

Tennessee Department of Correction

RFP #32901-31158

TECHNICAL PROPOSAL

ORIGINAL

Sealed proposals will be received until
2:00 p.m., November 8, 2012

CORIZONTM

105 Westpark Drive, Suite 200

Brentwood, TN 37027

www.corizonhealth.com



Tennessee Department of Correction

Proposal Response
Health Services

Request for Proposal (RFP) # 32901-31158

Sealed Proposals will be received until: 2:00 p.m., November 8, 2012

Prepared By:

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Brentwood, TN 37027
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Shipping One (1) original Technical Proposal paper document and Twelve (12) copies of the Technical Proposal each in the form of one (1) digital document in "PDF" format on its own otherwise blank, standard CD-R recordable disc

One (1) original Cost Proposal paper document and One (1) copy in the form of a digital document in "PDF/XLS" format properly recorded on separate, blank, standard CD-R recordable disc

Transmittal Letter and RFP Attachment 6.1





November 1, 2012

William M Anderson, Director of Contracts Administration
Tennessee Department of Correction
3rd Floor, Rachel Jackson Building
320 6th Avenue, North
Nashville, Tennessee 37243-0465

Re: Request for Proposal (RFP) # 32901-31158

Dear Mr. Anderson,

Corizon, Inc. ("Corizon") is pleased to submit this proposal in response to the above captioned procurement for the provision of healthcare services to the inmates of the Tennessee Department of Corrections (TDOC). As the current provider of healthcare services, we highly value our contract with the State, and more importantly, our relationship with the TDOC and the State of Tennessee. As such, we are extremely excited about the opportunity to further our existing healthcare program. Through this proposal, it is our objective to prove to the TDOC that, through our proven history with the TDOC and 33-years of experience, we are uniquely qualified to ensure a seamless continuation of services to the TDOC and a program for the future.

Corizon/TDOC – A Successful Coordinated Program

By choosing Corizon to continue as your correctional healthcare provider, TDOC will align with the only vendor offering the ***proven infrastructure currently in place*** to support the TDOC's program. As the incumbent provider from 2010 to present, Corizon is familiar with all aspects of this contract and will continue to provide TDOC with a proven healthcare services program, accountability, and continued service enhancement initiatives.

As stated throughout our proposal, ***Corizon is dedicated to building on the program accomplishments we have achieved together with TDOC*** and demonstrating to the State that we not only understand the TDOC's vision for the healthcare program, but are ***uniquely qualified*** to continue our program based on best correctional health care practices and national standards of care.

Corizon, together with our sister company, Corizon Health, Inc., ***comprise the Corizon brand***. We are first and foremost a healthcare company, and we strive to provide quality care to our patients. Corizon's Mission states: ***"Corizon will exceed our correctional healthcare clients' expectations by partnering with them to deliver safe, effective and efficient services using best practices and evidence-based medicine"***. Our goal is to create a mindset where we are never satisfied with what we have accomplished rather we always strive to do better. We respect diversity because it makes us stronger as a company, not because it is the politically correct thing to do. And above all, we value integrity, and demonstrate this value by honoring our commitments, and always doing the right thing, regardless of the situation.

Stuart K. Campbell
President & Chief Operating Officer

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www.corizonhealth.com

Our sights are laser focused on exceeding your expectations. We will achieve this by being relentlessly focused on understanding your goals and gaining great clarity on how Corizon can help you achieve them. We recognize in order to provide great service, we must first listen and understand, and that recognition is the underpinning of our **Clients for Life** approach that is described in our proposal. Our goal is to consistently deliver services that will make you proud to have Corizon as your correctional healthcare partner for the long-term. In our proposal, we set out how Corizon has the unique proven capabilities and desire to exceed your expectations.

Tennessee-based Corporate Office, Regional Office, and Regional Management Team

Corizon's Corporate Office located in **Brentwood, Tennessee** will enhance our responsiveness to the TDOC by allowing the availability and visibility of Corizon management personnel to the State. Additionally, Corizon is pleased to propose the continued operation of our Tennessee Regional Office and Management Team. Corizon feels that a **strong local and regional presence** in the areas where we provide healthcare personnel and services is a highly important aspect of our contract deliverables and enhances our responsiveness to the TDOC. Because of this, the strength of the onsite team that oversees the TDOC contract will be reinforced by the local support of **our established in-state regional office** located at **1900 Church Street, Suite 305, Nashville, TN 37203**. Our regional management team is under the direct oversight of **Tom Voss**, Senior Vice President State Corrections, and the regional office for this contract will continue to be under **Dwayne Phillips**, Vice President of Operations. This team looks forward to carrying on the goals of the TDOC and providing quality healthcare to Tennessee's offender population.

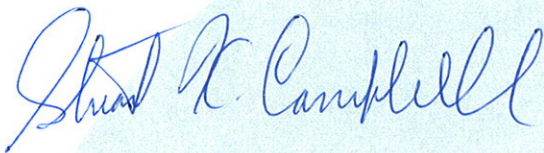
In Closing

Thank you for the opportunity to present this proposal. We would be honored to continue our partnership with the TDOC, working together to accomplish great things for our patients, our employees and for the State of Tennessee Department of Correction.

Following your review of our program, Michael Miller, Corizon Senior Director of Business Development for the TDOC contract can be contacted at 318-780-4248, or michael.miller@corizonhealth.com, for additional information or clarification to our proposal.

I am authorized to commit Corizon to the proposal that follows this letter. We look forward to continuing our partnership with the TDOC.

Sincerely,



Stuart K. Campbell
President & Chief Operating Officer

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www.corizonhealth.com

2. Delete RFP Attachment 6.1. in its entirety and insert the following in its place (any sentence or paragraph comprised by revised or new text is highlighted in yellow):

RFP ATTACHMENT 6.1.

RFP # 32901-31158 PROPOSAL STATEMENT OF CERTIFICATIONS AND ASSURANCES

The Proposer must sign and complete the Proposal Statement of Certifications and Assurances below as required, and it must be included in the Technical Proposal (as required by RFP Attachment 6.2., Technical Proposal & Evaluation Guide, Section A, Item A.1.).

The Proposer does, hereby, expressly affirm, declare, confirm, certify, and assure ALL of the following:

1. The Proposer will comply with all of the provisions and requirements of the RFP.
2. The Proposer will provide all services as defined in the Scope of Services of the RFP Attachment 6.6., *Pro Forma Contract* for the total contract period.
3. The Proposer accepts and agrees to all terms and conditions, except changes as forth in the proposal (refer to RFP Section B.18.), set out in the RFP Attachment 6.6., *Pro Forma Contract*.
4. The Proposer acknowledges and agrees that a contract resulting from the RFP shall incorporate, by reference, all proposal responses as a part of the contract.
5. The Proposer will comply with:
 - (a) the laws of the State of Tennessee;
 - (b) Title VI of the federal Civil Rights Act of 1964;
 - (c) Title IX of the federal Education Amendments Act of 1972;
 - (d) the Equal Employment Opportunity Act and the regulations issued there under by the federal government; and,
 - (e) the Americans with Disabilities Act of 1990 and the regulations issued there under by the federal government.
6. To the knowledge of the undersigned, the information detailed within the proposal submitted in response to the RFP is accurate.
7. The proposal submitted in response to the RFP was independently prepared, without collusion, under penalty of perjury.
8. No amount shall be paid directly or indirectly to an employee or official of the State of Tennessee as wages, compensation, or gifts in exchange for acting as an officer, agent, employee, subcontractor, or consultant to the Proposer in connection with the RFP or any resulting contract.
9. Both the Technical Proposal and the Cost Proposal submitted in response to the RFP shall remain valid for at least 120 days subsequent to the date of the Cost Proposal opening and thereafter in accordance with any contract pursuant to the RFP.

By signing this Proposal Statement of Certifications and Assurances, below, the signatory also certifies legal authority to bind the proposing entity to the provisions of this RFP and any contract awarded pursuant to it. If the signatory is not the Proposer (if an individual) or the Proposer's company *President* or *Chief Executive Officer*, this document must attach evidence showing the individual's authority to bind the proposing entity.

DO NOT SIGN THIS DOCUMENT IF YOU ARE NOT LEGALLY AUTHORIZED TO BIND THE PROPOSING ENTITY

SIGNATURE:



PRINTED NAME & TITLE:

Stuart K. Campbell, President and Chief Operating Officer

DATE:

November 1, 2012

PROPOSER LEGAL ENTITY NAME:

Corizon, Inc.

PROPOSER FEDERAL EMPLOYER IDENTIFICATION NUMBER (or SSN):

43-1281312

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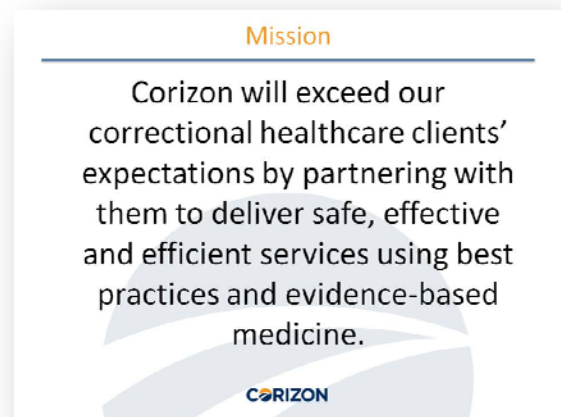
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Executive Summary



EXECUTIVE SUMMARY

Corizon, Inc. (Corizon) is pleased to provide this response to the requirements outlined in the Tennessee Department of Correction (TDOC) Request for Proposal (RFP) for correctional healthcare services to the inmates of the TDOC. We are confident this Executive Summary and our entire proposal will demonstrate **our understanding of the needs of the TDOC** and why Corizon is the correctional healthcare provider who can best meet those needs. We have provided 100% compliance with the requirements as set forth in the RFP and our proposal reflects our deep commitment to working with the TDOC to improve and expand upon our existing **partnership**.



Corizon/TDOC – A Successful *Coordinated Partnership*

By choosing to once again partner with Corizon as the correctional healthcare services provider, the TDOC will be choosing a vendor with the **proven infrastructure** and **experienced management team** currently in place to support a program the size and scope of the TDOC. Corizon has served as the TDOC's healthcare provider since 2010. As a result, our response to the TDOC RFP will greatly differ from our competitors as our response is based on firsthand knowledge of the TDOC program and what has proven effective given the unique requirements and infrastructure in place at the TDOC. Our exciting **new program features** will showcase for the TDOC our earnest desire to maintain the momentum we have achieved and propel the program forward into the next contract term.

Based on our **current partnership with the TDOC**, review of the RFP, working knowledge of the facilities, additional information provided as part of this procurement, and valuable information learned at our most recent Client Expectations Meeting, we have developed a **client specific proposal** that addresses the needs of the TDOC in a new contract partnership that we have identified as core needs. This Executive Summary highlights Corizon's proposed program for the TDOC including:

- A brief overview of Corizon's partnership history with the TDOC.
- A summary of **Corizon's success working with the TDOC** to accomplish all of the six major initiatives proposed in our 2009 proposal to the TDOC.
- An overview of **Corizon's history controlling costs for the TDOC** while maintaining patient safety and quality healthcare outcomes.
- A list of **six specific, tangible, and measurable goals** we expect to achieve over the next contract term.

We are confident that our entire proposal will demonstrate our understanding of the needs of the TDOC and why Corizon's program will provide the TDOC the **most advantageous** healthcare services program for the inmates of the TDOC.

Corizon, Inc./TDOC Partnership History

From 2001-2005, the TDOC partnered with Corizon, Inc. (formerly Correctional Medical Services) to provide quality healthcare services to inmates in the custody of the TDOC. During this four-year partnership, the TDOC and Corizon, Inc. accomplished many objectives and worked diligently toward our common goal of bringing a **quality correctional healthcare program** to the TDOC based on community standards of care. In 2005, the TDOC chose to partner with another healthcare provider through an open procurement. After experiencing services through another vendor, the contract was once again placed in open procurement. We were **very pleased** to once again be chosen as the TDOC's partner in 2010 and look forward to continuing our partnership in 2013!



Since 2010, we have worked closely with TDOC to effectively develop and implement the innovative solutions necessary to not only ensure a quality program at TDOC, but to ensure each of the State's expectations are met. A list of program improvements and achievements accomplished since 2010 can be found in **Appendix A**. Corizon, continually dedicated to improvement, will use these accomplishments as building blocks for **further improvements** to the TDOC program in 2013 and beyond. Corizon will not rest on our past achievements with the TDOC but use them as a proven, solid foundation for delivering further innovation, quality, and efficiencies to the healthcare services program.

It is Corizon's objective to continue our relationship with the TDOC with an **ongoing focus on transparency, responsiveness and continuity of quality healthcare**. It is with this focus that we have developed our proposal in response to the RFP. The relationship today between the TDOC and Corizon stands at a pivotal point in the road leading to the **future vision** of the TDOC's healthcare services program for its inmate population. **We believe our program meets the immediate and long term goals of the TDOC.**

Corizon, Inc.'s History Fulfilling Our Promise to the TDOC

One of the major advantages of choosing to retain Corizon as the healthcare services provider is our proven ability to work with the TDOC to identify, develop, implement and execute a strategic plan. This is **evidenced by the measurable success achieved during the last two-years of the TDOC/Corizon, Inc. contract**. In our proposal response in 2009, Corizon, Inc. detailed a list of six major initiatives for the TDOC/Corizon, Inc. contract for the provision of services that started in January 2010. These strategic initiatives were tailored to the needs of the TDOC. **We are extremely pleased that we, together with TDOC, have successfully accomplished all six of the goals established in 2010.** This speaks directly to the ability of Corizon to identify the needs of the TDOC, develop a plan to meet those needs, and then implement and ultimately execute the plan.



We look forward to similar success in developing and implementing the six goals identified later in this Executive Summary for 2013 and beyond, once again demonstrating our proven commitment and partnership philosophy with the TDOC.

Corizon, Inc. – Experience Fulfilling Our Promise	
2009 Proposal Initiative	Key Results
Goal 1: Enhanced Recruiting and Staffing	<p><u>Recruiting</u> Corizon, Inc. was awarded the contract to provide healthcare at TDOC beginning January 1, 2010. Corizon’s Recruiting Department and contract transition team made certain that they were onsite at each TDOC facility at the first opportunity provided by the State. This proactive approach ensured that we retained 99% of the TDOC’s current employees and 100% of the independent contracted physicians.</p> <p><u>Staffing</u> Corizon is proud of the fact that our staffing ratio has averaged 95% at TDOC since the beginning of the contract in 2010.</p> <p>Additionally, Corizon experienced low vacancy levels throughout 2011 with a low annual average of 1.8 monthly clinical vacancies.</p>
Goal 2: Provider Network to include Meharry Medical Services Foundation and Nashville General Hospital	<p>Since 2010, Corizon’s ability to provide the TDOC inmate population with the specialty medical care services and treatment they need continues to be facilitated by Corizon’s Tennessee-based provider and hospital network. Corizon continues to partner with <i>Meharry Medical Services Foundation</i> and <i>Nashville Metro General Hospital</i> for our TDOC contract.</p>
Goal 3: Technological Innovation/Telehealth Program	<p>Since the onset of our contract in 2010, Corizon has effectively driven a significant increase in the use of telehealth services at the TDOC. For example, Corizon’s use of telehealth at TDOC increased substantially from 124 telehealth encounters in 2010 to 191 telehealth encounters in 2012 (YTD).</p>
Goal 4: Contract Transparency	<p><u>Clinical, Administrative, and Financial Data & Robust Reporting Capabilities</u> Accountability to the TDOC is paramount and as a result, Corizon brought the following reporting tools to the TDOC to demonstrate our operational and clinical outcomes and achievements:</p> <ul style="list-style-type: none"> • Monthly Reports; • Quarterly Reports; and • Annual Reports. <p>Additionally, Corizon’s business intelligence application, InGauge™, is currently utilized to support our TDOC contract, and supports us in our efforts to aggregate disparate data sources, and quickly and accurately identify trends within the TDOC population.</p>
Goal 5: Improved Quality of Care/Enhancement of Onsite	<p>Since the onset of our contract in 2010, Corizon continues to focus on maximizing the use of on-site healthcare services and the use of</p>

Corizon, Inc. – Experience Fulfilling Our Promise

2009 Proposal Initiative	Key Results
<p>Services</p>	<p>off-site services only when clinically indicated and medically necessary using nationally recognized criteria. This consistent reach has allowed us to keep the TDOC population in better health, resulting in <i>reduced need for off-site care</i>.</p> <p>Corizon, Inc. has been successful at TDOC facilities by:</p> <ul style="list-style-type: none"> • Lowering inmate hospital days from 191.5 (per 1,000 inmates) in 2010 to 126.7 (per 1,000 inmates) in 2012 (YTD); • Lowering the inmate hospital admission rate from 43.6 (per 1,000 inmates) to 33.9 (per 1,000 inmates) in 2012; and, • Increasing access to on-site specialty services each year since our contract began in 2010. <p>Additionally, Corizon expanded the use of onsite sub-specialty services, clinical tracking of disease management programs, and partnered with the TDOC to revise the statewide CQI Infection Control and Clinical Education programs.</p>
<p>Goal 6: Experienced Management Familiar with TDOC</p>	<p>Corizon introduced an experienced management team familiar with the TDOC and extensive implementation resources resulting in a smooth transition and quality operation beginning on January 1, 2010. Through our seasoned leadership team, Corizon ensured that we retained 99% of the TDOC’s current employees and 100% of the independent contracted physicians.</p> <p>To deliver the highest possible level of quality care and service, Corizon added the following key positions, beyond contractual requirements, at no cost to the TDOC:</p> <ul style="list-style-type: none"> • Associate Regional Medical Director (ARMD) focusing on the management of the inpatient population; • Clinical Pharmacist focusing on the efficiency and efficacy of the statewide pharmaceutical utilization; • Utilization Management Registered Nurse focusing on the daily management of the inpatient population in collaboration with the ARMD; and • Statewide Nurse Educator dedicated to partnering with TDOC Health Services leadership to enhance the onsite competency and abilities to impact the inpatient population by preparing onsite staff to receive many patients that would normally stay additional days in the hospital.



Corizon, Inc.'s Proven Ability to Control Costs for the TDOC

As a longstanding partner of the TDOC, we continuously strive to provide support to the TDOC in addressing budgetary needs. As such, we have collectively worked to manage costs appropriately for the TDOC while at the same time improving healthcare services for the inmate population. Throughout our proposal you will see the **experience and proven competence of our long-term staff** in analyzing and forecasting budget requirements enables us to deliver quality healthcare at the right cost. Corizon has the experience with the TDOC to understand and recognize cost trends, anticipate changes, and recommend actions to maximize cost savings. The following Corizon, Inc. program components have proven effective at achieving **positive clinical outcomes** while, in tandem, **controlling costs through increased utilization review management for both inpatient and outpatient services for the TDOC** throughout the duration of our contract that began in 2010. This cost savings is passed on to the TDOC through decreased utilization of officers for transport of patients to hospitals, clinics and emergency rooms.

