

2015

Jackson County Detention Center



TRANSFORM HEALTH

CORRECTIONAL SERVICES

COMBINING QUALITY AND COMPASSIONATE CARE

1203 Brampton Avenue
Statesboro, GA 30458



TRANSFORMHEALTH
CORRECTIONAL SERVICES
CORPORATE HEALTH AND WELLNESS SOLUTIONS

1203 Brampton Avenue
Statesboro, GA 30458

April 6, 2015

Jackson County Detention Center
Sheriff Chip Hall
399 Grindstaff Cove Road
Sylva, North Carolina 28779

RE: Proposal for Health Care Services

Dear Sheriff Hall:

We would like to thank you for giving us the opportunity to provide you a price proposal for Inmate Medical Services at Jackson County Detention Center. We will be happy to answer any questions you may have regarding our response.

We are a "Georgia grown" business headquartered in Statesboro. We have been delivering correctional healthcare for over a decade and view ourselves as the innovators in this space. We have never lost a client and we want your business. As one of the 50 fastest growing women owned businesses we pride ourselves in the way we treat our patients and our clients. More importantly we treat your money like it was ours and stewardship is a priority. We have the lowest litigation experience in the state. We do not incentivize our medical team to withhold care and put you at risk for future law suits. Rather, we deliver care within a case management model much like your own medical plan. We have seen a significant rise in litigation surrounding the practice of incentivizing nurses, health service administrators, and providers to withhold or delay medication in order to meet budgets.

We have submitted the price proposal as requested. If selected we are open to negotiate any part of our proposal.

We look forward to the opportunity to work with your staff in providing quality care to the inmates at the Jackson County Detention Center.

Sincerely,

Tabatha Bruner
Contracts & Proposals
Office: 912-871-5218
tbruner@transformhealthcs.com



TRANSFORMHEALTH
CORRECTIONAL SERVICES
COMMITMENT TO EXCELLENCE AND INTEGRITY

1203 Brampton Avenue
Statesboro, GA 30458

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TRANSFORMHEALTH
CORRECTIONAL SERVICES
UNBINDING HEALTH FROM COMPROMISE CARE

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Insurance

TransformHealthCS, Inc. is responsible for the following coverage:

- Workers' compensation insurance as required by the law of the state of hire
- Employer liability
- Commercial general liability insurance including broad form coverage with a \$1,000,000 per occurrence and \$3,000,000 general aggregate limit
- Automobile liability
- Professional liability insurance covering \$1,000,000 per occurrence and \$3,000,000 in the aggregate

TransformHealthCS, Inc. will provide the County with certificates of insurance evidencing the coverage required.



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ELEVATING QUALITY AND COMPASSIONATE CARE

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Healthcare Service

TransformHealthCS, Inc., Inc. will identify inmate needs and coordinate their care while in or outside of the facility.

❖ Onsite Services

Health Care Assessments - shall be completed within 14 days and reviewed by a physician or physician extender. The components include:

- History and physical exam
- Urinalysis when indicated
- Communicable disease screening
- Lab work when applicable
- TB testing
- Additional diagnostics as indicated
- Female health assessment

Physician or Physician Extender Services –TransformHealthCS, Inc., Inc. will provide a licensed healthcare provider to render services onsite. The components include:

- Provider orders
- Diagnosis and treatment
- Source of after hour consultation
- Provide referrals for outside consults
- Communication to medical and correctional staff when medical emergencies arise

Pharmaceutical Service –TransformHealthCS, Inc., Inc. contracts with pharmacy to deliver medications. This pharmacy only operates in the correctional space and has several different methods in delivering medications. TransformHealthCS, Inc., Inc. is responsible for ensuring recording keeping is accurate and timely. The turnaround for this service is generally less than 24 hours.

Laboratory Services –TransformHealthCS, Inc., Inc. contracts for lab testing. Specimens are obtained onsite by nursing staff.

TransformHealthCS, Inc., Inc. maintains membership in a large buying group in order to obtain discounted pricing for all supplies and pharmacy ordered for the facility and for labs performed.



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Radiology Services – TransformHealthCS, Inc. will provide the management of Radiology services when available. X-rays will be performed onsite using mobile machines with digital technology. Other radiology services will be coordinated using local providers.

Bio-Hazard management – TransformHealthCS, Inc. has contracted with a national partner to handle waste.

❖ **Outside Medical Services**

Dental – TransformHealthCS, Inc. will provide the management of dental services.

Specialty Services – TransformHealthCS, Inc. will arrange specialty care services on-site when possible. To the extent specialty care is required and cannot be rendered on site, TransformHealthCS, Inc. will make appropriate off-site arrangements. County will be responsible for the cost of specialty services.

Hospitalization Services – TransformHealthCS, Inc. will arrange for admission and hospitalization of any inmate, who in the opinion of TRANSFORMHEALTHCS, INC.'s medical director requires hospitalization. County shall be responsible for the cost of the hospitalization.



