

QUESTIONS and ANSWERS: RFP# 2020IMS_DIA_RFPSH

DIALYSIS TREATMENT SERVICES

3/6/2020

Q1: What is the volume of Hemodialysis Treatments in the last 24 months, broken down by month.

A:

Jan 2019	Dec 2018	Nov 2018	Oct 2018	Sep 2018	Aug 2018	Jul 2018	Jun 2018	May 2018	Apr 2018	Mar 2018	Feb 2018
160	142	138	141	126	148	115	120	133	125	147	136

Jan 2020	Dec 2019	Nov 2019	Oct 2019	Sep 2019	Aug 2019	Jul 2019	Jun 2019	May 2019	Apr 2019	Mar 2019	Feb 2019
116	125	137	152	166	154	169	144	167	170	168	153

Total Treatments = 3452

Q2: What is the volume of Peritoneal Dialysis Treatments in the last 24 months, broken down by month

A: 0

Q3: Is Continuous Renal Replacement Therapy (CRRT) performed on-site? If so how many CRRT Treatments have there been in the last 24 months (by month)?

A: No.

Q4: Is Therapeutic Plasma Exchange (TPE) performed on-site? If so how many TPE Treatments have there been in the last 24 months (by month)?

A: No

Q5: What is the current number of dialysis stations?

A: 8

Q6: Does CTDOC own the dialysis equipment (dialysis machines, RO, chairs); or, does the equipment belong to the current provider?

A: CTDOC own Dialysis chairs. Dialysis machines, and equipment is owned by the current provider.

Q7: What brand and model is the current equipment (machines and ROs)?

A: Fresenius Dialysis machines, 2008K2. RO-23G

Q8: How many hours has each machine been used?

A:

Machine	Hours
1	27383
2	26685
3	27821
4	24171
5	12907
6	14015
7	12226
8	13707
9	12620
10	13360

Q9: Is the RO portable or stationary? If the RO is stationary, how old is the water loop? What is the age of the RO?

A: Stationary. RO Loop age approximately 18 years. RO approximately 10 years.

Q10: Please clarify the maximum capacity. The RFP states a maximum of 8 patients (2 shifts, 3 days/week, Mondays, Wednesdays, and Fridays). However, if census increased to greater than 8, could operations be expanded to include up to 2 shifts on Tuesdays, Thursdays, and Saturdays, thereby increasing the capacity to 16? Similarly, in the event that capacity is exceeded for two shifts, is CTDOC willing to extend clinic hours to accommodate a third shift?

A: Current census is 8, we can accommodate up to 16, that includes the second shift.

Q11: Page 20, B, paragraph 4 indicates that the vendor staff is expected to be onsite at MacDougall 2 days per week to perform administrative duties, etc. Is this in addition to the MWF dialysis schedule?

A. No, up to contractor discretion.

Q12: Page 20, states that vendor is “responsible for coordinating care in the community for inmates unable to travel to MacDougall for treatment or if capacity is exceeded.” Please clarify.

a. Who is financially responsible for any patients not dialyzed at MacDougall?

A: CTDOC is responsible payment.

b. Does CTDOC currently contract with an outside hospital or clinic for any treatments outside of MacDougall?

A: Yes.

c. How many patients have been dialyzed offsite in the last 24 months?

A: 10.

d. Please clarify “inmates unable to travel to MacDougall for treatment.”

A: Inmates not housed at MacDougall will go to local providers.

e. Are these inmates from other institutions and/or other patients?

A: Other CTDOC institutions.

Q13: Page 22, 2, A, 1), a states that the vendor shall provide hemofiltration and hemodiafiltration treatment. Does this include Renal Replacement Therapy? Are acute ICU patients with Acute Kidney Injury being treated currently?

A: No. No acute ICU patients with Acute Kidney Injury are being treated currently.

Q14: Pg 22 – #2, 1. A.b. – is the vendor indeed responsible for all Fistula, Graft, and Catheter placement?

If vendor is responsible, where are these procedures performed currently?