Cost Driver: Offsite Utilization

The Corizon, Inc. Solution for the TDOC: Corizon, Inc. has developed and implemented a

sophisticated utilization management program to support our Tennessee providers and local hospital partners, enabling Corizon, Inc. to provide **appropriate clinical care** and **improved continuity of services** while returning value to the state of Tennessee. Through improved utilization processes that have resulted in reductions in

Corizon, Inc. Utilization Management at TDOC Facilities				
	2010	2011	2012 (YTD)	Percent Reduction
Inpatient Hospital Days/1,000 Inmates	191.5	142.3	126.7	-34%
Hospital Admissions/1,000 Inmates	43.6	35.6	33.9	-22%
Average Length of Hospital Stay	4.6	4.1	3.8	-17%

inpatient days and inmate average length of stay, Corizon, Inc. has reduced the security costs associated with offsite transports since 2010 (pages 148-149). **This reduction in offsite hospital days translates to savings for the TDOC in transportation and correctional officer costs as well as improved safety for the community.**

Cost Driver: Staffing Vacancies

The Corizon, Inc. Solution for the TDOC: Healthcare organizations across the United States are facing increasing needs and heightened competition for healthcare professionals in today's market. **In spite of this trend, our filled staffing ratio has averaged 95% for the TDOC since 2010** (page 172). We anticipate continued success in the recruitment and perhaps more important, retention of the quality healthcare staff under this contract.

Corizon, Inc.'s Staffing Success at TDOC	
Year	Filled Staffing Ratio (Filled FTEs)
2012 (YTD)	99.23%
2011	93.56%
2010	92.98%

Cost Driver: Unnecessary, Unplanned Hospital Trips

The Corizon, Inc. Solution for the TDOC: Corizon, Inc., with support from the TDOC, implemented our ER initiative to identify and reduce unnecessary, unplanned trips to the hospital related to emergent patient complaints. As evidenced in the table below, **Corizon, Inc. has effectively reduced emergency department runs at TDOC facilities since 2010 while sustaining quality healthcare outcomes and ensuring patient safety.** Corizon feels strongly that we can continue to significantly reduce costs and maximize the use of onsite healthcare services for the TDOC (page 95).

Corizon, Inc.'s Reduction in Emergency Department Runs at TDOC		
Year	ER Runs	Percent Decrease in ER Runs since 2009
2012 (YTD)	19.1	47%
2011	26.1	
2010	36.1	

Future Focus – Expanding Our Partnership with TDOC

Although very proud of our record of accomplishment in partnership with the TDOC, we realize that we must focus every day on continual improvement to our program. As such, we have highlighted **six key goals/initiatives** in this proposal summary that set us apart in our ability to continue to provide the TDOC with services **unmatched by our competition and a program of the future.** These goals were developed on our understanding of your needs, our experience as your healthcare provider, and from the requirements in the RFP.

At Corizon, we understand that the future is critical, and we are prepared to continue to move the program forward maintaining our past accomplishments and building upon their foundation. Corizon is committed to this industry as a leader and to the TDOC in providing a continuous quality healthcare program. In the program we propose in our detailed response, we have identified **specific, tangible, and measurable** goals (i.e. results) we expect to achieve over the next contract term. In this way, we develop a shared roadmap for continually enhancing the services and support we provide, and build-in accountability to demonstrate success.





To better illustrate our understanding of your needs, and our ability to meet your needs, we have highlighted throughout our proposal response key benefits and features that meet the core needs of the TDOC.

Corizon Program Goals for the TDOC Program – 2013		
No.	Core Need	Section Reference
Goal 1	Enhanced Inpatient Utilization Management	<p>Corizon’s Utilization Management program will continue to focus on maximizing the provision of onsite care and will effectively manage offsite care at TDOC. Corizon will continue to focus on the efficient utilization of resources and focused utilization management review to ensure that inpatient and outpatient services are maintained at the lowest possible levels while providing the highest level of quality of care. Corizon’s proposed program for the TDOC will focus on keeping inpatient days to a minimum by (pages 149-150):</p> <ul style="list-style-type: none"> • Educating off-site providers as to our medical management capabilities; • Improving the competency of physicians and nursing staff • Creating additional Centers for Excellence; • Adding an Associate Regional Medical Director at no cost to the TDOC; • Remaining focused on collaborative communication with the TDOC Health Services leadership team; • Continuing to enhance onsite capabilities at all sites; • Ongoing team and provider development as well as education at all sites; and • Continued development of our community providers/provider network.
Goal 2	Reduce Medical Transports	<p>The reduction of offsite referrals has been a major focus of Corizon since 2010, and we have been very successful in accomplishing this goal.</p> <p>In our focused efforts to maximize onsite services within the secure confines of the TDOC facilities, Corizon will continue to provide onsite diagnostic studies to include (pages 141-142):</p> <ul style="list-style-type: none"> • Ultrasounds; • Doppler Studies; • Holter Monitoring; • Mammograms; and • Sleep studies.

		<p>Additionally, Corizon will continue to provide onsite specialty and telemedicine clinics, as described on pages 213-218.</p>
Goal 3	Enhanced Disease Management Systems	<p>Corizon has implemented our comprehensive disease management program at the TDOC. Outcome measurements from this initiative have consistently exceeded those of external established benchmarks for performance.</p> <p>As part of the new contract, Corizon will expand our current disease management system to include the development of (pages 102-108):</p> <ul style="list-style-type: none"> • TDOC CQI/Infection Control • Implementation of Two Additional Clinical Protocols • Hypertension Control • Women’s Health (breast and cervical cancer) Screenings
Goal 4	Enhanced Telemedicine	<p>Immediately upon contract award, Corizon will deploy our corporate provider/network contracting resources and operational leaders to expand the telemedicine services of current providers and add new providers to the provider network in order to expand our current telehealth reach (pages 216-217).</p>
Goal 5	Management of Subspecialty Utilization	<p>Corizon plans to maintain and expand numerous specialty services within the TDOC facilities to improve efficiency of services provided, reduce state cost for officer overtime and reduce risk by lowering the number of required trips to the community. Examples include onsite general radiology, dialysis, other monitoring, mammograms, onsite sleep studies, oral surgery, Holter Monitoring, ophthalmology, echo studies, and ultrasound services (pages 141-142).</p>
Goal 6	Partnership Strength	<p>Continuity of care, patient care and transparency will remain as the cornerstones of Corizon’s customer satisfaction program for the TDOC. Key components include:</p> <ul style="list-style-type: none"> • Tennessee-based Regional/Corporate Headquarters (pages 49-58) • Clients for Life Model (pages 75-80) • Experienced leadership teams (pages 49-56) • Medical and Mental Health database at no additional cost to the TDOC (page 91) • Re-Entry Portal at no additional cost to the TDOC (pages 227-229)

Throughout our response, we have addressed these six goals/initiatives in a number of areas. While all areas of the proposal are important and are responsive to the requirements of the RFP, we wanted to



draw your attention in particular to areas where we have developed unique programs to meet these core needs of the TDOC.

Each of the goals/initiatives listed above is further described in the body of our proposal and is clearly marked with this icon.



SUMMARY

As the incumbent provider, ***our proposal has been developed with the benefit of our experience***, and is based on our knowledgeable understanding of TDOC’s requirements. Corizon is the right choice for the TDOC. Our combination of clinical services and proposed cost, based on actual experience in Tennessee, **provides an incredible value-add that we believe no other service provider can match**. Corizon and its affiliated companies currently provide healthcare services to 12 statewide correctional healthcare contracts. Through increased knowledge and best practice sharing, Corizon is better poised to provide proactive and proven ideas and suggestions to the TDOC, saving cost and invaluable time for the TDOC.

By continuing to partner with Corizon, the TDOC will also benefit from our strong Vision, Mission and Values. As noted on page 41, Corizon is focused on the following four priorities, all of which are predominant in our company’s ***mission, vision, and values*** and directly infuse our program proposal to the TDOC:

Priority 1: Providing Quality Health Care: Corizon’s program at TDOC will continue to be provided in strict accordance with TDOC policies and procedures and standards, ACA, and NCCHC standards. Since the onset of our contract in 2010, Corizon has worked closely with the TDOC to improve the quality and quantity of on-site care we provide, reduce off-site trips, implement all TDOC policies and procedures in a timely manner, and develop Corizon health care staff that is second to none.

Corizon will continue to drive program quality at TDOC through the implementation of each of the program initiatives highlighted in this executive summary. We will exceed TDOC’s expectations by enhancing inpatient utilization management, focusing on maximizing onsite services and managing subspecialty utilization to reduce medical transports, enhancing our disease management systems, enhancing our telehealth program, and strengthening our partnership.

Priority 2: Being the Low Cost Provider: Together with the TDOC, we have worked to achieve reducing emergency department visits, (47% reduction from 2010 to 2012 YTD), inpatient hospital days (34% reduction from 2010-2012 YTD), hospital average length of stay (17 % from 2010-2012 YTD) and hospital admissions per thousand (22% reduction from 2010-2012 YTD). These positive outcomes will continue to ensure that Corizon is the ***low cost provider for the TDOC***.

Priority 3: Meeting or Exceeding our Clients’ Expectations: Corizon knows that at the center of all client satisfaction is a foundation of trust built on communication and transparency. Our focus at TDOC on these two areas will continue to ensure that we include the TDOC as our ***Client for Life***. The adoption

of the *Clients for Life* process is a commitment that drives Corizon’s ability to identify and develop strategies that mitigate risks and opportunities for our clients. The *Expectations Meeting* (an integral part of this process) will always be facilitated at the TDOC with the objective of ensuring that our program goals are consistent with the goals and objectives of the TDOC. Corizon will walk away from each expectations meeting with a clear understanding of the TDOC’s expectations for us over the next 12 months. *Corizon will align and prioritize our resources* each year to ensure the program improvements that result from each *expectation meeting* are accomplished to TDOC’s satisfaction.

Priority 4: Being the Health Care Employer of Choice: One of the tenets of our vision statement is to be the health care employer of choice. We have learned over the past 33 years in providing correctional health care that superior service can only be accomplished when employees are fully engaged in their work. As an organization, one of our greatest responsibilities is to create an environment where our employees can thrive, grow, and perform their best work. This does not happen by chance, but only with much diligence and focus on the full spectrum of how we interact with our employees. *Our goal at TDOC has been to work purposefully to create such a culture.*

We believe that the words of the many TDOC employees quoted throughout this proposal speak volumes about Corizon as an employer.

We are confident that with the support of these Corizon team members, and the valued support of the TDOC, we will continue on the path of program success at TDOC.

We look forward to the opportunity to continue working with the TDOC and serving the people of Tennessee. We believe the continued relationship between the TDOC and Corizon will create an even higher quality of healthcare service and will allow improved cost efficiencies; building on our established relationship will ensure results and increased accountability.

We thank the TDOC for allowing us to be your partner for the last two years and we welcome the opportunity and challenge what lies before us if chosen to once again partner with the TDOC as a result of this procurement. We conclude this executive summary and begin our proposal by emphasizing that a partnership with Corizon will ensure that **the current healthcare program not only continues, but is taken to the “next level”**.



Section A: Mandatory Requirements





Section A: Mandatory Requirements

TECHNICAL PROPOSAL AND EVALUATION GUIDE

PROPOSER LEGAL ENTITY NAME:		Corizon, Inc.	
Proposal Page # (Proposer completes)	Item Ref.	Section A – Mandatory Requirement Items	Pass/Fail
		The proposal must be delivered to the State no later than the Proposal Deadline specified in the RFP Section 2, Schedule of Events.	
		The Technical Proposal and the Cost Proposal documentation must be packaged separately as required (Refer to RFP Section 3.2., <i>et. seq.</i>).	
		The Technical Proposal must NOT contain cost or pricing information of any type.	
		The Technical Proposal must NOT contain any restrictions of the rights of the State or other qualification of the proposal.	
		A Proposer must NOT submit alternate proposals.	
		A Proposer must NOT submit multiple proposals in different forms (as a prime and a sub-contractor).	
28	A.1.	Provide the Proposal Statement of Certifications and Assurances (RFP Attachment 6.1.) completed and signed by an individual empowered to bind the Proposer to the provisions of this RFP and any resulting contract. The document must be signed without exception or qualification.	
28	A.2.	Provide a statement, based upon reasonable inquiry, of whether the Proposer or any individual who shall perform work under the contract has a possible conflict of interest (<i>e.g.</i> , employment by the State of Tennessee) and, if so, the nature of that conflict. NOTE: Any questions of conflict of interest shall be solely within the discretion of the State, and the State reserves the right to cancel any award.	
28	A.3.	Provide a current bank reference indicating that the Proposer's business relationship with the financial institution is in positive standing. Such reference must be written in the form of a standard business letter, signed, and dated within the past three (3) months.	
29	A.4.	Provide two current positive credit references from vendors with which the Proposer has done business written in the form of standard business letters, signed, and dated within the past three (3) months.	
29	A.5.	Provide an official document or letter from an accredited credit bureau, verified and dated within the last three (3) months and indicating a positive credit rating for the Proposer (NOTE: A credit bureau report number without the full report is insufficient and will <u>not</u> be considered responsive.)	
29	A.6.	Provide a valid, Certificate of Insurance that is verified and dated within the last six	

		<p>(6) months and which details <u>all</u> of the following:</p> <p>(a) Insurance Company</p> <p>(b) Proposer's Name and Address as the Insured</p> <p>(c) Policy Number</p> <p>(d) The following minimum insurance coverage:</p> <ul style="list-style-type: none"> (i) Workers' Compensation/ Employers' Liability (including all states coverage) with a limit not less than the relevant statutory amount or ONE MILLION dollars (\$1,000,000) per occurrence for employers' liability whichever is greater. (ii) Comprehensive Commercial General Liability (including personal injury & property damage, premises/operations, independent contractor, contractual liability and completed operations/products) with a bodily injury/property damage combined single limit not less than ONE MILLION dollars (\$1,000,000) per occurrence and THREE MILLION dollars (\$3,000,000) aggregate. (iii) Automobile Coverage (including owned, leased, hired, and nonowned vehicles) with a bodily injury/property damage combined single limit not less than ONE MILLION dollars (\$1,000,000) per occurrence. (iv) Professional Malpractice Liability with a limit of not less than ONE MILLION dollars (\$1,000,000) per claim and THREE MILLION dollars (\$3,000,000) aggregate. <p>(e) The following information applicable to each type of insurance coverage:</p> <ul style="list-style-type: none"> (i) Coverage Description, (ii) Exceptions and Exclusions, (iii) Policy Effective Date, (iv) Policy Expiration Date, and (v) Limit(s) of Liability. 	
<p>29</p>	<p>A.7.</p>	<p>Provide the Proposer's most recent independent audited financial statements. Said independent audited financial statements must:</p> <ul style="list-style-type: none"> (1) reflect an audit period for a fiscal year ended within the last 36 months (2) be prepared with all monetary amounts detailed in United States currency; (3) be prepared under United States generally accepted auditing standards; (4) include: the auditor's opinion letter; financial statements; and the notes to the financial statements; and (5) be deemed, in the sole discretion of the C.P.A. employed by the State and charged with the financial document review, to reflect sufficient financial stability to undertake the subject agreement with the State. <p>OR, in lieu of the aforementioned independent audited financial statements, provide a financial institution's letter of commitment for a general Line of Credit in the amount of SIX MILLION DOLLARS (\$6,000,000.00), U.S. currency, available to the Proposer. Said letter must specify the Proposer's name, be signed and dated within the past three (3) months by an authorized agent of the financial institution, and indicate that the Line of Credit shall be available for at least 12 MONTHS.</p> <p>NOTES:</p> <ul style="list-style-type: none"> ▪ Reviewed or Compiled Financial Statements will not be deemed responsive to this requirement and will not be accepted. 	



		All persons, agencies, firms, or other entities that provide opinions regarding the Proposer's financial status must be properly licensed to render such opinions. The State may require the Proposer to submit proof of such licensure detailing the state of licensure and licensure number for each person or entity that renders the opinions.	
31	A.8.	Provide a statement confirming that, if awarded a contract pursuant to this RFP, the Proposer shall deliver a Performance Bond to the State in accordance with the requirements of this RFP. The statement must be signed by an individual with legal authority to bind the proposing entity to the provisions of this RFP and any contract awarded pursuant to it.	
31	A.9.	The Department acknowledges that vendors may develop creative partnerships through joint ventures, mergers, subcontracting, newly formed entities, etc., in order to design the ideal solution for TDOC. Therefore, though the Department seeks a single entity for contracting purposes, the combined experience of parties to a consortium of bidding entities will count towards meeting the experience requirements.	
32	A.10.	To ensure the bidding entity is qualified to serve inmate populations in prison settings, the vendor(s), whether responding independently, as a partnership, as a joint venture, or with a response that proposes utilization of subcontractor(s), must collectively have at least five (5) total years of business/corporate experience providing comprehensive healthcare with sufficient levels of services in all areas comparable to the service levels sought via this RFP.	
<i>State Use – RFP Coordinator Signature, Printed Name & Date</i>			



Section A: Mandatory Requirements

As instructed in the TDOC RFP, Corizon has addressed all items in RFP Attachment 6.2.A, Mandatory Requirements, providing in sequence the required information and documentation and referencing Corizon's proposal page number for each item. Further, Corizon understands the proposal evaluation process designed to award the contract resulting from the TDOC's RFP.

The following will demonstrate Corizon's compliance with each of the mandatory requirements as detailed in RFP Attachment 6.2. Section A. Corizon has met the following requirements:

- Corizon's proposal has been delivered to the State no later than the proposal deadline.
- The technical proposal and the cost proposal were packaged separately as required by RFP Section 3.2.
- The technical proposal contains no cost or pricing data of any kind.
- Our technical proposal does not contain any restrictions of the rights of the State or other qualification of the proposal.
- Corizon has not submitted alternate proposals.
- Corizon has not submitted multiple proposals in different forms.

A.1. Statement of Certification and Assurances

Corizon's completed and signed *Statement of Certifications and Assurances* (RFP Attachment 6.1, Amendment #2) can be found under the tab titled "*Transmittal Letter and RFP Attachment 6.1*". Stuart Campbell, President and Chief Operating Officer, has signed in the required space and is empowered to bind Corizon to the provisions of the RFP and any resultant contract. We have signed the *Proposal Statement of Certifications and Assurances* without exception or qualification.