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Transition Plan

Assessment of facility space and needs, to make recommendation for equipment purchase and facility layout. Upon acceptance of the contract TransformHealthCS, Inc. will immediately implement a transition plan for your facility. The following is an outline:

- Recruitment of medical team
- Setup of electronic medical record interface
- Transferring data from paper charts to Electronic Medical Record, if required
- Set up specialty services such as lab, radiology, dental, supplies, and pharmacy
- Equipment purchase

Licensure, Certification and Registration of Personnel

All personnel provided or made available by TransformHealthCS, Inc. to render services hereunder will be licensed, certified, or registered, as appropriate, in their respective areas of expertise pursuant to applicable state law.

County Satisfaction with Health Care Personnel

If the county should become dissatisfied with any health care personnel provided by TransformHealthCS, Inc., hereunder TransformHealthCS, Inc., in recognition of the sensitive nature of correctional services, will, following receipt of written notice from county of its dissatisfaction and the reasons thereof, exercise its best efforts to resolve the problem and, if the problem is not resolved, remove the individual about whom County has expressed its dissatisfaction. TransformHealthCS, Inc. will be allowed a reasonable time prior to removal to find an acceptable replacement.

Discrimination

TransformHealthCS, Inc. will recruit, select, train, promote, transfer, and release its personnel, as contemplated hereunder, without regard to race, color, religion, national origin, handicap, age or sex (except where age, sex, or handicap is a bona fide occupational qualification) Further, TransformHealthCS, Inc., will administer its other personnel policies without regard to race, color, religion, national origin, age or sex.



TRANSFORM HEALTH
CORRECTIONAL SERVICES
WE ARE HERE TO HELP YOU GET THE MOST FROM YOUR CARE

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Price Proposal

TransformHealthCS, Inc. has prepared this proposal specifically for you based on an average bed capacity of 72.

TransformHealthCS, Inc. will provide health care coverage service 7 days a week. All team members will be oriented and trained. The culture that we foster is one with continuous honest communication with the correctional staff. We treat all detainees with respect. We support the correctional team in keeping everyone safe and secure.

Clinic Staffing Matrix	
Services	
24 Hour call Center	24/7
Provider	Weekly
Mental Health	Bi-Weekly
Nursing	56 hours per week (Sunday – Sunday)

Annual Cost	\$201,405.64
Monthly Cost	\$16,783.80

PROJECTED annual savings for outside services from twenty-four (24) hour call center *\$75,000.00*



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Start Up

TransformHealthCS, Inc. believes in having the necessary medical equipment and supplies to deliver quality inmate medical care. This also includes technology equipment, such as computer, printer/scanner/fax, and phone capability. Having all equipment accessible in the medical department allows us to be HIPAA compliant.

The cost for mentioned items can be purchased through our whole sale vendors at a much discounted price. These fees can be paid in full and or split into three (3) monthly payments. However, if the County has better resources available to purchase these items we encourage you to make that decision. This is an additional cost above the contract price, which depending on your current equipment's condition this could cost approximately \$10,000-\$15,000. All purchased equipment including computers will become the property of Pender County.

Initial and Ongoing Clinical Expenses

The County will be invoiced the first of the month for the previous months service. Invoices are payable upon receipt.



CERTIFICATE OF LIABILITY INSURANCE

TRANS-2 OP ID: JLR

DATE (MM/DD/YYYY)

04/29/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Glenn/Davis & Associates Inc 23452 Hwy 80 East Statesboro, GA 30461 Sean P. Davis	CONTACT NAME: Sean P. Davis PHONE (A/C, No, Ext): 912-489-3716 E-MAIL ADDRESS:	FAX (A/C, No): 912-489-3717
	INSURER(S) AFFORDING COVERAGE	
INSURED Transform HealthRX, Inc. Transform HealthCS, Inc. 1203 Brampton Avenue Statesboro, GA 30458	INSURER A: Markel Insurance Company	
	INSURER B: Ironshore Indemnity Inc	
	INSURER C: Owners Insurance Co	
	INSURER D:	
	INSURER E:	
	INSURER F:	
		NAIC # 32700

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR			SM906435	04/01/2015	04/01/2016	EACH OCCURRENCE	\$ 1,000,000	
							DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 50,000	
	MED EXP (Any one person)						\$ 2,500		
	PERSONAL & ADV INJURY						\$ 1,000,000		
<input checked="" type="checkbox"/> Professional Liab GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:							GENERAL AGGREGATE	\$ 3,000,000	
							PRODUCTS - COMP/OP AGG	\$ 1,000,000	
C	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			4835995200	04/01/2015	04/01/2016	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000	
							BODILY INJURY (Per person)	\$	
							BODILY INJURY (Per accident)	\$	
							PROPERTY DAMAGE (Per accident)	\$	
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$			002341000	04/01/2015	04/01/2016	EACH OCCURRENCE	\$ 5,000,000	
							AGGREGATE	\$ 5,000,000	
							RetroDate	\$ 4/1/09	
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N	N/A	48215666	08/01/2014	08/01/2015	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER	
								E.L. EACH ACCIDENT	\$ 1,000,000
								E.L. DISEASE - EA EMPLOYEE	\$ 1,000,000
								E.L. DISEASE - POLICY LIMIT	\$ 1,000,000
A	<input checked="" type="checkbox"/> Professional Liab RetroDate 4/1/09			SM906435	04/01/2015	04/01/2016	EachLimit	1,000,000	
								Aggregate	3,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**

SAMPLE

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

