8/16/18			0%
179		Determine/perform facility infrastructure/connectivity assessment	8 days	Fri 8/3/18	Tue 8/14/18			0%
180		Determine ability to transfer ownership of current line(s) from current vendor to Centurion	8 days	Fri 8/3/18	Tue 8/14/18			0%
181		Generate IT transition plan	6 days	Fri 8/3/18	Fri 8/10/18			0%
182		Determine KRONOS clock requirements; transfer current lines from vendor if available	11 days	Fri 8/3/18	Fri 8/17/18			0%
183		Determine/implement interfaces for lab, radiology, pharmacy, etc as indicated/required	12 days	Mon 8/13/18	Tue 8/28/18			0%
184		Determine software/hardware requirements for purchase	10 days	Fri 8/3/18	Thu 8/16/18			0%
185		Deploy new equipment, coordinate set up/software installation/migration, as indicated	10 days	Fri 8/3/18	Thu 8/16/18			0%
186		Verify operations of PCs, networks, software applications - provide onsite support as indicated	11 days	Fri 8/3/18	Fri 8/17/18			0%
187		Provide end user training, as indicated	11 days	Fri 8/31/18	Fri 9/14/18			0%

	Critical		Finish-only		Manual Summary
	Critical Split		Duration-only		Project Summary
	Critical Progress		Baseline		External Tasks
	Task		Baseline Split		External Milestone
	Split		Baseline Milestone		Inactive Task
	Task Progress		Milestone		Inactive Milestone
	Manual Task		Summary Progress		Inactive Summary
	Start-only		Summary		Deadline

Muscogee co jail and prison transition plan

ID	Task Mode	Task Name	Duration	Start	Finish	Resource Names	Aug '18	Sep '18
188		Verify user names, initial sign-ons/password, etc provided - provide end user support onsite/telephonically as indicated	5 days	Mon 8/27/18	Fri 8/31/18		22 29 5 12 19 26 2 9 16 23	0%
189		Reporting	26 days	Fri 8/10/18	Fri 9/14/18			0%
190		Identify client representative for discussion, review of contract reporting requirements	4 days	Fri 8/10/18	Wed 8/15/18			0%
191		Develop routine contract reporting templates, data sets, etc; provide initial draft to client for discussion, review, approval	25 days	Fri 8/10/18	Thu 9/13/18			0%
192		Verify timelines for provision of weekly, monthly, quarterly, annual reporting to client	10 days	Fri 8/10/18	Thu 8/23/18			0%
193		Provide tools/tracking requirements and educate site healthcare team on tools, timelines, Corporate contacts for submission/questions specific to routine reporting	25 days	Fri 8/10/18	Thu 9/13/18			0%

Critical		Finish-only		Manual Summary	
Critical Split		Duration-only		Project Summary	
Critical Progress		Baseline		External Tasks	
Task		Baseline Split		External Milestone	
Split		Baseline Milestone		Inactive Task	
Task Progress		Milestone		Inactive Milestone	
Manual Task		Summary Progress		Inactive Summary	
Start-only		Summary		Deadline	

Section 7: Cost Proposal (subject to negotiations)

Use Form 5 to provide annual fees for medical services, which will be paid in twelve (12) equal monthly installments, and the percentage for pharmacy services. Delineate other associated costs required to provide the services but are not included in the annual fee.

Centurion is pleased to present our pricing to provide inmate medical and pharmacy services for the Muscogee County Prison (MCP). Our pricing appears on the included RFP Form 5 Cost Proposal. This pricing represents our best effort to provide the level of service necessary in a cost effective manner to meet the needs of the inmate population and satisfy all RFP requirements.

Our approach to pricing involves fully pricing the deliverables and risk factors described in the procurement and offer flexible options and recommendation that could lead to a lower cost model for the buying agency. While other companies strive for the *lowest price*, and unfortunately often under-price proposals only to demand pay increases after award, Centurion strives to develop the *right price*. We strongly encourage the evaluation committee to take advantage of the opportunity to have active dialogue with us during the proposal evaluation process to review our price and the services and staffing pattern represented by our price.

The following includes areas of our pricing that we would like to highlight for the MCP.

Pricing Options

Centurion's proposal is based on the minimum staffing of 7.43 full-time equivalent (FTE) employees as provided in RFP Section II, Personnel/Staffing. Therefore, we are only responding to the Option 1: Specified Staffing portion of the Cost Proposal form. During and following implementation of a new contract, Centurion often identifies staffing alternatives that will result in more cost efficient and/or enhanced methods of servicing the inmate population. We welcome the opportunity to work in partnership with the MCP to further refine our staffing matrix and associated contract costs, resulting in an optimal level of health services in a new contract.

Electronic Health Record

During the RFP site visit, our representatives observed that paper health records appeared to be predominantly used in various sections of the MCP and that the current vendor's electronic health record (EHR) system was in limited use. As a result, our pricing does not include the cost of implementing and maintaining an EHR system throughout the MCP. If our understanding is incorrect, we would like the opportunity to revise our proposal accordingly.