A.2. Conflict of Interest

Corizon ensures the State of Tennessee that neither Corizon nor any individual performing work under the TDOC contract for healthcare services has had nor will have a possible conflict of interest such as employment by the State of Tennessee.

A.3. Bank Reference

Corizon has included as **Appendix B**, a current, written bank reference letter from Bank of America for the TDOC's review. This reference letter will serve to further validate our strong financial position and indicates our relationship is in positive standing.



A.4. Credit References

Please find as **Appendix C** two current written, positive credit reference letters for Corizon provided by Biomedical Systems and Staples.

A.5. Credit Bureau Credit Reference

Included as **Appendix D**, we have provided a *Live Report* from Dun & Bradstreet as the official document from an accredited credit bureau indicating a positive credit rating for Corizon.

A.6. Certificate of Insurance

Corizon is able to and will meet the insurance requirements of the RFP. Draft insurance certificates in the required amounts are found as **Appendix E**.

A.7. Independent Audited Financial Statements

Corizon, Inc. (Corizon), formerly Correctional Medical Services, Inc., is a wholly owned subsidiary of Valitás Health Services, Inc. and represents approximately 99% of the operations of Valitás Health Services, Inc. for 2009 and 2010. Included as **Appendix F** are audited financial statements for Valitás Health Services, Inc. (VHS) for the past 36 months. Our financial statements comply with all RFP requirements (A.7. 1-5).

Corizon's Financial Capability

In June 2011, VHS, Corizon, Inc.'s parent company, brought the two (2) founding companies of the correctional healthcare industry under common ownership to form the Corizon brand. Historically, as each pioneered the industry, Corizon, Inc. and Corizon Health, Inc. grew to become the two largest correctional healthcare companies in the nation (page 41-42). Upon the above mentioned merger coming to fruition, the two (2) operating entities which comprise the Corizon brand seek to offer a broader range of experience and depth of resources across all aspects of correctional healthcare to ***stand head and shoulders*** above any other company providing correctional healthcare services today.

One of the many benefits of this merger is the expansion of experience and resources to enhance the direct, individual attention focused on our client's current needs and goals for the future. With 33 years of experience, we understand the different service requirements that exist between providing healthcare services to a jail with an ADP of 500 as compared to a metropolitan correction system with an ADP of 5,000 or to a prison system with an ADP of 50,000 or more. In order to address these differing service requirements, ***we have organized Corizon into jail and state segments to focus on the individual needs of each market rather than applying the "one size fits all" approach of some companies.***



The following are items of note concerning the financial stability and resources of Corizon:

Corizon and its affiliates¹ have a history of serving clients: We provide services to more than 75 clients and will generate revenue of approximately \$1.3 billion in 2012. The average tenure with our 10 largest clients is 12 years. This broad client base and long tenure results in great financial stability.

Corizon and its affiliates have approximately 8,200 employees: Over 96% of these resources are in the field interacting with our clients and providing healthcare services on a daily basis. We have well-established practices to recruit, develop and retain our employees to ensure you are receiving the highest quality service.

Corizon and its affiliates have invested significantly in people, processes and systems: Corizon, Inc. and Corizon Health, Inc., the two (2) operating entities that make up the Corizon brand, each made decisions in the late 2000's to invest in resources primarily for recruiting and training our service providers, the development and implementation of new and enhanced electronic clinical systems and to develop and maintain resources to implement projects for new clients. As such, Corizon has more resources available to further enhance our corporate infrastructure; and by not duplicating efforts, we will be able to provide services more efficiently resulting in a more favorable cost to TDOC.

Major components of Corizon and its affiliate's corporate infrastructure which directly support our provision of care are:

- Our Clinical Support groups, led by our Chief Medical Officer, Carl Keldie, MD and our Chief Nursing Officer, Becky Pinney, consisting of 28 healthcare professionals responsible for clinical policies and protocols, patient safety, quality improvement and the use of technology to improve patient care.
- Our Utilization Management group consisting of 15 professionals responsible for monitoring the level and necessity of care provided outside of the correctional facility.
- Our Health Informatics and Analysis group, consisting of 9 professionals responsible for analyzing offsite claims and labor data for developing trends in patient care.
- Our Network Development and Claims groups, consisting of 52 professionals responsible for identifying and negotiating contracts with community providers and for processing claims for offsite services.
- Our Human Resources group, consisting of 64 professionals responsible for recruiting and developing our approximately 8,200 employees. Our Human Resources group is responsible for designing and administering competitive compensation and benefits programs; ensuring we keep Corizon employees for the long-term.

All of our investments are aimed at supporting each and every clinician in the field and enabling them to deliver services of the highest quality in the most efficient and effective manner.

Corizon and its affiliates have an undrawn \$75 million line of credit available to us: The cash generated by our operations will be sufficient to meet all of our operating needs and make the investments in people and capital items. However, in addition to approximately \$50 million of cash on hand, we have access to a significant line of credit which can be used to meet our needs should the cash generated by operations not be sufficient for a short-term need.

¹ Corizon Health, Inc.



Corizon and its affiliates have significant unused bond capacity: Corizon has agreements with two sureties for combined performance bond capacity of \$100 million without any collateral requirements, with a third surety interested in adding another \$50 million to the program. Corizon is currently utilizing \$38.5 million of its capacity; accordingly, Corizon can easily provide the performance bond required by this contract.

Corizon and its affiliates have been embraced by the financial community: The merger of the two companies was financed through a bank group. The merger was very well received by the financial community with over 50 financial institutions making a commitment to provide more than twice the amount of financing needed for the transaction. This is an indication of the financial markets support of and belief in the financial stability of Corizon.

Corizon and its affiliates have a history of managing and repaying debt: Corizon has accessed the debt market in the past for various corporate purposes, including acquisitions and re-capitalizations. In all cases, Corizon has repaid the debt sooner than required by the debt agreement and without impact to its clients.

Corizon and its affiliates have stable ownership with a deep knowledge of the industry: The majority owner of Corizon has been an owner of Corizon since 1997. It held a minority ownership percentage until 2007 when based on its confidence in the company, it purchased a majority position.

A.8. Performance Bond

If chosen to once again partner with TDOC, Corizon will deliver a performance bond to the State in accordance with the requirements of the RFP. Included as **Appendix G**, we have provided statement signed by President and Chief Operating Officer, Stuart K. Campbell, who has legal authority to bind Corizon to the provisions of the RFP and any contract awarded pursuant to it.

A.9. Combined Experience

Corizon understands that the Department acknowledges that vendors may develop creative partnerships through joint ventures, mergers, subcontracting, newly formed entities, etc., in order to design the ideal solution for TDOC and therefore, though the Department seeks a single entity for contracting purposes, the combined experience of parties to a consortium of bidding entities **will count** towards meeting the experience requirements. Please refer to the following sections of Corizon's proposal for additional information detailing how Corizon will **meet and exceed** this requirement:

- Five Years Business/Corporate Experience, page 32;
- Number of Years in Business, page 38;
- Number of Years as Correctional Healthcare Provider, pages 38-39; and
- Mergers, Acquisitions, page 41-42.



A.10. Five Years Business/Corporate Experience

Corizon – Years of Corporate Experience

- Our programs are **based on “Best Practices”** that have demonstrated measurable success in statewide programs for over three decades.
- While our ability to immediately improve and enhance each new healthcare program we obtain is proven, **it is with time that our programs are optimized.**

Corizon, Inc. and its affiliated companies provide the TDOC with over **33 years of experience in corrections** and over **30 years (total) of specific, hands-on experience in the State of Tennessee – far exceeding** the TDOC’s request for qualified vendors who have a minimum of five collective years of business/corporate experience providing comprehensive healthcare with sufficient levels of services in all areas comparable to the service levels sought in the TDOC RFP. The program we currently have in place for the TDOC is proof positive of our ability to provide quality healthcare in a challenging correctional environment.

Corizon’s Extensive Experience Providing Services to Statewide Systems

As the following table depicts, Corizon, Inc. and our affiliated companies presently hold 12 large statewide correctional healthcare contracts. If re-awarded the TDOC’s health care services contract, Corizon will bring the same level of expertise, flexibility, and partnership philosophy **that has made us successful** in TDOC and many other contracts with requirements similar to those of the TDOC’s desired program.

Large Correctional Healthcare Contracts Corizon, Inc. and Affiliated Companies		
Statewide Systems	Inmate Count	Service Description
TENNESSEE	19,796	MEDICAL, MENTAL HEALTH, DENTAL, PHARMACY
Alabama	25,751	Medical, Dental, Pharmacy
Arkansas	17,165	Medical, Dental, Psychiatry, and Pharmacy
Idaho	5,184	Medical, Mental Health, Pharmacy, Dental
Indiana	27,511	Medical, Mental Health, Pharmacy, Dental, Substance Abuse
Michigan*	44,210	Medical Practitioner Staffing and Management Services
Minnesota	9,326	Medical and Psychiatry Staffing, Utilization Management, Pharmacy and Third Party Administration
Missouri	31,070	Medical, Dental, and Pharmacy
New Mexico	6,622	Dental, Medical, Psychiatry, Pharmacy, Support Services
Oklahoma	19,863	Pharmacy
Pennsylvania*	48,338	Medical Staffing Services and Management Services
Wyoming*	1,952	Medical, Pharmacy, Dental, Mental Health, Support Services
Florida		Estimated Start Date: January 14, 2013

* Corizon Health, Inc. contracts

Section B: General Qualifications & Experience





Section B: General Qualifications & Experience

TECHNICAL PROPOSAL AND EVALUATION GUIDE

PROPOSER LEGAL ENTITY NAME:		Corizon, Inc.	
Proposal Page # (Proposer completes)	Item Ref.	Section B – General Qualifications & Experience Items	Pass/Fail
38	B.1.	Detail the name, e-mail address, mailing address, telephone number, and facsimile number of the person the State should contact regarding the proposal.	
38	B.2.	Describe the Proposer’s form of business (<i>i.e.</i> , individual, sole proprietor, corporation, non-profit corporation, partnership, limited liability company) and business location (physical location or domicile).	
38	B.3.	Detail the number of years the Proposer has been in business.	
38-39	B.4.	Briefly describe how long the Proposer has been performing the services required by this RFP.	
39-40	B.5.	Describe the Proposer’s number of employees, client base, and location of offices.	
41-42	B.6.	Provide a statement of whether there have been any mergers, acquisitions, or sales of the Proposer within the last ten years. If so, include an explanation providing relevant details.	
43	B.7.	Provide a statement of whether the Proposer or, to the Proposer's knowledge, any of the Proposer's employees, agents, independent contractors, or subcontractors, proposed to provide work on a contract pursuant to this RFP, have been convicted of, pled guilty to, or pled <i>nolo contendere</i> to any felony. If so, include an explanation providing relevant details.	
43	B.8.	Provide a statement of whether, in the last ten years, the Proposer has filed (or had filed against it) any bankruptcy or insolvency proceeding, whether voluntary or involuntary, or undergone the appointment of a receiver, trustee, or assignee for the benefit of creditors. If so, include an explanation providing relevant details.	
43	B.9.	Provide a statement of whether there is any material, pending litigation against the Proposer that the Proposer should reasonably believe could adversely affect its ability to meet contract requirements pursuant to this RFP or is likely to have a material adverse effect on the Proposer's financial condition. If such exists, list each separately, explain the relevant details, and attach the opinion of counsel addressing whether and to what extent it would impair the Proposer's performance in a contract pursuant to this RFP. NOTE: All persons, agencies, firms, or other entities that provide legal opinions regarding the Proposer must be properly licensed to render such opinions. The State may require the Proposer to submit proof of such licensure detailing the state of licensure and licensure number for each person or entity that renders such opinions.	
43	B.10.	Provide a statement of whether there are any pending or in progress Securities Exchange Commission investigations involving the Proposer. If such exists, list each separately, explain the relevant details, and attach the opinion of counsel addressing whether and to what extent it will impair the Proposer's performance in a contract	

		<p>pursuant to this RFP.</p> <p>NOTE: All persons, agencies, firms, or other entities that provide legal opinions regarding the Proposer must be properly licensed to render such opinions. The State may require the Proposer to submit proof of such licensure detailing the state of licensure and licensure number for each person or entity that renders such opinions.</p>	
43-49	B.11.	Provide a brief, descriptive statement detailing evidence of the Proposer's ability to deliver the services sought under this RFP (e.g., prior experience, training, certifications, resources, program and quality management systems, etc.).	
49-58	B.12.	Provide a narrative description of the proposed project team, its members, and organizational structure along with an organizational chart identifying the key people who will be assigned to accomplish the work required by this RFP, illustrating the lines of authority, and designating the individual responsible for the completion of each service component and deliverable of the RFP.	
58-59	B.13.	Provide a personnel roster listing the names of key people who the Proposer will assign to perform duties or services required by this RFP along with the estimated number of hours that each individual will devote to that performance. Follow the personnel roster with a resume for each of the people listed. The resumes must detail the individual's title, education, current position with the Proposer, and employment history.	
59-60	B.14.	<p>Provide a statement of whether the Proposer intends to use subcontractors to accomplish the work required by this RFP, and if so, detail:</p> <ul style="list-style-type: none"> (a) the names of the subcontractors along with the contact person, mailing address, telephone number, and e-mail address for each; (b) a description of the scope and portions of the work each subcontractor will perform; <u>and</u> (c) a statement specifying that each proposed subcontractor has expressly assented to being proposed as a subcontractor in the Proposer's response to this RFP. 	
60-66	B.15.	<p>Provide documentation of the Proposer's commitment to diversity as represented by its business strategy, business relationships, and workforce— this documentation should detail <u>all</u> of the following:</p> <ul style="list-style-type: none"> (a) a description of the Proposer's existing programs and procedures designed to encourage and foster commerce with business enterprises owned by minorities, women, persons with a handicap or disability and small business enterprises; (b) a listing of the Proposer's current contracts with business enterprises owned by minorities, women, persons with a handicap or disability and small business enterprises, including the following information: <ul style="list-style-type: none"> (i) contract description and total value (ii) contractor name and ownership characteristics (i.e., ethnicity, sex, disability) (iii) contractor contact and telephone number; (c) an estimate of the level of participation by business enterprises owned by minorities, women, persons with a handicap or disability and small business enterprises in a contract awarded to the Proposer pursuant to this RFP, including the following information: <ul style="list-style-type: none"> (i) participation estimate (expressed as a percent of the total contract value that will be dedicated to business with subcontractors and supply contractors having such ownership characteristics — PERCENTAGES ONLY — DO NOT INCLUDE DOLLAR AMOUNTS) (ii) descriptions of anticipated contracts 	

		<p>(iii) names and ownership characteristics (i.e., ethnicity, sex, disability) of anticipated subcontractors and supply contractors anticipated; and</p> <p>(d) the percent of the Proposer's total current employees by ethnicity, sex, and handicap or disability.</p> <p>NOTE: Proposers that demonstrate a commitment to diversity will advance State efforts to expand opportunity to do business with the State as contractors and subcontractors. Proposal evaluations will recognize the positive qualifications and experience of a Proposer that does business with enterprises owned by minorities, women, persons with a handicap or disability and small business enterprises and that offers a diverse workforce to meet service needs.</p>	
<p>66-67</p>	<p>B.16.</p>	<p>Provide a statement of whether or not the Proposer has any current contracts with the State of Tennessee or has completed any contracts with the State of Tennessee within the previous 5-year period. If so, provide the following information for all of the current and completed contracts:</p> <p>(a) the name, title, telephone number and e-mail address of the State contact knowledgeable about the contract;</p> <p>(b) the procuring State agency name;</p> <p>(c) a brief description of the contract's scope of services;</p> <p>(d) the contract term; and</p> <p>(e) the contract number.</p> <p>NOTES:</p> <ul style="list-style-type: none"> ▪ Current or prior contracts with the State are <u>not</u> a prerequisite and are <u>not</u> required for the maximum evaluation score, and the existence of such contracts with the State will <u>not</u> automatically result in the addition or deduction of evaluation points. ▪ Each evaluator will generally consider the results of inquiries by the State regarding all contracts noted. 	
<p>68</p>	<p>B.17.</p>	<p>Provide customer references from individuals (who are <u>not</u> current or former officials or staff of the State of Tennessee) for projects similar to the services sought under this RFP and which represent:</p> <ul style="list-style-type: none"> ▪ two (2) of the larger accounts currently serviced by the Proposer, <u>and</u> ▪ three (3) completed projects. <p>All references must be provided in the form of standard reference questionnaires that have been fully completed by the individual providing the reference as required. The standard reference questionnaire, which <u>must</u> be used and completed as required, is detailed at RFP Attachment 6.4. References that are not completed as required will be considered non-responsive and will not be considered.</p> <p>The Proposer will be <u>solely</u> responsible for obtaining the fully completed reference questionnaires, and for including them within the Proposer's sealed Technical Proposal. In order to obtain and submit the completed reference questionnaires, as required, follow the process detailed below.</p> <p>(a) "Customize" the standard reference questionnaire at RFP Attachment 6.4. by adding the subject Proposer's name, and make exact duplicates for completion by references.</p> <p>(b) Send the customized reference questionnaires to each individual chosen to provide a reference along with a new standard #10 envelope.</p> <p>(c) Instruct the person that will provide a reference for the Proposer to:</p> <ul style="list-style-type: none"> (i) complete the reference questionnaire (on the form provided or prepared, completed, and printed using an exact duplicate of the document); 	

		<p>(ii) sign <u>and</u> date the completed, reference questionnaire;</p> <p>(iii) seal the completed, signed, and dated, reference questionnaire within the envelope provided;</p> <p>(iv) sign his or her name in ink across the sealed portion of the envelope; and</p> <p>(v) return the sealed envelope containing the completed reference questionnaire directly to the Proposer (the Proposer may wish to give each reference a deadline, such that the Proposer will be able to collect all required references in time to include them within the sealed Technical Proposal).</p> <p>(d) <u>Do NOT</u> open the sealed references upon receipt.</p> <p>(e) Enclose all <u>sealed</u> reference envelopes within a larger, labeled envelope for inclusion in the Technical Proposal as required.</p> <p>NOTES:</p> <ul style="list-style-type: none"> ▪ The State will not accept late references or references submitted by any means other than that which is described above, and each reference questionnaire submitted must be completed as required. ▪ The State will not review more than the number of required references indicated above. ▪ While the State will base its reference check on the contents of the sealed reference envelopes included in the Technical Proposal package, the State reserves the right to confirm and clarify information detailed in the completed reference questionnaires, and may consider clarification responses in the evaluation of references. ▪ The State is under <u>no</u> obligation to clarify any reference information. 	
68-70	B.18	<p>The State is amenable to including some changes to the <i>pro forma</i> contract. The State will take all reasonable suggested alternative or supplemental contract language changes by Proposers under advisement during the evaluation and post award processes, subject to any mandates or restrictions imposed on the State by applicable state law. The State, however, will not take under advisement or consideration any alternative or supplemental suggested contract language changes that were not included in a Proposer’s proposal response.</p> <p>Clearly list in the response to B.18 all exceptions the Proposer is taking to the RFP’s Pro Forma contract in the Proposer’s proposal. Do not include any exceptions or changes that (1) contradict a Federal requirement or a Mandatory Requirement, (2) push back any deadlines, or (3) introduce a significant alteration to the technical requirements. All exceptions must be listed in this section.</p> <p>In addition to the “red-line” exceptions above, the Proposer should also include in response to this Item B.18 any and all Contractor licensing provisions/agreements to which the Proposer will expect the State to comply.</p>	
<p>SCORE (for all Section B—Qualifications & Experience Items above): (maximum possible score = 20)</p>			
<p>State Use – Evaluator Identification:</p>			



Section B: General Qualifications & Experience

As instructed in the TDOC RFP, Corizon has addressed all items in RFP Attachment 6.2.B, General Qualifications & Experience Items, providing in sequence the required information and documentation and referencing Corizon’s proposal page number for each item. Further, Corizon understands that the Proposal Evaluation Team members will independently evaluate and assign one score for all responses to Section B.