A: No. CTDOC is responsible. UCONN Medical Center performs these procedures.

Q15: Pg. 22 – #2, 1. A. b. – same as above, is vendor responsible for catheter placement? If vendor is responsible, where are these procedures performed currently?

A: NO

Q16: Who is responsible for the CKD clinic (pre-renal clinic)?

A: CTDOC

Q17: What surgeon or company currently places accesses for patients?

A: UCONN Medical Center provides this service.

Q18: Please elaborate on what is meant by “predictive modeling” and “provider profiling” in the Summary section of the RFP.

A. Predictive modeling refers to using statistics to predict outcomes of events. Provider profiling refers to the attempt at measuring provider performance.

Q19: The RFP asks for proof of licensure/certification. Since the DOC is not a licensed ESRD facility, what licensure verification is required?

A: Medical licensure and or Dialysis certification of staff working on the contract.

Q20: Is delivery of ESRD care at the prison subject to state licensure regulations regarding outpatient dialysis unit staffing ratios per CT DPH guidelines as is noted in Section 19-13-D55a. (g), (h) and (i) of the attached?

A: CTDOC is not governed by DPH, expectation is that the contractor will follow the guidelines noted above.

Q21: Section II.A. states that submission of proposal implies agreement with the provisions of Parts I and II of the State's "standard contract" for POS. In other state contract arrangements, some slight changes to these were required for legal purposes of the provider. Will this be considered in this arrangement as well?

A: Yes.

Q22: Regarding the provision of physician clinical oversight of Dialysis services discussed in Services Overview (Section III.B.), please clarify the scope of services contemplated, i.e. Medical Director services (administrative only) or attending physician services (clinical management of individual patients)?

A: Both administrative and clinical management of individual patients.

Q23: Also in Section III.B., the RFP states that dialysis provider must provide administrative services two days per week to perform duties such as data entry of physician dialysis notes, etc. Is the expectation that administrative personnel will be available on non-dialysis days? How many administrative hours is expected? Will this be reimbursed at an hourly rate or via personal services agreement?

A: Will be left to contractor discretion.

Q24: Is a Corrections Officer present at all times that inmates are in the dialysis unit of the prison? If not, what security measures are in place to ensure dialysis staff safety during procedure?

A: An officer is not assigned to the dialysis unit. Body Alarms are issued to staff which can be activated in the case of emergency. In addition, other Health Services staff are present in offices nearby in case of an emergency.

Q25: In Scope of Services/Service Requirements (Section III.C.2), the RFP discusses dialysis provider administration of vascular access intervention and surgery. Similarly, it states that respondent will provide catheterization for peritoneal dialysis. These are services that would have to be performed at a hospital or a surgical center, and this is generally outside the scope of contracted dialysis services. Will Respondents be disqualified if this is excluded from RFP response?

A: No

Q26: Section III.C.2. discusses requirements for peritoneal dialysis. Will inmates be trained to perform PD? Where will PD services be performed?

A: Currently PD is not being done. Yes, inmate would be trained in PD at MacDougall.

Q27: Who will provide the PD supplies to inmates and how are they to be delivered?

A: The contractor will be responsible for PD supplies.

Q28: Also in Section III.C.2, the RFP states that dialysis provider must provide treatment to remove catheter blockage and treat infection. Is this limited to medication (provided by CTDOC) administration per physician order?

A: Yes.

Q29: In Section III.C.2.B. Service Requirements, the RFP asks for detailed description of CKD management protocols. Since these patients would not be on dialysis, how will these patients be referred to the provider and where will CKD management services take place?

A: Patients are referred and treated for CKD at UCONN by CTDOC. See response to Question #16

Q30: The RFP states that dialysis provider will conduct routine lab work using their own provider. Are these billed separately? What lab tests does this include? How are STAT labs managed?

A: It will be up to contractor discretion on how labs will be billed. See Section 2: Scope of Services, #4a for types of laboratory testing. STAT labs are ordered through CTDOC laboratory provider.

