

Pennsylvania
Department of General Services
Corrections Health Care Services
RFP # 6100031243
Cost Proposal



COPY

BID PRESENTED:

Thursday, February 5, 2015 at 10:00 am

PREPARED FOR:

PA Department of General Services

Bureau of Procurement

Attn: Jennifer Habowski/ RFP 6100031243

555 Walnut Street

Forum Place, 6th Floor

Harrisburg, PA 17101

APPENDIX A - PROPOSAL COVER SHEET
COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF GENERAL SERVICES
RFP# 6100031243

Enclosed in three separately sealed submittals is the proposal of the Offeror identified below for the above-referenced RFP:

Offeror Information:	
Offeror Name	Wexford Health Sources, Inc.
Offeror Mailing Address	501 Holiday Drive, Foster Plaza Four Pittsburgh, PA 15220
Offeror Website	www.wexfordhealth.com
Offeror Contact Person	Wendelyn Pekich, Director of Marketing
Contact Person's Phone Number	(412) 937-8590, extension 296
Contact Person's Facsimile Number	(412) 921-2105
Contact Person's E-Mail Address	info@wexfordhealth.com
Offeror Federal ID Number	
Offeror SAP/SRM Vendor Number	169043

Submittals Enclosed and Separately Sealed:	
<input checked="" type="checkbox"/>	Technical Submittal
<input checked="" type="checkbox"/>	Small Diverse Business Participation Submittal
<input checked="" type="checkbox"/>	Cost Submittal

<i>Signature</i>
Signature of an official authorized to bind the Offeror to the provisions contained in the Offeror's proposal:
Printed Name
Title

FAILURE TO COMPLETE, SIGN AND RETURN THIS FORM WITH THE OFFEROR'S PROPOSAL MAY RESULT IN THE REJECTION OF THE OFFEROR'S PROPOSAL

SIGNATURE PAGE

WEXFORD HEALTH SOURCES, INC.,
501 Holiday Drive
Foster Plaza Four
Pittsburgh, PA 15220

SUBMITS THIS PROPOSAL

Pennsylvania Department of General Services
Corrections Health Care Services, RFP # 6100031243



Thursday, February 5, 2015

Proposal is valid for a period of 120 days.

AUTHORIZED REPRESENTATIVE FOR WEXFORD HEALTH SOURCES, INC.

[Signature] *Authorized Signature*

Overview

The Cost Submittal Worksheets contained in this workbook shall constitute the Cost Submittal. This portion of the proposal must be bound and separately sealed from the remainder of the proposal and clearly labeled "Cost Submittal."

Offerors must complete ALL HIGHLIGHTED SPACES shown on the COST SUBMITTAL OVERVIEW and COST BREAKDOWN WORKSHEET.

The selected Offeror will only be reimbursed for the charges as outlined in the Cost Submittal (Appendix F).

Any figures presented in the RFP are future projections based on historical usage and may fluctuate based on future needs.

Cost Submittal Overview (Tab 2)

1. Select the *Cost Submittal Overview Tab* at the bottom of this page.
2. Complete the top portion of the form to include all contact information.
NOTE: The information you supply here must match the information you provided to Vendor Registration.
3. This tab requires no entry of cost data. All data entered on the *Cost Submittal Tab* will automatically populate from the *Cost Breakdown Worksheet*.
4. The Cost Submittal will be evaluated based on the the initial term of the Contract (5 Years).

Cost Breakdown Worksheet (Tab 3)

For evaluation purposes, Offerors must indicate pricing in the form of an annual comprehensive rate based on inmate population of 44,000 - 49,600. The Offeror must enter the total annual cost for each year on the tab labeled "Cost Breakdown Worksheet." The monthly cost will automatically calculate based on the annual cost divided by 12 months. Any additional formulas added to the Cost Submittal Worksheet by the Offeror, must be supported by a detailed explanation (i.e. calculations, formulas...A+B; C), which supports and verifies how the total annual cost for each year is derived. The detailed cost explanation will become a part of the final Contract.