B.1. Proposal Contact Information

Contact Person: Michael Miller, Senior Director Business Development
E-mail Address: michael.miller@corizonhealth.com
Mailing Address: 434 Regency Boulevard
Shreveport, LA 71106
Telephone Number: 318-780-4248
Facsimile Number: 318-797-9495

B.2. Form of Business

Corizon, Inc. (Corizon) is a corporation, incorporated in the State of Missouri, operating as a privately held, for profit entity.

Our Corporate Headquarters are located at the following address:	Our Operations Headquarters are located at the following address:
Corizon 105 Westpark Drive, Suite 200 Brentwood, Tennessee 37027-5010	Corizon 12647 Olive Boulevard St. Louis, Missouri 63141

B.3. Number of Years in Business

Corizon, Inc., formerly known as Correctional Medical Services, Inc. was founded in 1979, and formally incorporated in 1982. Corizon, Inc. is the bidding entity for this procurement. For additional information, please refer to the section titled “Mergers, Acquisitions” on pages 41-42.

B.4. Number of Years as Correctional Healthcare Provider

Corizon has been in business for more than 33 years with ***correctional healthcare as our only business***. During this time, Corizon has maintained our position as an industry leader, and will continue to deliver exceptional, responsible healthcare to our

Corizon – Number of Years as Correctional Healthcare Provider

33



nation’s jail and prison population. We are proud of our many accomplishments and the rich and varied company history that has assisted us in our rise to the top of the correctional healthcare market.

Corizon’s proposal has been developed with the benefit of our “hands-on” experience with the TDOC. Our proposal is fully compliant with each RFP requirement and has been developed to ensure the TDOC can easily evaluate the merits of our program in comparison with that of our competitors.

B.5. Number of Employees, Client Base, and Location of Offices

Number of Employees


The Corizon family, through its two (2) primary operating entities, currently employs over 8,200 healthcare professionals (FT and PT employees) in over 410 prisons, jails and other correctional facilities in 29 states. We apply our comprehensive expertise in correctional healthcare management across a diverse range of facilities and populations:

- Prisons and jails of all security classifications;
- Facility sizes ranging from small county jails to multi-site state prison systems with up to 40,000 inmates;
- Male, female and juvenile populations;
- Special needs facilities/populations including the aged, infectious disease, mental health care and female health.

Client Base

As a leader in providing evidence-based, quality healthcare, Corizon provides our healthcare services **only to correctional facilities**. This allows us to focus our organization, management, and resources to maximize the effort in providing the best possible service to our clients.

We have been in the forefront of developing and operating healthcare programs that efficiently manage utilization and costs, while optimizing health care delivery and outcomes. Every corrections system is unique and Tennessee is no exception. There is no “one size fits all” solution to cost-containment, yet our approach has historically delivered a comprehensive standard by applying our expertise with proven managed care principles/systems to meet the unique client requirements.



*Employer of Choice
What Our Team Is
Saying.....*

I feel that Corizon goes out of their way to show appreciation for their employees.

–Crystal Hale
RN, RMSI
Employee since 2012

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Office Locations – Tennessee Regional Office

The strength Corizon’s onsite team at the TDOC will continue to be reinforced by the local support of our Regional Management Team located in **Nashville, Tennessee**.



As required by the RFP, our major regional office locations are listed in the table below:

Corizon Regional Offices – 2012	
Alabama Regional Office 101 Airport Commons Drive Calera, AL 35040	Pennsylvania Regional Office* 872 Popular Church Road Camp Hill, PA 17011
Arkansas Regional Office 6814 Princeton Pike Rd. Pine Bluff, AR 71603	Philadelphia Regional Office* Mod 11 8001 State Road Philadelphia, PA 19136
Florida Region IV 8320 West Sunrise, Suite 215 Plantation, FL 33322	Riker’s Island Regional Office* 49-04 19 th Avenue Astoria, NY 11105
Genesis Behavioral Services 6737 West Washington St., Suite 2210 West Allis, WI 53214	Tennessee Regional Office 1900 Church Street, Suite 305 Nashville, TN 37203
Idaho Regional Office 7301 W. Emerald St., Suite 103 Boise, ID 83704	Jails - Western Regional Office* 1150 Ballena Boulevard, Suite 200 Alameda, CA 94501
Indiana Regional Office 3737 North Meridian, Suite 500 Indianapolis, IN 46208	Wyoming Regional Office* 920 Grand Ave. Laramie, WY 82070
Michigan Regional Office* 6452 Millennium Drive, Suite 100 Lansing, MI 48917	Jails – Midwest Regional Office* 105 Westpark Drive, Suite 200 Brentwood, TN 37027
Minnesota Regional Office 2277 Hwy. 36 West, Suite 140 Roseville, MN 55113	Jails – Southeast Regional Office* 105 Westpark Drive, Suite 200 Brentwood, TN 37027
Missouri Regional Office 3702 West Truman, Suite 104 Jefferson City, MO 65109	PharmaCorr – Pharmacy Operations 6705 Camille Oklahoma City, OK 73149
Jails - Northeast Region* New Jersey Regional Office 596 Bloomfield Avenue, Bldg. D Montclair, NJ 07042	PharmaCorr 6002 Corporate Way Indianapolis, IN 46278
New Mexico Regional Office 6745 Academy NE, Suite A Albuquerque, NM 87109	

* Corizon Health, Inc. offices



B.6. Mergers, Acquisitions

Corizon, Inc., and the Corizon brand are the result of a merger between the parent companies of Correctional Medical Services, Inc., (“CMS”) and PHS Correctional Healthcare (“PHS”). Specifically, in June of 2011, the merger of the organizations was finalized bringing the two (2) sister companies, Corizon, Inc., and Corizon Health, Inc., together under common ownership.

Corizon, Inc., (f/k/a CMS) and Corizon Health, Inc., (f/k/a PHS), collectively referred to hereinafter as “Corizon” unless specified otherwise, provides the TDOC with what we believe to be the best the private correctional healthcare field has to offer – the two (2) industry pioneers – combined into one, **best-in-class healthcare provider**.


As is the case with most mergers, Corizon, Inc., and Corizon Health, Inc., are currently working through a corporate reorganization, consistent with prior due diligence and thoughtful planning, so as to allow the emerging organization and its current and prospective partners to realize all intended benefits. Because Corizon, Inc., and Corizon Health, Inc., share common ownership, work under a central mission, maintain the same values and vision, and are operated at the direction of the same executive leadership team, said reorganization has been seamless for all Corizon, Inc., and Corizon Health, Inc., partners. In the interest of transparency, Corizon would like the TDOC to understand that its intent is to combine Corizon, Inc., and Corizon Health, Inc., into one (1) legal operating entity as soon as practicable in 2013.

As previously set forth, the merger of the parent companies of Corizon, Inc., (f/k/a CMS) and Corizon Health, Inc., (f/k/a PHS) led to the creation of the Corizon brand, a brand supported by some of the **most experienced** healthcare providers in the correctional healthcare industry today. In carrying out Corizon’s mission, our healthcare providers collectively focus on providing an inmate healthcare program that is tailored to meet the specific needs of each Corizon client. Throughout this proposal, Corizon, Inc., the legal entity making the within proposal submission, has included and/or referred to the valuable experience and resources Corizon Health, Inc., will bring to the TDOC as part of the Corizon brand.

As an organization, Corizon is focused on the following **four priorities** as an organization, all of which are predominant in our company’s mission, vision, and values. Everything that we do on a day-to-day basis is centered around the following:

1. Providing quality healthcare;
2. Being the low cost provider;
3. Meeting or exceeding our clients expectations; and
4. Being the healthcare employer of choice.

Following are statements of mergers, acquisitions or sales for each company within the last ten (10) years.



Employer of Choice
What Our Team Is
Saying.....

Corizon has proven to be a very employee centered, as well as client centered. The company strives for employees to feel valued and appreciated, a feeling many nurses in different settings often do not feel. Management is very supportive & focused. Overall, this company is top notch to work for!

–Jennifer Thompson
RN, ICQIC/TCIX-Annex
Employee since 2010

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Correctional Medical Services, Inc. (CMS)

In November 2001, CMS was owned by ARAMARK and under the umbrella of Spectrum Healthcare Services, Inc. ("SHS"). At that time, CMS and its affiliated companies in correctional healthcare, pharmacy, and substance abuse treatment separated from SHS. In May of 2002, Team Health of Knoxville, Tennessee acquired SHS. Following the divestiture, the CMS companies continued to be owned by Madison Dearborn Partners ("MDP"), ARAMARK, other private equity investors, and company management.

In May 2003, the CMS parent company discontinued use of the Spectrum name, and changed its name to VALITÁS Health Services, Inc. In December 2003, VALITÁS repurchased ARAMARK's remaining interest in the company. In December 2007, VALITÁS completed a recapitalization process. As part of the recapitalization, the private equity firm of Beecken Petty O'Keefe & Company increased its investment to a majority ownership position. As part of this transaction, MDP sold its interest in VALITÁS.

PHS Correctional Healthcare (PHS, n/k/a Corizon Health, Inc.)

PHS was a wholly owned subsidiary of America Service Group, Inc. ("ASG"). Prior to 2007, ASG also owned Secure Pharmacy Plus, LLC, a distributor of pharmaceuticals and medical supplies. In 2007, ASG entered into an asset purchase agreement with Maxor National Pharmacy Services Corporation ("Maxor"). As a condition, Maxor and PHS entered into a long-term pharmacy services agreement where Maxor became the primary provider of pharmaceuticals and medical supplies for PHS.

Corizon

Valitás Health Services, Inc. ("Valitás), the parent company of CMS (n/k/a Corizon, Inc.), and ASG, the parent company of PHS (n/k/a Corizon Health, Inc.), signed an agreement and plan of merger in March 2011 which would bring ASG and its subsidiary entities under the ownership of Valitás. Following governmental and regulatory review, the transaction was approved on June 1, 2011 by ASG shareholders and formally closed on June 3, 2011.

B.7. Felony Convictions

Corizon is proud of the thorough process involved in our site employee background investigations as well as our Human Resource Department's process for interviewing and screening corporate personnel. We hire individuals best suited for the job, and only those who demonstrate a clean history through our investigations. Corizon affirms to the State that none of our employees, agents, independent contractors, and subcontractors has been convicted of, pled guilty to, or pled *nolo contendere* to any felony.

B.8. Bankruptcy

Corizon has not filed (nor received a file against us) for bankruptcy or insolvency, nor have we undergone the appointment of a receiver, trustee, or assignee for the benefit of creditors.

B.9. Pending Litigation

Through this submission, Legal Counsel for Corizon, Inc., hereby attests that there is no material or pending litigation against such that is reasonably believed to adversely affect its ability to meet contract requirements pursuant to this RFP or is likely to have a material adverse effect on Corizon, Inc.'s financial condition.

B.10. Pending Security Exchange Commission Investigations

There is no pending nor in progress Securities Exchange Commission investigations involving Corizon.

B.11. Proposers Experience Providing Services

Corizon has provided correctional inmate healthcare services since 1979. This focused effort enables Corizon to not only lead the industry, but also set the standards to which our competitors aspire. We have always viewed our position as the industry leader as both an **honor and a responsibility**.

Correctional healthcare requires a special expertise. Corizon is committed to delivering comprehensive programs that provide the level and quality of service that meets or exceed our clients' expectations. We are proud that numerous prison systems have chosen Corizon as their healthcare services provider. ***However, we are equally pleased that Corizon and its affiliated companies are proven as a provider capable of maintaining long-term relationships in the often "unpredictable" correctional healthcare industry.*** While our ability to immediately improve and enhance each new healthcare program we obtain is proven, it is **with time** that our programs are optimized. Many of our current large correctional programs represent long-term partnerships that have grown and succeeded in multiple re-bids.



Corizon

No other competitor has successfully sustained as many long-term state prison contracts as Corizon.

Correctional Healthcare Contracts Corizon, Inc. and Affiliated Companies	
Missouri Division of Offender Rehabilitation Services/Department of Corrections	
Years of Service	19 Years December 1992-Present



Correctional Healthcare Contracts Corizon, Inc. and Affiliated Companies	
ADP	31,070
Scope of Services	Medical, dental, pharmacy, utilization management, and third party administration
Arkansas Department of Corrections	
Years of Service	15 Years July 1997-Present
ADP	17,165
Scope of Services	Medical, dental, pharmacy, psychiatry and third party administration
Minnesota Department of Corrections	
Years of Service	14 Years July 1998-Present
ADP	9,326
Scope of Services	Medical and psychiatry staffing, utilization management, pharmacy, and third party administration
Wyoming Department of Correction*	
Years of Service	7 Years July 2005-Present
ADP	1,952
Scope of Services	Medical, dental, mental health, and third party administration
Idaho Department of Correction	
Years of Service	7 Years July 2005-Present
ADP	5,184
Scope of Services	Medical, dental, pharmacy, limited mental health and third party administration
Indiana Department of Correction	
Years of Service	6 Years September 2005-Present
ADP	27,511
Scope of Services	Medical, dental, pharmacy, mental health, substance abuse and third party administration
New Mexico Corrections Department	
Years of Service	5 Years July 2007-Present
ADP	6,622
Scope of Services	Medical, dental, pharmacy, psychiatry, and third party administration
Alabama Department of Corrections	
Years of Service	4 Years November 2007-Present
ADP	25,751
Scope of Services	Medical, dental, pharmacy, utilization management, third



Correctional Healthcare Contracts Corizon, Inc. and Affiliated Companies	
	party administration
Michigan Department of Corrections*	
Years of Service	3 Years April 2009-Present
ADP	44,210
Scope of Services	Medical staffing and management services and third party administration
Tennessee Department of Correction	
Years of Service	2 Years January 2010-Present
ADP	19,796
Scope of Services	Medical, dental, pharmacy, utilization management, mental health and third party administration

* Corizon Health, Inc. contract

In addition, the states of Alabama, Idaho, and New Mexico selected Corizon, Inc. as their initial provider, changed to another provider in a subsequent procurement, **only to return to Corizon, Inc.** as their provider of choice after experiencing services through a different provider. We look forward to once again proving to the TDOC that our programs efficacy far exceeds that of our competitors.

Each of these long-term contracts is not only a testament to the efficacy of our program but to our willingness to work with our clients. As the TDOC is undoubtedly aware, the correctional environment is one of continual change. Over time, Corizon has learned that **to become a long-term partner**, we must grow with each system; ensuring that as the needs of the system change, we can effectively adapt our program according to need.

Corizon’s Ability to Deliver Services Sought by the TDOC

In response to the requirements in this section of the RFP, Corizon has provided a brief, descriptive statement detailing evidence of our ability to deliver the services sought under this RFP in the narrative that follows.

Corizon, Inc.’s Experience in Tennessee Partnering with a Vendor with Local Experience

Corizon, Inc. (formerly CMS) first began providing healthcare services in the State of Tennessee in 1988, when we partnered with the TDOC as the provider for Riverbend Maximum Security Institution. The Tennessee Prison for Women added our services in 1989, and Corizon was awarded the first statewide contract with the TDOC in 2000. Currently, we provide comprehensive medical and mental health services for the Tennessee Department of Correction.



Corizon, Inc./TDOC Partnership History


As previously described in the Executive Summary, Corizon, Inc. provided services to the TDOC from July 2001 through December 2005, providing quality health services to inmates in the custody of the TDOC. During this four year partnership, the TDOC and Corizon, Inc. accomplished many objectives and worked diligently toward our common goal of bringing a quality correctional healthcare program to the TDOC based on community standards of care. In 2005, the TDOC chose to partner with another healthcare provider through an open procurement. After experience services through a Corizon, Inc. competitor, the contract was once again placed in open procurement. We were **very pleased** to once again be chosen as the TDOC’s partner in 2010!

Since 2010, we have worked closely with TDOC to effectively develop and implement the innovative solutions necessary to not only ensure a quality program at TDOC, but to ensure each of the Department’s expectations are met. A list of program improvements and achievements accomplished can be found **Appendix A**. Corizon, continually dedicated to improvement, will use these accomplishments as building blocks for **further improvements** to the TDOC program in 2013 and beyond.

Corizon is well equipped to continue to provide health care services to the TDOC and is prepared to provide a compliant program on **day one** of the contract. Based on our 33-year service history, along with our local Tennessee office and national presence, Corizon is well-prepared to continue services in the TDOC following contract award.

Corizon Regional Office and Corporate Office Located in Tennessee

The strength Corizon’s onsite team at the TDOC will continue to be reinforced by the local support of our Regional Management Team located in **Nashville, Tennessee**, as well as the Brentwood, Tennessee Corporate Office and St. Louis, Missouri Operational Headquarters. Regional offices are hubs of activity where site-directed activity takes place. Our regional offices vary in size from one to 40 employees, depending upon contract requirements and size. The regional office for this contract will continue to be in Nashville, under **Dwayne Phillips**, Vice President of Operations (pages 49-56).



Corizon

Ensuring accountability to the TDOC through our established Brentwood, Tennessee Regional Office

Training and Education

Please refer to the section titled “Employee Orientation and Training” on pages 182-192 for a comprehensive description of the orientation, training and continuing education services that Corizon will continue to bring to TDOC.