Q31: What is the expected interface with the DOC EHR? Does the DOC EHR have the ability to have treatment flowsheets and other paper records scanned into it? Who will be responsible for those scanned documents and what is to be scanned?

A: There is no expectation of interface with the DOC EHR. In the future this may be something CT DOC would like to look into. CT DOC has the ability to have flowsheets and records scanned into it. The scanning of these documents would be the responsibility of the CT DOC medical records staff.

Q32: How are MD orders to be entered into the DOC EHR, and by whom? Will Nephrologists be granted credentialing and privileges to enter their own orders electronically, or will orders be relayed to DOC providers, and then entered into the system by a third party? How are provider's protocol orders generated in the DOC EHR?

A: MD orders are placed in the CT DOC EHR by CT DOC providers. They will enter recommendations from specialists, including nephrologists. Outside providers are typically not granted access to the CT DOC EHR. Orders and recommendations are coordinated through the onsite CT DOC provider and entered into to the EHR accordingly.

Q33: Who is the current Nephrologist?

A: Contracted physician at UCONN Medical Center.

Q34: Is there a social worker that currently sees the dialysis patients? If so, who is responsible to provide a social worker and who is the social worker?

A: Yes, a DOC social worker and contracted vendor dialysis social worker.

Q35: Is there a dietitian that currently sees the dialysis patients? If so, who is responsible to provide a dietitian and who is the dietitian?

A: CTDOC does have a dietitian available if needed.

Q36: How many treatment stations are there?

A: See response to Question #5.

Q37: How many hemodialysis machines are there, brand, model, age/hours?

A: See response to Question #7, #8 and #9.

Q38: What brand and age is the water treatment system?

A: Unfortunately, this information is not available at this time. CTDOC will provide this information to successful bidder prior to contract execution.

Q39: Is the current vendor willing to sell the equipment including the water system?

A: That is not known at this time.

Q40: What is the current price per treatment for Peritoneal dialysis and Hemodialysis?

A: \$375.00 for Hemodialysis, and \$224.97 for Peritoneal.

Q41: Please clarify the DOC provides Epogen, IV Iron, IV vit. D. Does the DOC provide the catheter declotting medications such as activase/cathflow?

A: Yes.

Q42: RFP Page 22 A.1.b: Please clarify that the awarded bidder will be responsible for cost and performing access

related surgeries.

A: No, CTDOC will be responsible for the cost.

Q43: RFP Page 22 A.2.b: Please clarify that the awarded bidder will be responsible for cost and performing PD catheterization. Does this include the surgical placement of the PD Catheter?

A: No, CTDOC will be responsible for the cost. See response to Question # 14 and 15.

Q44: Will vendors be allowed to request a site visit prior to the proposal due date?

A: No. Pictures of the treatment and equipment room are provided.

Q45: RFP Page 20: Is the awarded bidder responsible for the cost of inmates receiving treatment in the community due to inability to travel to MacDougall or if capacity is exceeded?