The cost submittal will be evaluated on the Group Total (Year 1-5) for the initial term of the contract term (five years).

The DOC will not accept a cap on the Offeror's liability for services. The selected Offeror will be responsible for outpatient care, including emergency room and observation services that do not roll into an inpatient admission at that specific provider. The selected Offeror shall reimburse the providers at Medicare rates. Emergency ambulance services that do not result in an inpatient admission will be paid by the selected Offeror at Medicare rates. Life flight services will be reviewed and paid by the DOC on a case by case basis.

Instructions

1. Select the Cost Breakdown Worksheet Tab at the bottom of this page.
2. The following information must be entered in the Cost Breakdown Worksheet (per contract year):
 - A. A flat monthly/annual charge based on range of population (i.e. 44,000, 44,200, 44,400,...49,600).
 - B. A percent (%) of increase or decrease that will be reimbursed in increments of 200 if the populations falls below 44,000 or above 49,600.
 - C. A cost breakdown for physician care, nursing staffing, medical records staffing, specialty services, outside hospitalization, onsite HIV specialist, x-ray services & lab services, ambulance services, emergency room services, mal-practice insurance, vision care services, dialysis, administrative costs and overhead, profit and other services, if applicable. Offerors must define "other services," if applicable.

D. Hours and Pay Rates.

- List of proposed position titles per institution
- Full-Time Equivalent (FTE) per position title per institution (full time constitutes 37.5 hours for nonclinical positions and 40 hours for clinical positions)
- Number of weekly/annual hours per position title per institution
- Hourly Rate per position title per institution. The Offeror must provide the number of hours of service the DOC will be provided at each institution for each type of on-site service provided. Furthermore, the Offeror must supply an hourly rate (salary and benefits) that the employee will be paid.

E. Blended Rate per position title - The Offeror must also provide an average rate or blended rate for each position. This rate will be utilized for calculating liquidated damages when services are not provided in accordance with the proposed amounts. The hourly rates used would be that of the closest institution geographically.

F. Overall cost summary for all institutions

Non-Evaluated Cost (Tab 4)

1. On-Site HIV Specialty Services. The DOC is exploring the Federal 340B Drug Pricing Program option for HIV services. Refer to Part IV-4, B(8) of the RFP. If DOC does not exercise the option to use 340B, all HIV on-site specialty services will be reimbursed by the DOC as a separate line item as outlined in this Cost Submittal.

2. New Re-entry Initiative. DOC is currently considering adopting a new initiative to provide re-entry services to all offenders being released from the DOC. Refer to Part IV-4, Q of the RFP. If this new initiative is adopted, the Selected Offeror will be responsible to assure all offenders have an application completed for medical benefits and have necessary appointments set up for care in the community and will be reimbursed as a separate line item as outlined in this cost submittal. **Re-entry services as presented in the RFP, except for the new Re-entry Initiative, must be included as part of the cost under Tab 3. Cost Breakdown worksheet.**

Instructions

1. Select the Non_Evaluated Tab at the bottom of this page.
2. Enter price for On-Site HIV Specialist Services and New Re-entry Initiative.

For evaluation purposes, the cost of On-Site HIV Specialist Services and the new Re-entry Initiative will not be included as part of the cost evaluation for this RFP. **Offerors must enter a cost for this service.**

Additional Notes

- Do not include any pricing data in any portion of the Technical Submittal. Pricing data is defined as any information related to, directly or indirectly, the Offeror's proposed charges for services and deliverables. Pricing data consists of, but is not limited to, costs, fees, prices, rates, bonuses, discounts, rebates, or the identification of free services, labor or materials.
- Do not include any reiteration of the technical proposal in the cost submittal.