Certifications

Corizon is pleased to provide all of our clients with exceptionally qualified physicians who are credentialed within one of the most vigorous and thorough processes in the industry. Our credentialing system is a comprehensive, proven approach refined over our 33 years in the correctional healthcare market.

Corizon will continue to follow strict credentialing procedures to employ only those persons maintaining the proper training, licenses, certificates, cooperative agreements and registrations necessary to provide services in Tennessee. We are proud to continue to offer TDOC a robust, multi-faceted credentials program. Please refer to the section titled “[Medical Staff Credentialing](#)” on pages 196-200 for a comprehensive description of Corizon’s credentialing process.

Corizon’s Accreditation Success – History of ACA Accreditation

As the current TDOC medical services provider, Corizon is well versed in providing a correctional healthcare program in accordance with ACA standards. **Corizon’s strong clinical and administrative resources will guarantee continued accreditation by the ACA.** Corizon’s Clinical Programs Department has developed a system that has enabled us to achieve a 100% success rate in obtaining accreditation in all TDOC facilities statewide. This success results from implementing a program based on ACA and NCCHC standards, and following up with an auditing system that ensures accreditation. Members of Corizon’s Clinical Programs Department, or others familiar with the auditing process, provide preparation materials and continuing guidance as well as mock audits well in advance of actual ACA and NCCHC audits. Corizon’s proactive approach in our pursuit of ACA and/or NCCHC accreditation and re-accreditation quickly identifies and addresses potential deficiencies prior to the actual audit. Corizon, Inc.’s current contract site list, provided as **Appendix H**, identifies the accreditation status of each Corizon, Inc. contract site.

Corizon’s ACA and NCCHC Mock Audits (Pre-accreditation Surveys)

Our broad-based approach to accreditation includes the preparation of activities, including education and training programs. Our training programs offer insight to offsite administrative team members and employees on what to expect during a survey or review. Our program covers Corizon’s current processes and documentation (to verify compliance with intent of standards) and a pre-accreditation survey. The following depicts the subject matter encompassed by the pre-accreditation process.

- Inmate Access to Care
- Quality Assurance Procedures
- Clinical Services
- Continuity of Care
- Inmates Referrals
- Inmate Transportation
- Tuberculosis Management
- Hepatitis A, B, and C Management
- HIV/AIDS Management
- Health Appraisal
- Chronic Care
- Dental Care
- Medical Co-payments
- Management of Chemical Dependence
- Pharmaceuticals
- Peer Review
- Health Service Staff
- Personnel Qualifications



- Treatment Plans
- Emergency Plans
- Infirmary Care
- Elective Procedure
- Pregnancy Management
- Health Records Transfers
- Prosthesis and Orthodontic Devices
- Detoxification
- Components of Communicable Diseases and Infection Control
- Inmate Death
- Health Education
- Intake Screenings
- Intrasystem Transfers
- Suicide Prevention
- Periodic Examinations
- Mental Health Program
- Bathing Facility Maintenance/Toilets
- Use of Restraints
- Health Records Content
- Credentials
- Emergency Response
- First Aid
- Inmate Assistance
- Confidentiality
- Informed Consent
- Medical Waste and Cleaning
- Research
- Sexual Assault Information

Corizon’s pre-accreditation survey assesses compliance with standards, identifies areas in which improvement is needed, and provides additional reinforcement to staff as they proceed in the learning process. When deficient areas are identified and improvement is required, an action plan is implemented to ensure compliance when the formal accreditation audit occurs. ***Use of the pre-accreditation survey review improves the confidence level of the staff and increases the success rate in achieving accreditation.***

Resources, Program and Quality Management Systems

As previously mentioned, Corizon is the leader in providing healthcare to meet the needs of the correctional population. Our specialized healthcare services program stands alone as the only one developed to ensure quality, evidence-based, cost-effective services while maintaining complete accountability to our clients. Our position as the largest and most experienced provider has allowed us to make investments in our healthcare program that far exceed our competitors.

Specifics regarding the program that Corizon will bring to the TDOC is located in our response to Section C: Technical Qualifications, Experience & Approach Items. In this Section, we describe our approach and include description and examples of specific guidelines, practices and reports. Additionally, we illustrate how we will manage our proposed healthcare services program and accomplish required objectives within the State’s project schedule.

Continuous Quality Improvement (CQI)

The CQI program that Corizon currently has in place at each TDOC facility was designed to monitor and evaluate the adequacy and appropriateness of our healthcare program. This program is addressed, in detail, in the section titled “Quality Improvement” on pages 205-208.

Partnership Strength

Corizon 2013 Initiative



TDOC Core Need:

Partnership Strength

By choosing Corizon to continue as the comprehensive healthcare services provider, the TDOC will align with the only vendor with the proven infrastructure **currently in place** to support the program. We look forward to continuing our successful working relationship with the TDOC for it is Corizon's desire to continue our tenure with the TDOC. Continuity of care, patient care and transparency will remain as the cornerstones of Corizon's customer satisfaction program for the TDOC. As such, Corizon's program for the TDOC will include each of the following components:

- Tennessee-based Regional and Corporate Offices (pages 49-58);
- Clients for Life Model (pages 75-80);
- Experienced leadership teams (pages 49-56);
- Medical and Mental Health database at no additional cost to the TDOC (page 91); and
- Re-Entry Portal at no additional cost to the TDOC (pages 227-229).

B.12. Project Team

Corizon's Tennessee Regional Office



TDOC Core Need:

Tennessee-Based Regional Office

Corizon is pleased to propose the continuation of our entire Tennessee Regional Office Management Team. Corizon feels that a **strong regional presence** in the areas where we provide healthcare personnel and services is a highly important aspect of our contract deliverables. Because of this, the strength of the onsite team that oversees the TDOC contract will be reinforced by the local support of our in-state regional office located in **Nashville, Tennessee. Each member of our Tennessee regional office resides in Tennessee full-time.** This gives TDOC Administration immediate access to our onsite Regional Management team. Our Tennessee regional office team supports the efforts of the TDOC program 24 hours a day, seven days a week. Please refer to the following section for an overview of our TDOC local and Regional Management Team, which is currently in place for the TDOC contract.

Corizon's Tennessee-based Regional Management Staff



TDOC Core Need:

Experienced Leadership Team

Corizon's recent two-year tenure as the medical services provider to the TDOC has allowed us to assemble a staff prepared by advanced education and experience, equipped to meet the demands of TDOC. Our current TDOC local and Regional Management Team, as well as the



corporate office and operational headquarters, will continue to provide both technical and operational management support for our TDOC contract. Responsibilities of the Corizon Regional Management team dedicated to the TDOC contract include:

- Serving as direct liaisons with TDOC officials;
- Delivering services in accordance with contract and community standards;
- Coordinating and overseeing the operational activities of the TDOC contract;
- Supervising the fiscal management of the contract services;
- Establishing and maintaining productive working relationships with secondary care service providers in the community; and,
- Assuring the proper reporting mechanisms are functional between TDOC and Corizon.

Number of Combined
Years Correctional
Healthcare Experience
of Corizon's TDOC
Dedicated Personnel

142

The following team is under the direct oversight of **Tom Voss**, Senior Vice President State Corrections, to ensure a quality, cost driven program.

This team of experienced medical professionals brings 142 COMBINED YEARS of correctional healthcare management experience to our current TDOC program!

Corizon's TDOC Leadership Team Tennessee Regional Office Management		
Regional Office Team	Office Location	Years of Correctional Healthcare Experience
Tom Voss, Senior Vice President State Corrections	Tennessee	30
Dwayne Phillips, Vice President of Operations	Tennessee	6
Lynn Cole, Regional Director	Tennessee	5
Sylvia McQueen, MD, CCHP, Statewide Regional Medical Director	Tennessee	22
Glen Babich, MD, Associate Regional Medical Director	Tennessee	18
Helen Coleman, DDS, Regional Dental Director	Tennessee	2
Tiffany Sarell, PharmD, Regional Clinical Pharmacist	Tennessee	3
Sheila Vaughn, RN, Outpatient Nurse Manager	Tennessee	7
Seana Walters, RN, Utilization Management Nurse	Tennessee	27
Karen Mason, RN, Regional CQI Coordinator	Tennessee	3
Tina Marcy, RN, Regional Infection Control Coordinator	Tennessee	11
Jeremy Chase, RN, Clinical Nurse Educator	Tennessee	4
Farrah Elizabeth Blackwell, Scheduling Coordinator	Tennessee	2
Viki Rowlett, Scheduling Coordinator	Tennessee	2

Qualification Summaries of Personnel Currently Dedicated to our TDOC Contract

Corizon is pleased to propose the continuation of our Tennessee Regional Office Management Team for the new contract. ***Corizon has tailored our Tennessee team to the TDOC and believe that the team we***



have in place is the right fit for Tennessee. The following includes a brief biography of our key TDOC leadership team.

Tom Voss

Senior Vice President, State Corrections

Tom Voss serves as Senior Vice President of State Corrections with overall responsibility for the financial and operational performance of the TDOC/Corizon contract. Mr. Voss will continue to oversee client relations and will manage TDOC performance expectations; maintain adequate staffing to support quality care outcomes; identify and implement operational strategies to effectively and efficiently utilize pharmaceuticals, offsite subspecialty, and community hospital services.

During his tenure with Corizon, Mr. Voss has held roles as a Regional Manager, Regional Vice President, Vice President of Operations and most recently, Senior Vice President, State Corrections. **Mr. Voss brings over 30 years of correctional healthcare experience to the TDOC.**

Dwayne Phillips, RN

Vice President of Operations (RFP Title: Administrator)

Dwayne Phillips serves as Corizon's Vice President of Operations (VPO) over our TDOC contract. As the local VPO **dedicated solely to our TDOC contract**, Mr. Phillips reports to Tom Voss and is ultimately responsible for the performance of all TDOC sites including meeting the expectations of the TDOC client, maintaining the standards for providing medical care to the inmate population, and meeting the needs of the Corizon medical staff in Tennessee.

Mr. Phillips is responsible for all medical and dental services to include physician, nursing, dental, ancillary, dialysis care, secondary care, pharmacy administration, and administrative duties. Mr. Phillips will continue to work collaboratively with the TDOC and Corizon's corporate leadership to determine, implement, and monitor the strategic direction and plan for the TDOC program. **Mr. Phillips brings over six years of correctional healthcare experience to the TDOC.**

Lynn Cole

Regional Director (RFP Title: Administrator)

Lynn Cole serves as Corizon's Regional Director for our TDOC contract. As the Regional Director, Ms. Cole is responsible for assisting the Vice President of Operations, Dwayne Phillips, in oversight and management of all fiscal performance, onsite and offsite clinical performance labor management and operational/logistics functions of the healthcare operations at the TDOC correctional institutions and the Tennessee Regional Office. **Ms. Cole brings over 20 years of senior level healthcare management and five years of correctional healthcare experience to the TDOC.**

Sylvia McQueen, MD, CCHP

Statewide Regional Medical Director (RFP Title: Corizon State Medical Director)

Dr. Sylvia McQueen will serve as Corizon's Statewide Regional Director for our program at the TDOC. As the Regional Medical Director, Dr. McQueen will serve as the responsible physician and as the health authority required by national standards, provides the overall supervision for clinical services for the site



and serves as liaison for clinical matters with medical providers outside the system and is available to provide on-call services.

Since 1996, Dr. McQueen has been involved in the development of Quality Improvement (QI), Utilization Management (UM) and clinical programs in detention facilities and correctional system settings. Dr. McQueen was tasked with oversight of the provision of clinical services for client facilities in the Southeastern Region in 1997 through 2009 as Regional Medical Director, as State Medical Director for the Alabama Department of Corrections (2005-2007) and Michigan Department of Corrections (2009-2010). She is board-certified in Internal Medicine and is licensed to practice in the states of Michigan, Virginia, Tennessee, Alabama, North Carolina, Arizona and Georgia. ***Dr. McQueen is a Certified Correctional Health Professional and brings over 22 years of correctional healthcare experience to the TDOC.***

Glen Babich, MD

Associate Regional Medical Director

Dr. Glen Babich serves as Corizon's Associate Regional Medical Director for our TDOC contract. As the Associate Regional Medical Director, Dr. Babich is responsible for all off-site referrals and non-formulary requests, clinical work on-site to fill vacancies, and provides mortality reviews, peer review, provider interviews and physician orientation. ***Dr. Babich brings over 18 years of correctional healthcare experience to the TDOC.***

Helen Coleman, DDS

Regional Dental Director (RFP Title: Dental Consultant)

Dr. Helen Coleman serves as Corizon's Regional Dental Director for our TDOC contract. As the Regional Dental Director, Dr. Coleman directs and provides dental health services to inmates populations, interrelates and works effectively with inmates, Dental, Medical, Security, Administrative and Support staff, and participates in hiring ,orientation of all dentists and auxiliary staffing in all correctional institutions in Tennessee where Corizon provides Medical and Dental personnel. ***Dr. Coleman brings over two years of correctional healthcare experience to the TDOC.***

Tiffany Sarell, PharmD,

Regional Clinical Pharmacist (RFP Title: Clinical Pharmacologist)

Tiffany Sarell, PharmD serves as Corizon's Regional Clinical Pharmacist. She is responsible for analyzing prescribing trends to monitor patient compliance and to prevent excessive usage and harmful interactions, serving on designated committees for the TDOC and the regional office, maintaining all pharmacy records required by Federal/State regulations and by the TDOC, and serving as the liaison with the DEA and TN Board of Pharmacy. ***Dr. Sarell brings over three years of correctional healthcare experience to the TDOC.***

Sheila Vaughn, RN

Outpatient Nurse Manager

Sheila Vaughn, RN serves as Corizon's Outpatient Nurse Manager for our TDOC contract. As the Outpatient Nurse Manager, Ms. Vaughn facilitates appointment timelines, problem resolution, transportation and process flow, coordinates any in-service training of staff, and provides inmate



outreach education in specific specialty areas as needed. **Ms. Vaughn brings over seven years of correctional healthcare experience to the TDOC.**

Karen Mason, RN, CCHP

Regional CQI Coordinator (RFP Title: Continuous Quality Improvement Coordinator)

Karen Mason, RN, CCHP serves as Corizon's Regional CQI Coordinator for our TDOC contract. As the Regional CQI Coordinator, Ms. Mason assists the Regional Manager in coordinating the delivery of contract services and ensures sites are in compliance with all aspects of the contract. Specific responsibilities includes auditing, documenting, reporting and communicating site compliance with Corizon CQI program requirements, Corizon policies and procedures (both administrative and clinical) and legal requirements, regulations and standards set forth by the TDOC. **Ms. Mason brings over three years of correctional healthcare experience to the TDOC.**

Tina Marcy, RN

Regional Infection Control Coordinator (RFP Title: Infectious Disease Management Coordinator)

Tina Marcy, RN serves as Corizon's Regional Infection Control Coordinator for our TDOC contract. As the Regional Infection Control Coordinator, Ms. Marcy is responsible for developing, implementing and monitoring processes/data, evaluating the effectiveness of the identified process and reporting identified trends. Ms. Marcy has experience in active TB Contact investigation, policy revision, and clinical education support relating to Infectious Disease processes, OSHA, TOSHA, CDC guidelines and standards. **Ms. Marcy brings over 11 years of correctional healthcare experience to the TDOC.**

Jeremy Chase, RN

Clinical Nurse Educator (RFP Title: Statewide Health Educator)

Jeremy Chase, RN serves as Corizon's Clinical Nurse Educator for our TDOC contract. As the Clinical Nurse Educator, Mr. Chase works closely with the DOC to develop and implement annual and new employee skills competency evaluations and performs needed in-service/trainings based upon those evaluations. **Mr. Chase brings over four years of correctional healthcare experience to the TDOC.**

Seana Walters, RN

Utilization Management Nurse (RFP Title: Inpatient Utilization Management Nurse)

Seana Walters, RN serves as Corizon's Utilization Management Nurse for our TDOC contract. As the Utilization Management Nurse, Ms. Walters is responsible for inpatient utilization management, daily case management and discharge planning. Ms. Walters is a Registered Nurse and has a Bachelor of Science in Nursing from William Carey College. **Ms. Walters brings over 15 years of nursing experience and over two years of correctional healthcare experience to the TDOC.**

Viki Rowlett

Scheduling Coordinator

Viki Rowlett serves a Scheduling Coordinator for Corizon's TDOC contract. As the Scheduling Coordinator, Ms. Rowlett is responsible for coordinating and maintaining the scheduling of outpatient surgeries and doctor appointment for TDOC inmates. In addition, Ms. Rowlett coordinates telemedicine clinics, develops departmental procedures for telemedicine clinic scheduling, and maintains the report



process for the delivery of medical reports to the facilities. ***Ms. Rowlett brings over two years of correctional healthcare experience to the TDOC.***

Beth Blackwell
Scheduling Coordinator

Beth Blackwell serves as a Scheduling Coordinator for Corizon's TDOC contract. As the Scheduling Coordinator, Ms. Blackwell is responsible for the scheduling of outpatient specialty appointments and surgeries for TDOC inmates, scheduling of infectious disease telemedicine clinics, assists in transportation for TDOC inmates, and communicates with physicians concerning the care of TDOC inmates. ***Ms. Blackwell brings over two years of correctional healthcare experience to the TDOC.***