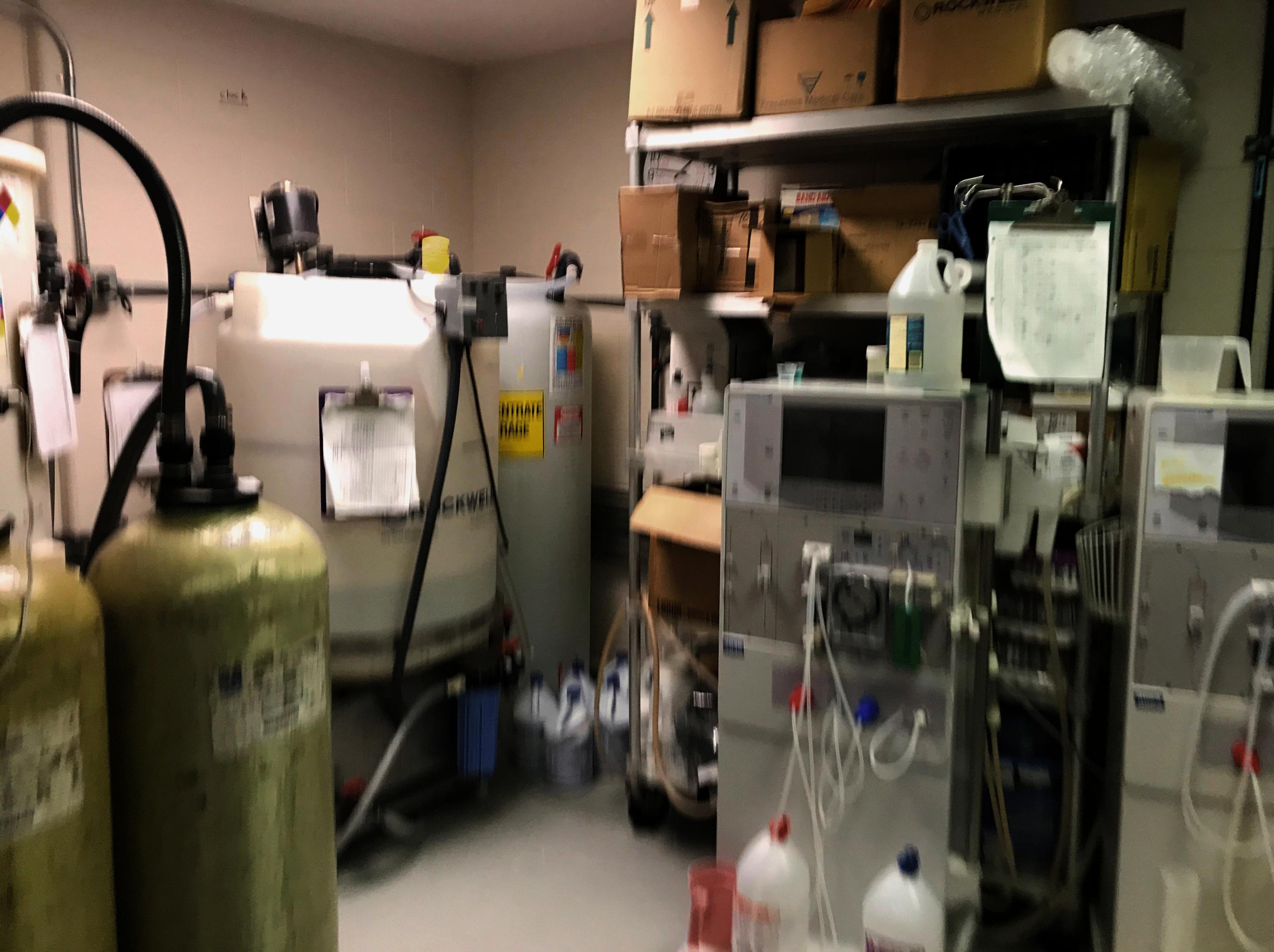
A: No, CTDOC will be responsible for the cost.

Q46: Who will be responsible to provide and pay for the dialysis-related biohazardous waste?

A: CTDOC is responsible.

Q47: RFP Page 22: Should the requested letters of reference come from community providers we work with or from current dialysis clients for whom we provide similar services?

A: They can be from both.