APPENDIX F -
COST SUBMITTAL OVERVIEW
RFP 6100031243

OFFEROR NAME	CONTACT PERSON	
Wexford Health Sources, Inc.	Wendelyn Pekich	
OFFEROR ADDRESS	EMAIL ADDRESS	
501 Holiday Drive	info@wexfordhealth.com	
	PHONE NUMBER	FAX NUMBER
Pittsburgh, PA 15220	412-937-8590	412-921-2105
	VENDOR NUMBER	FEDERAL ID OR SSN

COST SUMMARY

Estimated* Population Totals by Year		Estimated Cost
YEAR 1		\$ -
YEAR 2		\$ -
YEAR 3		\$ -
YEAR 4		\$ -
YEAR 5		\$ -
Group Total (To be evaluated for the initial term of the Contract (5 yrs).		\$ -

***Any figures presented in the RFP are future projections based on historical usage and may fluctuate based on future needs.**

APPENDIX F
COST SUBMITTAL WORKSHEET
RFP 6100031243

KFP 6100031243

OFFEROR NAME:

Wexford Health Sources, Inc.

A. Monthly and Annual Costs

b. No of increase/decrease in population change

0.00%

1

Define "Other" (if applicable):

OFFEROR NAME

D. Hours and Pay Rates

OFFEROR NAME: Wexford Health Sources, Inc.

E. Blended Rates Per Position

POSITION	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5
Clerk					
Clinical Coordinator					
Clinical/Phlebotomy Assistant					
DOM					
LPN					
Med Recs Asst					
Medical Assistant					
Medical Director					
PA/NP					
Physician - Oncology					
RN - Oncology					
Physician					
Health Services Administrator					
RN					
Recreational Aide					

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INSTITUTION	
SCI-Albion	
SCI-Berrien	
SCI-Cambria Springs	
SCI-Camp Hill	
SCI-Cheseter	
SCI-Clear Township	
SCI-Chester	
SCI-Cledders	
SCI-Clyburn	
SCI-Connellsville	
SCI-Dick's Grove	
SCI-Fairfield	
SCI-Greene	
SCI-Hanoverdale	
SCI-Huntingdon	
SCI-Jauniti Highlands	
SCI-Mahoning	
SCI-Mercer	
SCI-McHenry	
SCI-Mifflin	
SCI-Mine Center	
SCI-Monroe	
SCI-Montgomery	
SCI-Northgate	
SCI-Oakhurst	
SCI-Perry	
SCI-Pine Grove	
SCI-Ridgefield	
SCI-Riverton	
SCI-Rosebud	
SCI-Roxbury	
SCI-Schellfield	
SCI-Somerset	
SCI-Waymart	
Westmoreland CCC (Bldg 30)	
Progress CCC	
Regional Office	
Regional Office	

PLEASE NOTE: As the cell where bidders were instructed to insert their definition of "Other Costs" is locked down, Wexford Health has provided the Commonwealth with the requested information on this worksheet.

Define "Other" (if applicable): retrieval of medical charts, guard meals & parking, peer/chart reviews, medical supplies & commodities, information technology, medical equipment, & telemedicine equipment maintenance.

APPENDIX F
COST SUBMITTAL WORKSHEET
(NON-EVALUATED COST)
RFP 6100031243

Offeror Name: Wexford Health Sources, Inc.

STATEWIDE	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5
On-Site HIV Specialist					
This cost (On-Site HIV Specialist) will not be included as part of the cost evaluation for this RFP, however, the costs will serve as a basis for negotiations for during contract negotiations with the Selected Offeror.					

STATEWIDE	YEAR 1	YEAR 2	YEAR 3	YEAR 4	YEAR 5
New Re-entry Services					
This cost (New Re-entry Services) will not be included as part of the cost evaluation for this RFP, however, the cost will serve as a basis for negotiations during contract negotiations with the Selected Offeror. In the event the Commonwealth decides to adopt this new initiative after the Contract has been executed, an amendment will be processed to implement the initiative at the price established during contract negotiations.					