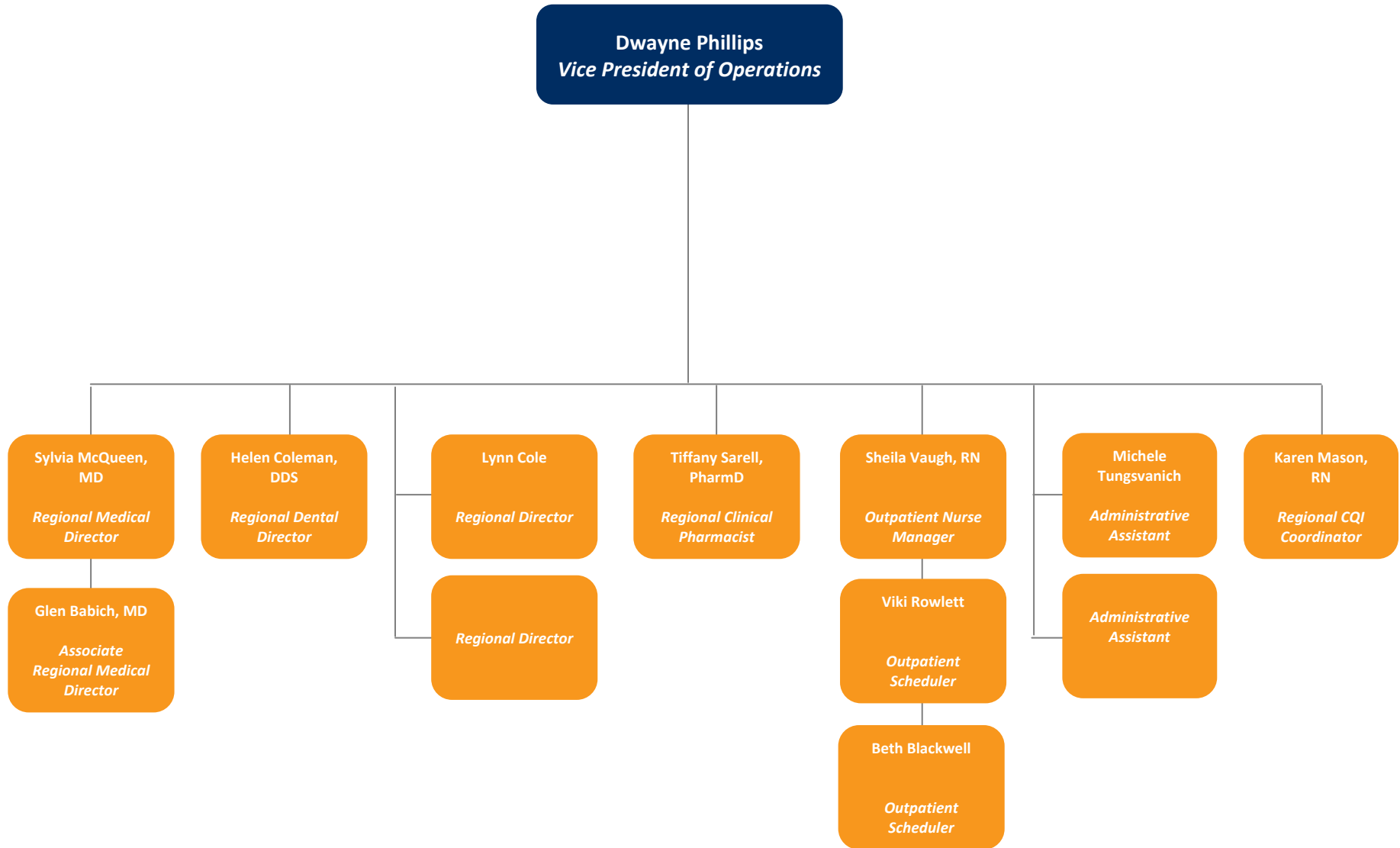
Organizational Chart

Corizon's organizational structure has been developed to realize our corporate vision of providing quality correctional healthcare. The purpose of the structure is to provide clearly delineated lines of authority and accountability to ensure the highest possible quality of service to both the TDOC and the inmates within this correctional system. Corizon's key management personnel, through their respective roles, are responsible for managing Corizon's contracts and deploying our professional and technical resources.

The following organization charts outline our Tennessee Regional Management Office and Utilization Management Team structure, along with our current executive management structure.

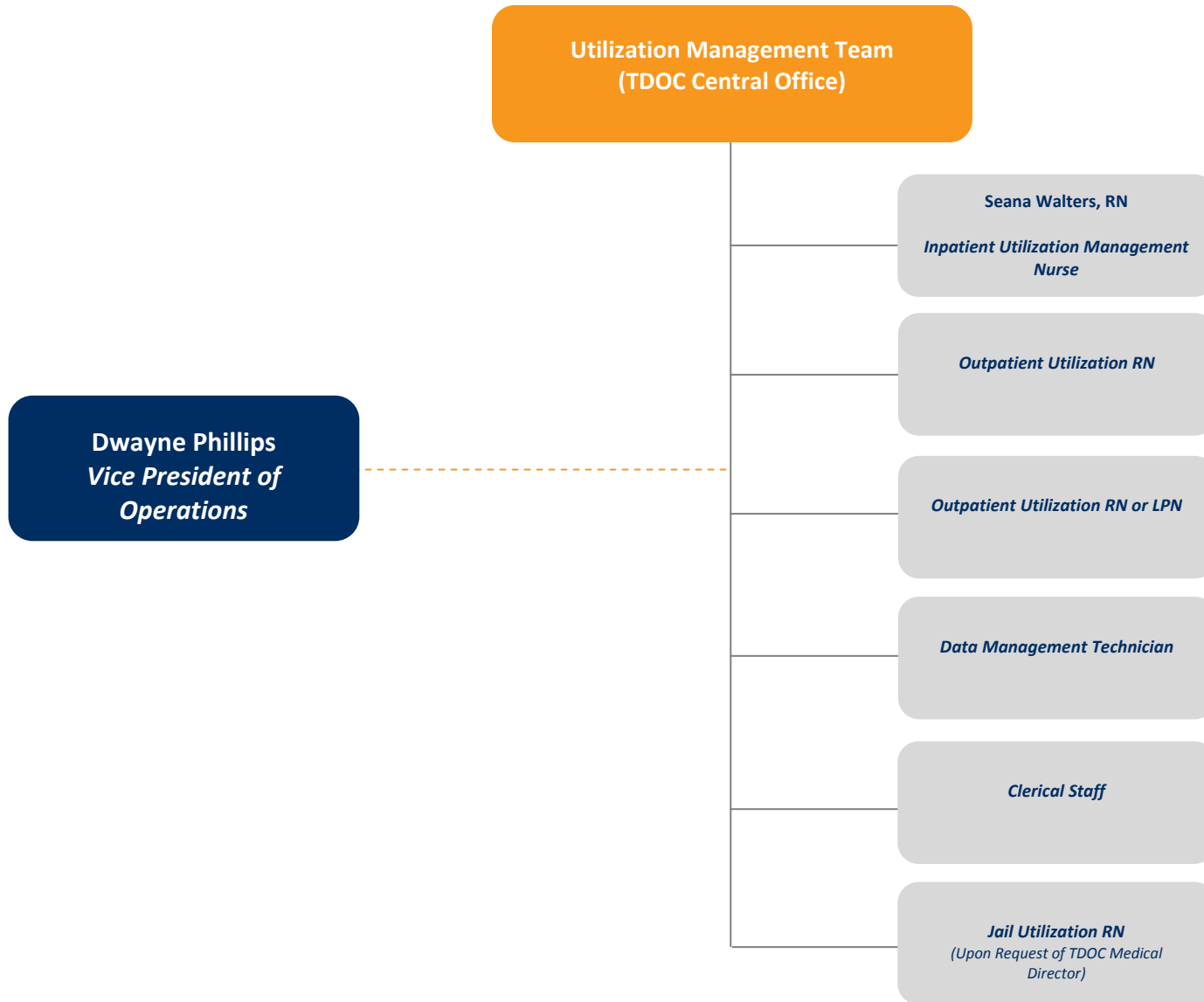


Tennessee Regional Management Office

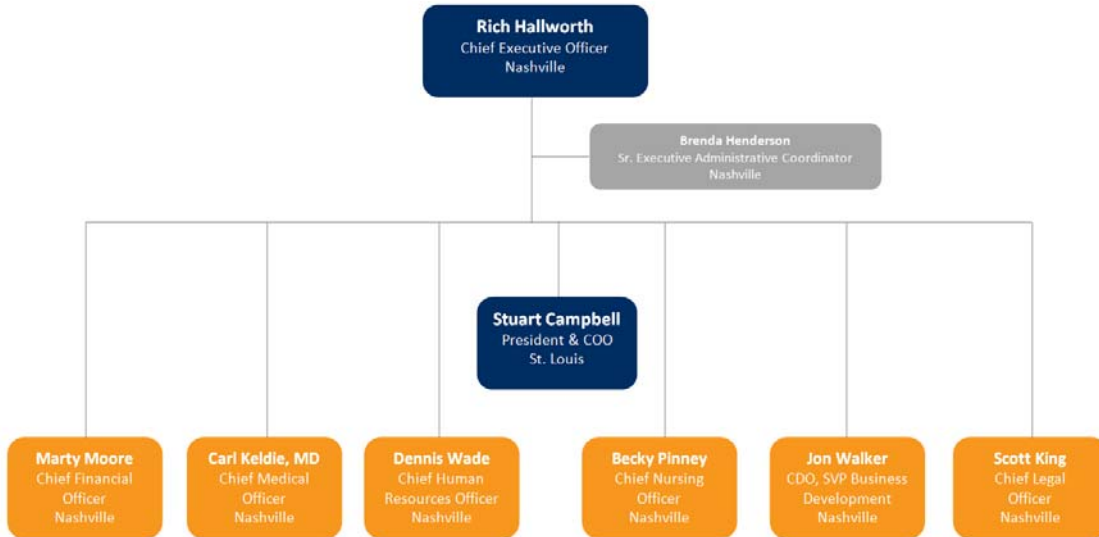




Tennessee Utilization Management Team



Executive Management



Tennessee-based Corporate Office

Corizon has the largest and most sophisticated corporate office in the industry, which is located in **Brentwood, Tennessee**. Our in-state corporate headquarters enhances our responsiveness to TDOC by allowing the **availability and visibility of**



TDOC Core Need:

Tennessee-based Corporate Office

Corizon management personnel to the TDOC. This is important because our size and depth allows our regional management staff and onsite management staff to focus solely on healthcare service delivery. “Back shop” business tasks are handled in St. Louis and Brentwood; this ensures that our regional and onsite staff to focus their efforts on meeting the needs of the TDOC. Our Corporate Office supports the efforts of our onsite teams 24 hours a day, seven days a week. Operating hours for our corporate and operational offices are 7:00 a.m. to 6:00 p.m., Monday through Friday, after which the office is closed and an answering service refers emergency calls to the appropriate on-call executive staff member. Our offices have departments organized to support the efforts of our regional teams. They include the following:

Central Office Support for our Statewide Programs		
Corizon Department	Support Services	
Financial Services	<ul style="list-style-type: none"> Accounts payable Accounts receivable Claims Payroll 	<ul style="list-style-type: none"> Customer service Tax Accounting



Central Office Support for our Statewide Programs		
Corizon Department	Support Services	
Legal Services	<ul style="list-style-type: none"> Contract drafting, negotiation, and interpretation Litigation, claims, and risk management In-service education 	<ul style="list-style-type: none"> Dispute resolution Statutory and regulatory interpretation Inmate grievance support
Information Technology	<ul style="list-style-type: none"> Network Operations Telecommunications Application Development Support Services 	<ul style="list-style-type: none"> Clinical information systems/Electronic health record support PeopleSoft/Kronos Operations
Clinical Services	<ul style="list-style-type: none"> Clinical programs Utilization management Start-up support Policy and Procedures Clinical education 	<ul style="list-style-type: none"> Educational support Accreditation readiness Site troubleshooting Infectious disease management
Human Resources	<ul style="list-style-type: none"> Recruiting Human Resources Management System (HRMS) Compensation Teleservices 	<ul style="list-style-type: none"> Benefits Administrative services Training and development Administrative purchasing Mailroom
Operations	<ul style="list-style-type: none"> Healthcare Financial operations Executive management Sales 	<ul style="list-style-type: none"> Site human resources PharmaCorr pharmacy services Purchasing Network development

B.13. Roster and Resumes

Tennessee Regional Office Staff

Corizon will continue to provide a full complement of staff for the TDOC contract. For this contract, Corizon provides key staff, including the following positions. With the exception of the Senior Vice President, all of these positions will continue to be located at our Tennessee Regional office. Corizon has provided resumes in **Appendix I**.

Proposed Regional Office Staff Located at Corizon Regional Office		
Position	FTE	Time Dedicated Solely to TDOC
Senior Vice President *	1	20%
Vice President of Operations	1	100%
Regional Medical Director	1	100%
Associate Regional Medical Director	1	100%
Regional Dental Director	1	100%
Regional Director	2	100%
Regional Clinical Pharmacist	1	100%



Proposed Regional Office Staff Located at <u>Corizon Regional Office</u>		
Position	FTE	Time Dedicated Solely to TDOC
Outpatient Scheduling Nurse Manager	1	100%
Outpatient Scheduler	2	100%
Regional CQI Coordinator	1	100%
Regional Infection Control Coordinator	1	100%
Clinical Nurse Educator	1	100%
Administrative Assistant	2	100%

*Corporate Brentwood, TN position with TDOC contract oversight responsibility

Proposed Utilization Management Staff – Located at TDOC Central Office

Corizon understands that operations of utilization management will be located in TDOC Central Office. Corizon’s utilization management staff for the TDOC contract will work in the TDOC office under the direction of the TDOC Medical Director, with collaborative direction from Corizon leadership. Corizon will provide the following utilization management team for the TDOC. Our standard job description for each of the positions below have been provided in **Appendix I**. Upon contract award, Corizon will meet with the TDOC to customize according to contract specifications. In addition, Seana Walters currently serves as Corizon’s Inpatient Utilization Management Nurse. A copy of her resume can be found in **Appendix I**.

Proposed Utilization Management Staff Located at <u>TDOC Central Office</u>		
Position	FTE	Time Dedicated Solely to TDOC
Inpatient Utilization Management RN at the TDOC	1	100%
Outpatient Utilization RN (or 1 RN with 1 LPN) at the TDOC	2	100%
Data Management Technician UM at TDOC	1	100%
Clerical Staff UM at TDOC	1	100%
Jail Utilization RN at TDOC*	1	100%

*Upon request of the TDOC Medical Director

B.14. Subcontractors

Corizon’s ability to provide the TDOC inmate population with the specialty medical care services and treatment they need will continue to be facilitated by the network of providers and local businesses we have developed over the course of the last two years. We are confident that no other correctional health care provider can provide the access to these providers that Corizon currently provides.

Corizon will continue to provide our program for the TDOC in coordination with numerous vendors; each of which is named in **Appendix J**. Our commitment to ensuring that our program is fully operational on day one of the contract is confirmed by the network of support providers we already have in place.



Corizon currently contracts with each of these providers and each plan to continue to work with Corizon through this re-bid and in the next contract term. Please refer to **Appendix K** for Letters of Intent from Corizon's proposed chemotherapy and diversity providers.

In addition, Corizon received a **Letter of Support** from Nashville General Hospital supporting Corizon in this re-bid with the TDOC, which can also be found in **Appendix K**.

B.15. Corizon's Commitment to Diversity

B.15.a. Existing Programs to Promote Minority Business

Corizon's Vendor Diversity Program - Dedication to Promoting Minority Businesses

- Corizon has a company-wide commitment through our Vendor Diversity Program to promote the growth and development of qualified business enterprises owned by minorities, women, persons with a handicap or disability.
- This program is developed to promote and foster inclusiveness, diversity and economic development, as well as provide on-going evaluation to ensure that businesses are provided equal opportunities in contracting and procurement activities.

As Corizon strives to conduct business in a fair and equitable manner, we follow local and state laws and adhere to regulations of the states in which we operate. Corizon is dedicated to providing diverse businesses the opportunity to participate in all areas of procurement, including vendor, provider and supplier activities.

Corizon has over 33 years of history; working with local and small business, as well as an annual spend of over \$55 million with minority, women and small businesses across the country. Our efforts are designed to create and increase business opportunities for all by promoting job development, neighborhood stabilization, and economic growth in the geographical areas where Corizon conducts business.

The Corizon program applies to all firms or institutions regardless of the business owner's race, color, religion, gender, gender identity or expression, sexual orientation, national origin, disability, age, or status as a special disabled veteran or other veteran. The Corizon program complies with all applicable federal, state and local laws, including those dealing with the use of women-owned and minority-owned businesses. The Corizon Provider Operations Department leads this effort by:

- Managing the program, providing direction and serving as an advocate;
- Identifying and qualifying M/WBE suppliers and expanding opportunities whenever possible;
- Participating and networking in local, regional and national M/WBE groups; and,
- Establishing goals and tracking participation levels.



Key performance measurements of the program include:

- Current certification of M/WBE suppliers;
- Tracking and reporting of M/WBE purchases, and the percentage of total purchases;
- Proper racial, ethnic categorization of business types;
- Tracking dollars spent in each M/WBE product or service category; and,
- Diverse supplier base – percentage by service/good category, and minority classification.

Corizon prides itself on creatively working with smaller M/WBEs to establish and grow these businesses. Prepaying for services and providing cash deposits up front are two examples of how Corizon has assisted M/WBEs with effectively operating cash flows.

Corizon uses a computerized purchasing system, which features a component that interfaces with company financial systems to track supplier credentials, purchasing volumes, and M/WBE participation levels. When a new supplier is added, forms are submitted from the Purchasing Department to the Finance Department for system input. Computerized activity reports are generated to monitor performance and participation levels.

B.15.b.i-iii. Corizon's Current Contracts with Minority Businesses

The following is a list of all current M/WBE contractors utilized by Corizon. Although the identification of qualified M/WBE providers can be very challenging in the unique industry of correctional healthcare, the following list demonstrates our commitment to the utilization of minority and women owned businesses.



Current Contracts with Minority Businesses – 2012

Vendor	Contract Description	Annualized Dollars/Total Value Per Year	City	State	Telephone	Owner(s)	Ownership Characteristics
Lakewood Healthcare Associates	Physicians, Psychiatrists, Psychologists, Dentists	\$9,428,000	Annapolis	MD	301-925-7022	A. Getachew	MBE
Jackson Institutional Dental Services	Dental Services	\$4,086,000	Jefferson City	MO	(573) 619-9478	Ernest W. Jackson, DMD, MS, MCJ, DABFO	MBE
CharDonnay Dialysis, Inc.	Dialysis	\$4,460,000	Danville	IL	(217) 477-1490	Donna Combs-Williamson	WBE
En Pointe Technologies	Computer Technology Services	\$196,000	Gardena	CA	888-888-8223	Dr. Mansoor Shah	MBE
Opticians on Call	Eyeglasses	\$190,000	Owings Mills	MD	443-794-3919	Santana Nottage	MBE
Global Diagnostic Imaging	Mobile Ultrasounds	\$22,000	Conyers	GA	770-602-0502	Marc Upshaw	MBE
Indiana Minority Health Coalition (IMHC)	Psychiatric Services and Staffing	\$4,082,000	Indianapolis	IN	317-926-4011	Nancy Jewell	MBE
RepuCare	PT Services/Laboratory Services	\$1,010,000	Indianapolis	IN	317-578-2858	Billie Drago	WBE
Correct RX	Pharmacy Services	\$478,000	Linthicum	MD	(410) 636-9500	Ellen Yankellow	WBE
Answer Jefferson City	Answering Service	\$21,000	Jefferson City	MO	(573) 659-7907	Gail E. Cisco	WBE
Progressive HomeCare Services, Inc.	Infusion Therapy	\$18,525,000	Indianapolis	IN	304-723-7188	Sandra Stephens-Arbuckle	WBE
Trans Alliance Group	Pharmacy Services	2,866,000	Alpharetta	GA	770-992-9940	Oliver Nwabude	MBE



Current Contracts with Minority Businesses – 2012

Vendor	Contract Description	Annualized Dollars/Total Value Per Year	City	State	Telephone	Owner(s)	Ownership Characteristics
Jewel Healthcare Solutions, Inc.	Pharmacy Services	\$2,994,415	Columbia	MO	573-819-9944	Jewel Cofield	MBE
Mumby & Simmons	Dental	\$2,260,540	Baltimore	MD	410-664-2503	Ken Simmons	MBE
Healthy Alternatives	Medical Supplies	\$538,000 (projected)	Tyrone	PA	888-278-0202	Cynthia Banas	WBE
Etris Associates, Inc.	Wound Care	\$31,851	Philadelphia	PA	215-673-3600	Marie Brown-Etris	WBE



B.15.c.i-ii.i Level of Participation

Corizon's Companywide Commitment to Diversity

Corizon's diversity covers a broad range of personal attributes and characteristics such as race, gender, age, cultural heritage, and personal background. We are cognizant that developing and supporting a diverse workplace is integral to our success, and we strive to fully develop the potential of our employees. To achieve this goal, we retain human resources systems that support individual employee development. We regularly review these systems to make sure they embrace each individual who comprises our workforce, including women and the various population groups that make up our minority workforce.