Elect

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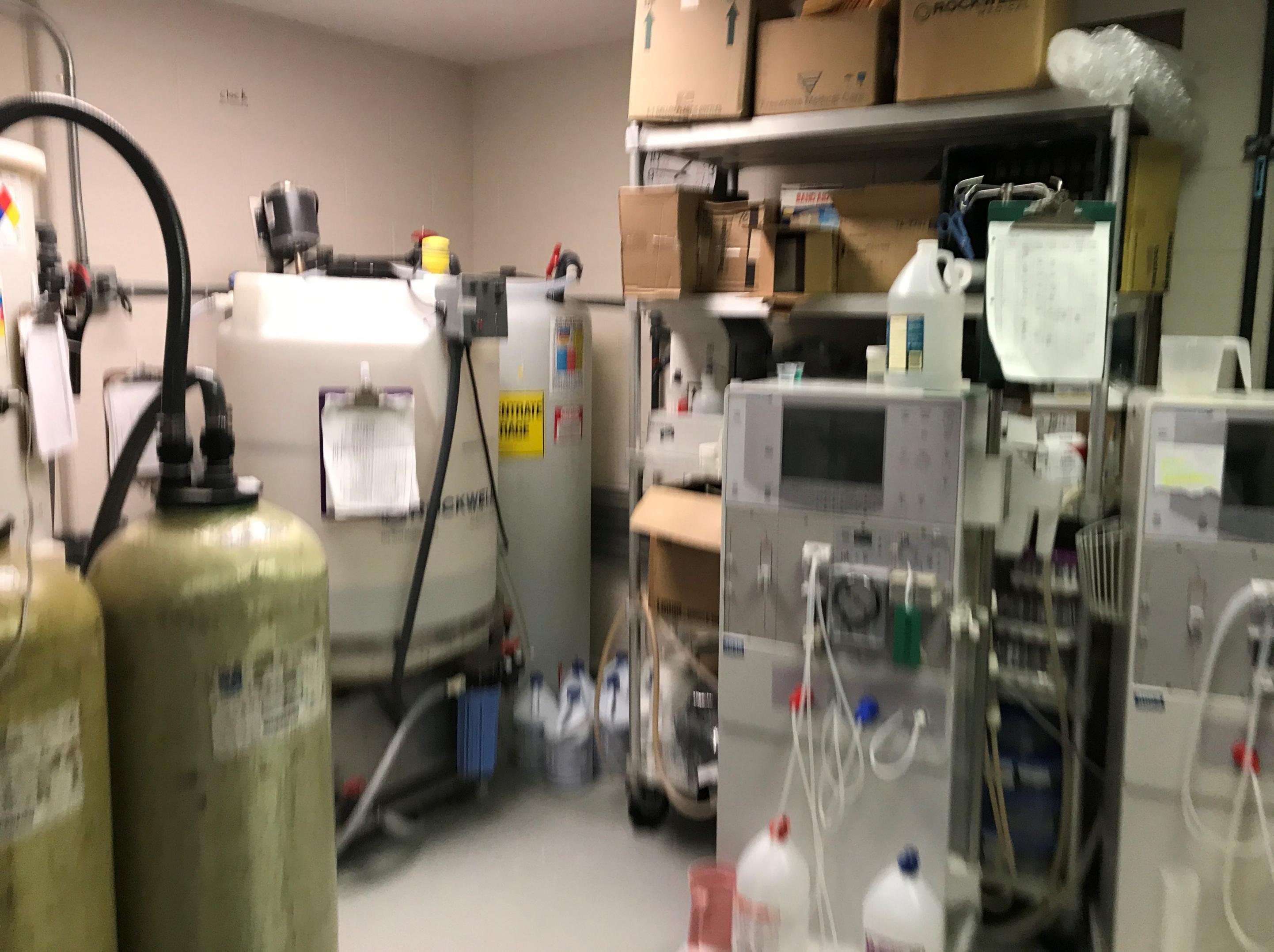
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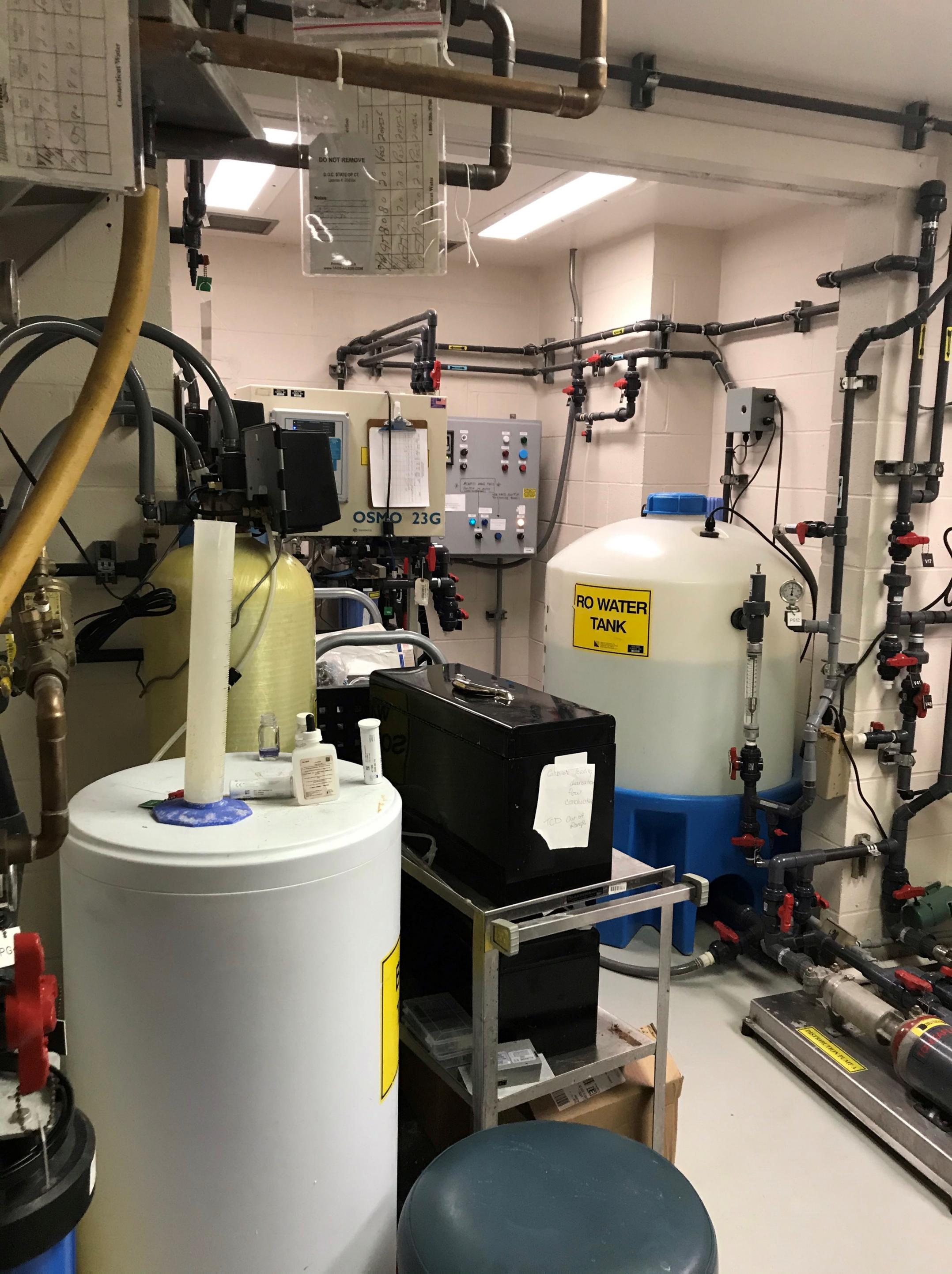
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RO WATER TANK

Carbonate loading
decreased
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LABO
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Transfusion Tables
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LABORATORY
917 Foster Creighton Dr.
Nashville, TN
80

MP
JT
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PREPARED FOR
REUSE

STOP!

BEFORE YOU
DISINFECT...
CHANGE RUBBER
GLOVES
WASH YOUR HANDS
AND OFF
DUAL-TRIGGERS!

CLEAN SINK

SOILED SINK

DCI LABORATORY
917 Foster Creighton Dr.
Nashville, TN
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MP
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PREPARED FOR
REUSE

STOP!

BEFORE YOU
DISINFECT...
CHANGE RUBBER
GLOVES
WASH YOUR HANDS
AND OFF
DUAL-TRIGGERS!

ROCKWELL
MEDICAL

ROCKWELL
MEDICAL

ROCKWELL
MEDICAL



CAUTION
ELECTRIC SHOCK
Hazard