In the event the MCP would like to consider a prison-wide EHR system as part of, or subsequent to, this RFP procurement, Centurion has worked with our subcontractor

Sapphire Health to develop an initial cost proposal. Implementation and roll-out of a fully capable EHR system throughout the MCP would cost approximately \$67,000 in the first year and approximately \$21,000 in annual maintenance and other costs in subsequent years. There is the potential of significant cost savings for the EHR (greater than 20%) if Centurion was awarded both the Prison contract and the Jail contract. Centurion will work closely with the MCP to develop a records system that will meet the needs of the MCP.

Pharmaceutical Management Fee

Centurion's corporate pharmaceutical staff provides professional oversight and direct assistance in the cost effective management of medication usage in all of our contracts. We have a reputation for returning significant savings to our clients while meeting contract requirements and industry standards in pharmaceutical usage. Centurion would like to offer the MCP a reduction in the management fee from the current contract rate of 3% to 2% and provide the MCP this savings while maintaining our high level of professional oversight.

Contract Responsibilities

Centurion's price includes the cost of providing all on-site health services including medical staffing, laboratories, radiology, optometry, other on-site clinical services, and supporting administrative and supervisory expenses. We acknowledge our further responsibility of managing off-site services (inpatient hospital, outpatient hospital, emergency hospital, offsite specialty and provider services, and dialysis) and all pharmacy (to include pharmacy dispensing fees) for the MCP with the direct cost of these services passed through to the MCP.

Centurion welcomes the opportunity to discuss our pricing in more detail with MCP. We will gladly make any adjustments to our pricing based on further insight into the current operation, the provision of additional data having cost impact, and/or further clarification and understanding of contract components and MCP expectations.

COST PROPOSAL

Inmate Medical Services for Muscogee County Prison (Annual Contract)
RFP No. 18-0022

OPTION 1: Specified Staffing

DESCRIPTION	CONTRACT YEAR	*ANNUAL CONTRACT AMOUNT
Medical Services	1 st Year	\$ 780,511.40
	2 nd Year	\$ 773,422.65
	Total Initial Contract Amount	\$ 1,553,934
Medical Services	3 rd Year	\$ 790,219.11
Medical Services	4 th Year	\$ 813,034.23
Medical Services	5 th Year	\$ 835,801.56
Pharmacy services at pass-through cost with a management fee		2 % Management Fee

*Subject to negotiations

OPTION 2: Vendor's Recommended Staffing

DESCRIPTION	CONTRACT YEAR	*ANNUAL CONTRACT AMOUNT
Medical Services	1 st Year	\$
	2 nd Year	\$
	Total Initial Contract Amount	\$
Medical Services	3 rd Year	\$
Medical Services	4 th Year	\$
Medical Services	5 th Year	\$
Pharmacy services at pass-through cost with a management fee		_____% Management Fee

*Subject to negotiations

Centurion Detention Health Services, LLC		5/15/2018
Company Name	Authorized Signature	Date

Section 8: Contract Signature Page

Complete Form 6. City officials will sign the copies after Columbus Council approves the contract award with the successful firm. Contracts for Columbus Consolidated Government are typically comprised of the RFP specifications and addenda; the business documents of the successful firm; the proposal of the successful firms; cost proposal and negotiation documents; and any clarification documents.

Per Section 8 below, the firm's agreement/contract form may be incorporated into the contract; subject to review and approval by the City's Legal Department.

We have completed the Contract Signature page with the appropriate signatures. The form is provided on the following page.

CONTRACT SIGNATURE PAGE

Inmate Medical & Pharmacy Services for Muscogee County Prison (Annual Contract)
RFP No. 18-0022

THE UNDERSIGNED HEREBY DECLARES THAT HE HAS/THEY HAVE CAREFULLY EXAMINED THE SPECIFICATIONS HEREIN REFERRED TO AND WILL PROVIDE ALL EQUIPMENT, TERMS AND SERVICES TO THE CONSOLIDATED GOVERNMENT OF COLUMBUS, GEORGIA.

[Signature]
Witness as to the signing of the contract

[Signature]
Witness as to the signing of the contract

(Corporate seal, if applicable)

By: [Signature] 5/9/18
Signature of Authorized Representative Date

Steven H. Wheeler, Chief Executive Officer
Print Name and Title of Signatory

Company: Centurion Detention Health Services, LLC

Company Ordering Address

1593 Spring Hill Road, Suite 600
Vienna, VA 22182

Contact: Steven H. Wheeler

Contact Email: swheeler@centurionMcare.com

Telephone: 703-749-4600 Fax: n/a

Company Payment Address

1593 Spring Hill Road, Suite 600
Vienna, VA 22182

Contact: Linda Hornaday

Contact Email: lhornaday@mhm-services.com

Telephone: 703-749-4600 Fax: n/a

CONSOLIDATED GOVERNMENT OF COLUMBUS, GEORGIA

Accepted this ___ day of _____, 201_

APPROVED AS TO LEGAL FORM:

Isaiah Hugley, City Manager

Clifton C. Fay, City Attorney

ATTEST:

Tiny B. Washington, Clerk of Council

COMPLETE AND RETURN THIS PAGE WITH SEALED PROPOSAL

Section 9: Agreement/Contract Form (If Applicable)

Provide a copy of any and all Agreement(s)/Contract Form(s) the City would be required to sign prior to entering into a contract with your firm.

Centurion would not require the City to sign any contractual documents.