Corizon is committed to promoting the growth and development of qualified minority businesses by focusing resources on business enterprises owned by minorities, women, persons with a handicap or disability to increase and track participation levels. We have received commitments from the following certified small businesses and businesses owned by women and minorities interested in providing services through us for the TDOC contract. Please refer to **Appendix K** for Letters of Intent.



Corizon's Proposed Partnerships

<i>Small Business Name</i>	<i>Certificate #</i>	<i>Ownership Characteristics</i>	<i>Description of Contract/Service Description</i>	<i>Participation Estimate (percentage)</i>	<i>Letter of Intent</i>
<i>Garcia Clinical Laboratory, Inc.</i>	<i>051809-08</i>	<i>WBE</i>	<i>Clinical Laboratory Services</i>	<i>1.7%</i>	<i>Yes</i>
<i>Chardonay Dialysis, Inc.</i>	<i>072710-01</i>	<i>WBE</i>	<i>Dialysis</i>	<i>1.3%</i>	<i>Yes</i>
<i>Lee Medical, Inc.</i>	<i>071111-01</i>	<i>WBE</i>	<i>IV Management Services</i>	<i><.1%</i>	<i>Yes</i>



B.15.d. Corizon Diversity – Total Current Employees

The following chart demonstrates the breakdown of the current Corizon work force regarding minority employees. Although Corizon does not currently collect data on our hiring of professionals with disabilities, we make all decisions to recruit employees without regard to age, race, gender, religion, national origin, disability, or disabled veteran status.

Diversity of Corizon’s Current Workforce – 2012	
Minority Description	Percentage
Native Hawaiian/Other Pacific Island	0.15%
American Indian/Alaska Native	0.62%
Hispanic/Latino	4.71%
Black/African-American	24.10%
Asian	0.77%
Female	82.89%

B.16. Contracts with the State of Tennessee

Corizon is currently the proud partner of the Tennessee Department of Correction, as the provider for correctional healthcare and mental health services.

Corizon does not have any completed contracts with the State of Tennessee within the previous five-year period.

B.16.a. Contract Contact Information

Tennessee Department of Correction
Dr. Kenneth Williams, MD, TDOC Medical Director
P/615-741-1000 x 8210
E/ Kenneth.Williams@tn.gov

B.16.b. Procuring Agency Name

Tennessee Department of Correction



B.16.c. Scope of Services

Corizon provides services to the following TDOC facilities:

Scope of Services TDOC/Corizon Program	
Facility	Services Provided
Charles B. Bass Correctional Complex (CBCX)	Medical, Mental Health, Dental Pharmacy
Lois M. DeBerry Special Needs Facility (DSNF)-Based	Mental Health & Pharmacy, Dental/Medical Providers Only, Dietician, Dialysis
Lois M. DeBerry Special Needs Facility (DSNF)-Inpatient	Mental Health & Pharmacy, Dental/Medical Providers Only, Dietician, Dialysis
Morgan County Correctional Complex (MCCX)	Mental Health & Pharmacy, Dental/Medical Providers Only
Mark H. Luttrell Correctional Center (MLCC)	Mental Health & Pharmacy, Dental/Medical Providers Only
Northeast Correctional Complex (NECX)	Mental Health & Pharmacy, Dental/Medical Providers Only
Northwest Correctional Complex (NWCX)	Mental Health & Pharmacy, Dental/Medical Providers
Riverbend Maximum Security Institution (RMSI)	Medical, Mental Health, Dental Pharmacy
Southeastern Tennessee State Regional Correctional Facility (STSRCF)	Mental Health & Pharmacy, Dental/Medical Providers Only
Turney Center Industrial Complex 1	Medical, Mental Health, Dental Pharmacy
Turney Center Industrial Complex 2	Medical, Mental Health, Dental Pharmacy
Tennessee Prison For Women (TPW)	Medical, Mental Health, Dental Pharmacy
West Tennessee State Penitentiary (WTSP)	Mental Health & Pharmacy, Dental/Medical
Hardeman County Correctional Center	IP Management Only
South Central Correctional Complex	IP Management Only
Whiteville Correctional Facility	IP Management Only

B.16.d. Contract Term

Health Services Contract Term: January 1, 2010 through December 31, 2012

Mental Health Services Contract Term: July 1, 2011 through June 30, 2015

B.16.e. Contract Number

Health Services Contract Number: FA1030424

Mental Health Services Contract: FA1339381



B.17.a-e. Customer References

Corizon has provided sealed reference questionnaires within a larger, labeled envelope, located in the front of our original technical proposal binder.

We have provided sealed reference questionnaires from the following:

- Alabama Department of Corrections
- New Mexico Corrections Department
- Indiana Department of Correction
- Maryland Department of Public Safety and Correctional Services
- Monroe County Jail

Additionally, during the due diligence phase of our proposal development, Corizon reached out to our point of contact at each of the following previous (completed) contracts by sending the reference questionnaire request. We have provided the contact information for each contract below, for the reader’s review.

Reference	Contact Information
West Virginia Division of Corrections	Jim Rubenstein, Commissioner 1409 Greenbrier Street Charleston, WV 25311
Collin County Jail	Chief Randy Clark 4300 Community Blvd. McKinney, TX 75070
Galveston County Sheriff’s Department	Mike Henson, Chief Deputy 5700 Avenue H Galveston, TX 77551
Manatee County Jail	Anthony Ackles, Major Central Jail Facility 14470 Harlee Road Palmetto, FL 34221

B.18. Alternative or Supplemental Contract Language

In compliance with TDOC RFP Amendment #2, Corizon has provided the following red-line clarification language to the *pro forma* contract.

Section A.4.(e) (*pro forma* Contract p.8, in pertinent part)

The contractor shall be responsible for fifty percent (50%) of the costs of all HIV/Acquired Immune Deficiency Syndrome (AIDS) and hepatitis C antiretroviral medications prescribed by a physician or mid-level provider, according to TDOC treatment protocols, guidelines and formulary developed by the TDOC Medical Director and the Clinical Pharmacologist and the Pharmacy Vendor. **In the event the TDOC elects to procure pharmaceutical services from a different vendor (from the current vendor) at anytime during the term of the contract, and the new vendor utilizes a pricing methodology and/or cost model which is materially different from that of the current pharmaceutical services vendor, said change will**



result in the contractor and the TDOC renegotiating the contractor's financial responsibility under this Provision. Specifically, the contractor shall be afforded the opportunity to review the new pharmaceutical service vendor's pricing methodology and/or cost model so as to ensure its financial responsibility thereunder is consistent with that upon which its proposal submission was based. Corizon further requires that the TDOC's contracted pharmacy provide prescription level detail monthly (in a mutually agreeable electronic format) no later than the fifth day following the month of service to include all medications for which the Contractor has financial responsibility.

Section A.6(c) (pro forma Contract p.12)

Mobile Services. Mobile Services. The Contractor shall maximize the use of on-site services at TDOC facilities as specified in the Contractor's RFP proposal. (RFP Attachment 6.2- Section C – Technical Proposal & Evaluation Guide - Item Ref. C.3.) The contractor has the option to sub-contract all services that can be mobilized. The contractor is expected to provide mobile services that include, but are not limited to, radiological services, ~~CT, MRI~~ and ultrasound services at all TDOC facilities. It is recognized that not all mobile service ~~can be~~ are available at the start of or during the term of the contract, but at all times relevant herein, the contractor shall exercise its best efforts to procure and include all available mobile services ~~proposed services should be included~~ in the its proposal submission and/or at the time of service delivery. The company selected for mobile services will be assessed and given final approval by the State. In addition, the Contractor shall make provisions for on-site mobile services at both female facilities, which shall include mammogram, ultrasound, and digital x-ray with viewing capabilities to radiologists resulting in interpretations within 24 hours. Physicians, to include the TDOC Medical Director, in TDOC facilities will have access to view films. The Contractor will provide any other mobile services that are demonstrated to be cost effective and/or provide an added benefit to the State.

Section A.7(e) (pro forma Contract p.14)

Non-Secure Units. Starting on day three (3) of an inpatient stay at a hospital that does not contain a secure unit, the Contractor shall pay the State four hundred dollars (\$400.00) per day per inmate to cover the cost incurred by the State to provide Security. ~~If at any time during the term of the Contract, Nashville General Hospital no longer provides a secure unit and full hospital services as provided on the date of the Contractor's proposal submission, the TDOC shall waive the secure unit fee until the Contractor secures a contractual arrangement with a substitute Tennessee based hospital that operates a secure unit and provides full hospital services for TDOC patients. In the event the waiver is invoked hereunder, the Contractor shall use best efforts to negotiate and obtain a hospital agreement with a secure unit, providing written documentation to the TDOC on a monthly basis as to its efforts in this regard.~~

Section C.3(a) and (b) (P29)

- a. The Contractor's compensation shall be contingent upon the satisfactory completion of units, milestones, or increments of service defined in section C.1. ~~Consistent with many other Corizon contracts, Corizon proposes to receive a prepayment of services, with adjustments by TDOC after the month of service should the TDOC determine that the satisfactory completion of services has not been achieved by Corizon.~~
- b. The Contractor shall be compensated for said units, milestones, or increments of service based upon the average daily population (in-house count at 10:30 p.m. plus inmates temporarily out to medical) times the number of days in the month times the blended per diem rate. ~~Corizon proposes to bill TDOC 15 days prior to the month of service based upon the most recently available ADP (generally this would be two months prior to actual month of service). We propose TDOC remit electronic payment by the 15th of the month of service. Once the ADP for the month of service has been~~



computed by TDOC and communicated to Corizon, we will compute the necessary adjustment (credit or additional amount owed) and include this on the next available prepayment invoice. As expansions to the individual facilities increase the operating capacities, the blended per diem rate will be recalculated based upon the new operating capacities subject to fully executed amendments to the contract.

Licensing Provisions/Agreements

There are no licensing provisions/agreements to which Corizon will expect the State to comply.

Section C: Technical Qualifications, Experience & Approach





Section C: Technical Qualifications, Experience & Approach

TECHNICAL PROPOSAL AND EVALUATION GUIDE

PROPOSER LEGAL ENTITY NAME:		Corizon, Inc.			
Proposal Page # (Proposer completes)	Item Ref.	Section C – Technical Qualifications, Experience and Approach	Item Score	Evaluation Factor	Raw Weighted Score
74	C.1.	Provide a narrative that illustrates the Proposer's understanding of the State's requirements and project schedule.		10	
74-80	C.2.	Transition Plan. The Proposer must provide a detailed narrative of its 60-day Transition Plan. The plan must detail how the Proposer will make an orderly and efficient transition of the full delivery of services on the effective date of the contract(s). The Proposer must include a timeline that illustrates how the Proposer will manage the project, ensure completion of the scope of services, and accomplish required objectives within the State's project schedule.		10	
80-234	C.3.	Work Plan. The Proposer must provide a Work Plan that describes its approach for accomplishing the work outlined in the pro forma contract, Scope of Services, Section A. The Proposer must provide specific details and work products to show how it will support regional and statewide operations, yet address the specific needs of each institution. The Work Plan must include a specific proposal to maximize the use of onsite services at TDOC facilities. The Proposer must clearly set forth its understanding of the State's requirements of this RFP and its ability to successfully complete this contract. The Proposer's Work Plan must include a description and examples of specific guidelines, practices and reports that will be utilized in its contract with the State. Work Plans in narrative format may include photos, graphs, charts, or other visual aids to assist in the description. Mere reiterations of the pro forma's Scope of Services are strongly discouraged, as they do not provide insight into the Proposer's ability to meet the terms of the contract. The Proposer's response to this section should be designed to convince the State that its detailed plan and approach is realistic, attainable and appropriate to complete the Scope of Services and that its bid proposal will lead to the most successful contractual terms.		60	
234	C.4.	Staffing Plans. The Proposer shall include its plan for staffing clinical services for each of the eleven State managed facilities. The proposal shall include at a minimum the Minimum Staffing Requirements listed in Attachment B of Attachment 6.6.		20	
<i>The RFP Coordinator will use this sum and the formula below to calculate the section score. All calculations will use and result in numbers rounded to</i>				Total Raw Weighted Score:	



<i>two (2) places to the right of the decimal point</i>	<i>(sum of Raw Weighted Scores above)</i>	
Total Raw Weighted Score Maximum Possible Raw Weighted Score <i>(i.e., 5 x the sum of item weights above)</i>	X 45 <i>(maximum possible score)</i>	= SCORE:
<i>State Use – Evaluator Identification:</i>		
<i>State Use – RFP Coordinator Signature, Printed Name & Date:</i>		



Section C: Technical Qualifications, Experience & Approach

As instructed by the RFP, Corizon has addressed all items in RFP Attachment 6.2.C, Technical Qualifications, Experience & Approach, providing in sequence the information and documentation as required and referencing a proposal page number for each item in the appropriate space. Further, Corizon understands the proposal evaluation process designed to award the contract resulting from the TDOC's RFP.

C.1. Corizon's Understanding of the State's Requirements

As the current provider of health services for the TDOC, Corizon understands the objectives of the RFP and has thoroughly analyzed the contents of the RFP, addendums, answers to questions, and other related procurement information. Corizon has followed the format of the RFP in construction of this technical proposal and has addressed each subject in turn. Please find our responses to each section in the following proposal document.

Through our current and previous experience in Tennessee and other statewide contracts we have operated throughout the country, Corizon has developed a concept of best practices to bring to the TDOC contract and an innovative approach to meet the requirements of the RFP. We also understand the project schedule as detailed in the RFP Schedule of Events, including the following key dates.

- November 8, 2012 - Proposal Deadline
- November 21, 2012 – State issues evaluation notice and opens RFP files for public inspection
- December 5, 2012 – Contract Signing
- December 21, 2012 – Performance Bond Deadline
- January 1, 2013 – Contract Start Date

Corizon is fully prepared to meet each of the key dates identified and we have the experience and resources to ensure all project timelines are met.

C.2. Transition Plan

Since the transition from one healthcare vendor to another is a sizeable undertaking (which often brings along with it several unexpected occurrences), we ask that the TDOC assess the scope of the process required when considering transitioning from *vendor to vendor*. Although Corizon's contract closeout plan is efficient, well organized, and structured, immediate and long-term program inefficiencies are inevitable once Corizon has relinquished the contract. Additionally, inexperienced vendors may offer a low bid to the TDOC, not knowing or understanding the complexities of the TDOC program or state of Tennessee expectations – thus resulting in a potential for the vendor to request additional program funding or to terminate the contract after the contract has been executed.



The program Corizon currently has in place for the TDOC is proven, and our current staff is fully prepared to implement each of the future program initiatives highlighted in the executive summary and throughout this response to address a full comprehensive health services program.

As the incumbent provider, Corizon has not provided a transition plan. However, we have provided a plan for each of the following seven initiatives we have discussed in our Executive Summary:

- Enhanced Inpatient Utilization Management (pages 149-150);
- Plan to Reduce Medical Transports (pages 141-142);
- Enhanced Disease Management Systems (pages 102-108);
- Enhanced Telemedicine (pages 216-217);
- Management of Subspecialty Utilization (pages 141-142); and
- Partnership Strength (page 49).

To ensure compliance with the directives of the RFP, Corizon has provided a *sample* 30-day transition plan in **Appendix L**.

Corizon – Ensuring Transparency to the TDOC

Corizon’s unmatched approach to ensuring transparency during our contract transitions and throughout the contract is provided on the pages that follow.



TDOC Core Need:



Clients for Life





COMMUNICATION + TRANSPARENCY =

Corizon: Trusted
Partner to TDOC

A True Partnership – Ensuring Client Satisfaction

At the center of all client satisfaction is a foundation of trust built on communication and transparency. Our focus on these two areas ensures that Corizon builds our customer satisfaction platform with a focus on ***keeping our clients for life***.

The adoption of the *Clients for Life process* is a commitment that drives Corizon’s ability to identify and develop strategies that mitigate risks and opportunities for you, our client.

During the life of a contract, many things have the potential to change. People change, circumstances change, expectations change. Corizon believes that the key to a successful partnership is found in the ability to stay in “lock-step” with our clients. When you experience a change in key TDOC or Corizon personnel, Corizon will facilitate a “***Transition Lite/Expectations***” meeting with TDOC leadership to review current goals and objectives created at the previous transition/expectation meeting to ensure that these are still properly aligned with the TDOC strategic plan and to adjust the goals and objectives as necessary.

Each year, we will facilitate an annual expectations meeting to review performance measures and establish prioritized goals and objectives aligned with the department’s strategic plan for the next calendar year.



So what does all of this mean to the TDOC?

Our Clients for Life process is an inclusive cultural commitment for EVERY member of the Corizon organization. Maintaining and supporting client contracts and the relationships within these contracts is an organization-wide effort that allows us to thrive, and deliver outstanding, above-and-beyond services to our valued clients.

Clients for Life, as the name implies, *is our mission*. Keeping what Corizon employees have worked so hard for at each client contract *is our primary objective*. The commitment to continually monitor client expectations, to communicate these expectations up and down the Corizon organizational structure, ***to ACT on these expectations and continuously communicate results to you, the TDOC***. By taking these steps, Corizon will differentiate ourselves in the eyes of the TDOC.

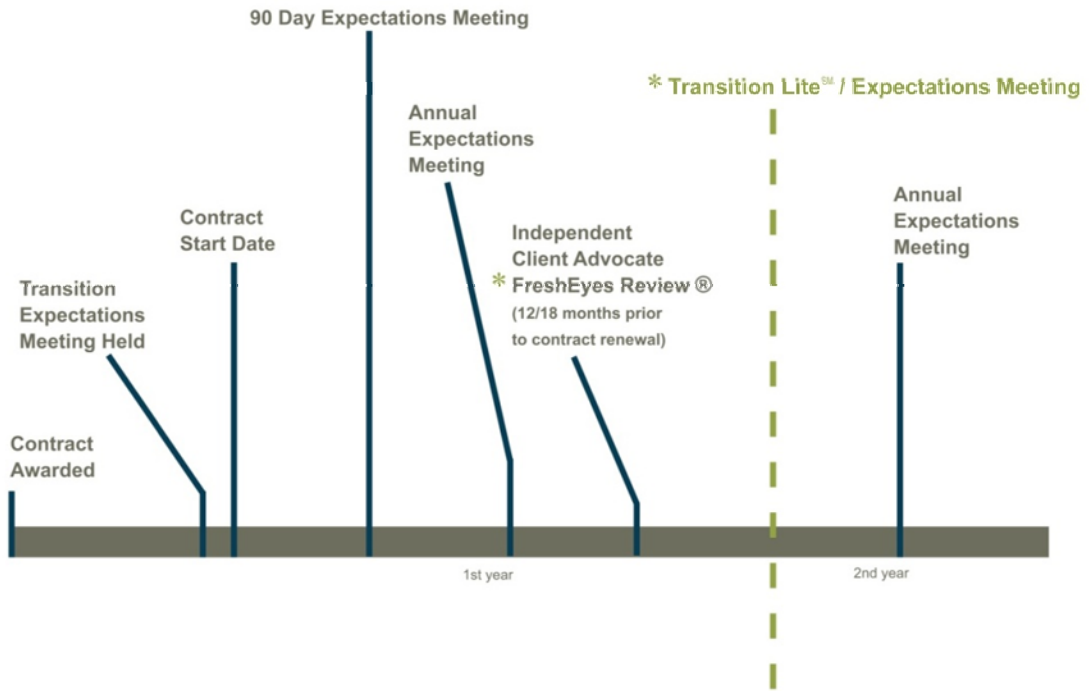
Beginning upon contract award, Corizon will begin our Clients for Life process. The graph below reflects our process in establishing and meeting the expectations of the TDOC. We understand that effective communications should never be confused with effusive communications. In this spirit, Corizon will communicate to the TDOC the qualified information that has been requested and required to operate your overall system with no surprises—in the manner and format that best suits you.

What does Partnership with Corizon do for the State of TDOC?

A team approach to correctional healthcare facilitated by Corizon and TDOC team members working together to ensure that open communication and constant operational transparency are paramount.

Corizon will work hard to become a trusted partner to the TDOC and State of Tennessee.

Clients for Life Timeline



* Transition LiteSM / Expectations Meetings will occur when leadership changes take place

Corizon and/or Client Leadership Change

* FreshEyes Review® - Registered trademark of Tenacity (formalized independent client satisfaction analysis)



Transition Meeting™

A Transition Meeting™ is a formal process that Corizon has adopted to help improve our understanding of our clients' expectations and improve our ability to work as a genuine business partner. In evaluating success and failure within our business, **history tells us that the closer we understand what is important to our clients**, the more likely we are to be able to deliver an effective service and add value as an organization. Our transition meeting enables both parties to gain a clear understanding and explanation of those actions that make a difference from the client's perspective.

Communication

Even though we will have a detailed contract with the TDOC, our transition process will enable Corizon to **really clarify** what is intended by each expectation and the importance of it to key TDOC stakeholders. We have found that even though, as a service provider, we might think we understand the importance of something to an individual/function it is through this meeting that both parties gain clarity of understanding.

Priorities

The meeting results in the TDOC stakeholder team prioritizing those actions that are important to you within the first 30 days, 90 days and 12 months of the contract. This means that the Corizon team works to the client's priorities, not to what Corizon may view as the contract's priorities.

The meeting will involve those people who have a vested interest in Corizon's services. Normally, it is a combination of those people who will manage the contract and those people who will be receiving the services. As a rule, this is normally between four and 10 people from each side, depending on the size and scope of the contract.

The invitation to attend will come from the most senior person within the Corizon team and will be sent to each member of the TDOC stakeholder team.

Corizon Contract Expectations Meetings

Corizon's Contract Expectations Meetings are facilitated between Corizon managers and key stakeholders within the TDOC team that allows you, as our client, to describe what you expect Corizon's team to achieve over the coming 12 months. The objective of the Contract Expectations meetings are very similar in scope to our initial transition meetings whereas Corizon and TDOC stakeholders meet to ensure that Corizon's goals for the program are ***still consistent with the goals and objectives of the TDOC.***



Once the TDOC's expectations are understood and agreed to, it allows the Corizon team to align and prioritize resources.

When does it take place? It is scheduled to be conducted within 30 days of the contract anniversary.

Who attends? Corizon's clinical and operations team along with the TDOC management team responsible for overseeing Corizon's operation.

What do we get from the meeting? The meeting will result in Corizon getting one set of prioritized organization expectations from the client's team for the next 12 months to assure continuous alignment of objectives.

C.3. Work Plan

The following sections describe our approach for accomplishing the work outlined in the RFP *pro forma* Contract, section **A. Scope of Services (A.1 through A.20.e)**. Corizon recognizes that a mere reiteration of the *pro forma* Scope of Services is discouraged. However, in order to set forth our understanding of the State's requirements for the RFP and highlight our ability to successfully complete the proposed contract, we have utilized the outline for the *pro forma* Scope of Services to direct our description and examples of specific guidelines, practices and reports that will be utilized in our contract with the State.

A. Scope of Services *(pro forma Contract pg.1)*

A.1. Corizon's Understanding of the State's Requirements *(pro forma Contract pg.1)*

Corizon will provide all service and deliverables as required, described, and detailed by the RFP's Scope of Services and will meet all service and delivery timelines specified in the Scope of Services section or elsewhere in this contract provided within the RFP.

Additionally, Corizon understands and accepts that:

- The TDOC Medical Director or designee as the final medical authority for clinical services provided under the terms of the contract;
- The Scope of Services in the *pro forma* contract are mandatory and must be provided at State facilities, unless otherwise specified; and
- The State has final authority in matters of disagreement between Corizon and the TDOC over the provision of these services.



A.2.a. Service to be Provided *(pro forma Contract pg.1)*

Corizon understands that services to be provided under this agreement include but are not limited to primary care, specialty care, dental, emergency care, hospitalization, pharmaceutical services, staffing, and program support services at all 11 State institutions:

- Charles B. Bass Correctional Complex (CBCX)
- Lois M. DeBerry Special Needs Facility (DSNF) – Non Comprehensive Site
- Mark H. Luttrell Correctional Center (MLCC)
- Morgan County Correctional Complex (MCCX)
- Northeast Correctional Complex (NECX)
- Northwest Correctional Complex (NWCX)
- Riverbend Maximum Security Institution (RMSI)
- Bledsoe County Correctional Complex (BCCX)
 - Site 1 – Southwestern Tennessee State Regional Correctional Facility (STSRCF)
 - Site 2 – Bledsoe County Facility
- Tennessee Prison For Women (TPW)
- Turney Center Industrial Center and Annex (TCIX – Sites 1 and 2)
- West Tennessee State Penitentiary (WTSP)

A.2.b.1-8. Comprehensive Health Services responsibility *(pro forma Contract pg.2)*

Corizon understands that the contractor will have comprehensive health services responsibility at all institutions except the Lois M. DeBerry Special Needs Facility (DSNF) and that references herein are only to the comprehensive facilities. All services provided by Corizon will continue to conform to the following standards, as outlined in the RFP:

- All healthcare services provided will, at minimum, meet the generally accepted standards of medical care.
- All care provided will continue to be constitutionally adequate and designed to meet accreditation standards promulgated by the American Correctional Association.
- All healthcare will conform with any applicable federal, state and local laws, court decisions, court orders, consent agreements, and Tennessee Department of Correction (TDOC) policies, whether currently existing or as may be enacted, rendered, issued or amended during the term of the contract.
- Every effort will be made to utilize on-site services, including telemedicine, before using community-based hospitals or facilities.



- Corizon will continue to use our current utilization management process for review and approval. Through the continued support and development of the onsite teams and capabilities, Corizon will meet the TDOC's expectations for utilization management.
- Current TDOC policies are accessible in the medical area at each institution. If any applicable TDOC policy or procedure establishes a higher standard than the national standard then the TDOC policy and procedure will take precedence.
- TDOC retains the right to alter the staffing plan as part of ongoing improvement efforts. Any reductions in employees will result in a reduction in the payments under the contract by the amount listed in the 120% column in **Attachment Five** for the affected employees. Additions to the staffing plan will result in an increase in payments equal to the average of the 120% columns for similar employees at the affected institution.
- Corizon is not responsible for any health care of any inmate physically housed in any privately operated facility.

Further, we understand that the following services are mandatory and will be provided by Corizon at TDOC facilities, unless otherwise specified. Corizon understands the State will be the final authority in matters of disagreement between Corizon and the TDOC over the provision of these services.

A.3. Primary Care Services *(pro forma Contract pg.2)*

As the current TDOC medical services provider, Corizon will continue to provide basic primary care services in conjunction with State-employed personnel. Corizon understands that the TDOC policy and procedures stipulate the medical and dental services that will be provided. A physician licensed in the state of Tennessee will continue to conduct the services listed below, although Corizon may use mid-level providers, and to the extent provided by Tennessee law. Additionally, the institution's physician will continue to be available on call 24-hours a day.

A.3.a. Intake History and Physical Examinations *(pro forma Contract pg.2)*

A receiving screening will be performed by a Diagnostic Consultant (DC) on all inmates immediately upon their arrival at TDOC facilities in accordance with TDOC policy. A health examination will be completed for each new TDOC intake that is not an intra-system transfer, within ten (10) calendar days after arrival at a TDOC institution. Exceptions must be documented with adequate justification (i.e. out to court, hospitalization, etc.) The examination will be comprehensive and clinically indicated, including diagnostic studies based upon the age and sex of the inmate to include, but not limited to:

Receiving Screening

The receiving screening for state inmates is an important inquiry and observation process designed to ensure a newly arrived inmate, who may possibly pose a threat to his/her own or other's health or safety, is admitted into the general population only after an appropriate level of medical intervention.



A receiving screening will continue to be performed on all inmates upon their arrival at each facility under the direction of Corizon by qualified health personnel. The preliminary screening will include:

- Inquiry into:
 - ✓ Current illness including medical, dental, and mental health
 - ✓ Recent symptoms of communicable diseases
 - ✓ Alcohol/chemical abuse history to include history of associated withdrawal symptoms and detoxification needs
 - ✓ Medications currently being taken and special health requirements
 - ✓ Dental history
 - ✓ Vision history
 - ✓ Chronic health problems
 - ✓ Past history of serious infections or disease including but not limited to HIV/AIDS, Hepatitis C, and tuberculosis
 - ✓ Past history of any risk factors for HIV/AIDS and Hepatitis C
 - ✓ Routine medical treatment
 - ✓ Known allergies
 - ✓ History of trauma and/or sexual assault/abuse
 - ✓ Gynecological history (date of last menstrual period, date of last pap smear, date of last mammogram, current and past pregnancy, other gynecological problems)
 - ✓ Dietary requirements
 - ✓ TB screening
 - ✓ Special needs related to physical disability to include prosthetics and mobility aids
 - ✓ Past or current mental illness, hospitalizations, outpatient treatment, history of taking prescribed psychotropic medications, or suicide attempts/self-injurious behavior
 - ✓ Other health problems
- Observation of:
 - ✓ State of consciousness
 - ✓ Mental status including suicidal ideation
 - ✓ Appearance
 - ✓ Conduct, tremors or sweating
 - ✓ Bodily deformities and ease of movement
 - ✓ Condition of skin and body orifices including signs of trauma, bruises, lesions, jaundice, rashes and infestations, and needle marks or other indications of drug abuse
 - ✓ Dental status
 - ✓ Basic vision exam

- ✓ Chronic health problems

The date and time of completion of each screening is documented in the inmate's medical record. Documentation includes the signature and title of the person completing the screening.

Health Examination

Every intake that is not an intra-system transfer will receive a comprehensive health assessment as soon as practical, but not later than 10 calendar days after arrival at the TDOC institution. Exceptions will be documented with adequate justification (i.e. out to court, hospitalization, etc.)

The examination will be comprehensive including diagnostic studies based upon the age and sex of the inmate to include, but not limited to:

- Medical history and clinical exam;
- Clinical profile and medical classification;
- Rapid Plasma Reagin (Syphilis) RPR;
- Purified Protein Derivative (PPD) Skin tests and any appropriate further testing;
- Mouth swabs for DNA testing and finger printing;
- Complete blood count with differential;
- Automated blood chemistry profile;
- Screening for Gonorrhea and Chlamydia;
- Urinalysis (dip stick);
- For juveniles, a clinician will obtain the vaccination history and refer to guidelines published by the Advisory Committee on Immunization Practices (ACIP) to determine which if any immunizations are needed to complete the series. Human Immunodeficiency Virus (HIV) testing will be provided unless refused for inmates under the age of 21;
- For female inmates:
 - Pap Smear
 - Pelvic Exam
 - Breast Exam
- Inmates age 50 and older:
 - Fecal Occult Blood Test (FOBT)
 - Chest X-Ray
 - EKG
 - Prostatic Specific Antigen (PSA) – Male Inmates
- Female age 40 and older: base line mammogram, HIV testing will be mandatory for pregnant inmates or when requested and appropriate.

- Review of the receiving screening results
- Collection of additional data to complete the medical, dental, and immunization histories
- Recording of height, weight, pulse, blood pressure, and temperature
- Mental health history and evaluation
- Complete physical examination to be performed by a Tennessee-licensed mid-level provider or physician
- Mammograms when indicated by age, standards, patient history and/or examination
- Testing for communicable diseases, as indicated, including appropriate laboratory and diagnostic tests
- Lab tests to detect sexually transmitted diseases as indicated and required by standards
- Vision and hearing screening
- Survey profile with hepatic profiles
- Appropriate treatment or referral when indicated
- Additional investigation into history of alcohol and substance abuse as indicated
- Additional investigation into history of heart disease
- History of diabetes
- Additional tests as required based on the results of the initial receiving screening (i.e., chest X-ray, sputum test) and hospitalization, if necessitated by test results

Findings of the health assessment will be included in the patient's permanent medical record.

A.3.b. Immunizations *(pro forma Contract pg.3)*

Corizon provides immunizations to prevent disease when appropriate. The following immunizations will continue to be offered periodically in accordance with policy #113.43 and the recommendations of the ACIP published annually by the Centers for Disease Control and Prevention (CDCP):

- Influenza: Seasonal influenza vaccines
- Pneumococcal vaccine
- Hepatitis B provided to high risk patients
- Hepatitis A when clinically indicated
- Hepatitis vaccination provided to inmate workers where there is a high risk of exposure
- Tetanus vaccination when clinically indicated



Infection Control Programming

In addition to standard precautions and procedures generic to “contagious diseases,” **Corizon provides disease specific programs at TDOC with a focus on overall wellness and prevention.** This programming includes the following:

Influenza — Corizon provides an Influenza Response program including surveillance, treatment, and monitoring consistent with community standards and established facility policy and procedures. A healthcare provider evaluates inmates identified with contagious upper respiratory infections and cases are isolated or separated as determined necessary.

Tuberculosis — Corizon provides TB surveillance, treatment, and monitoring consistent with correctional standards. If an inmate tests positive for the PPD test, the inmate patient is scheduled for and receives a chest x-ray, with appropriate follow-up and care. If required, the inmate patient will be placed in isolation.

Hepatitis — Corizon evaluates any TDOC inmate that indicates he or she has been previously diagnosed as positive for Hepatitis B or Hepatitis C. Corizon provides training for healthcare and security personnel on precautions and appropriate use of personal protective equipment. Finally, we provide direct care staff with Hepatitis B vaccine series.

MRSA — Our Corizon health care staff at TDOC screens inmates at intake and during assessments for open wounds or suspected infections. If necessary, inmate patients are segregated from the general population. We follow TDOC policy to diagnose and treat MRSA to prevent further spread of this infection within each TDOC facility. We maintain an TDOC tracking log to ensure completeness of this process. **Our partnership with the TDOC security officers and the Health Department is crucial for prevention of this disease.**

HIV — All TDOC inmates are tested for HIV at intake as required by state law. Inmates that are assigned to work camps or work releases and then returned to a major facility are re-tested for HIV and inmates are tested again upon release from TDOC. Corizon makes voluntary HIV testing and counseling available on a confidential basis to inmates who request testing beyond the required testing. A Corizon health care provider evaluates TDOC inmate patients identified as having HIV disease. HIV inmates have access to an infectious disease specialist and HIV medications as determined medically necessary.

Infection Control Program Revisions and Maintenances

Corizon successfully provided the TDOC Infection Control Program with the following revisions and maintenance:

- TB Prevention and Treatment Manual;
- Flu Preparedness;
- MRSA Guidelines;
- Exposure Control Plan for Occupational Exposure to Bloodborne Pathogens;
- HIV Review;

- TB Contact Investigation;
- Hepatitis C Management at NECX; and
- MRSA Reviews at NWCX and TPW.

Influenza Immunizations

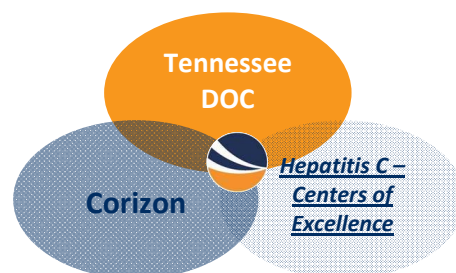
Driven by the outbreak of H1N1 Influenza virus in the United States in 2010, and the elevation of the World Health Organization alert to Level 5 (an epidemic just short of a pandemic emergency), Corizon has issued specific guidance to our correctional healthcare teams. These guidelines include a detailed *Pandemic Influenza Planning Checklist* that directs how to assess the adequacy of correctional medical emergency plans to mitigate the effects of an H1N1 or other Influenza emergency. This checklist and our pandemic communications were developed to facilitate analysis, at the site level, of how to prepare a facility should the H1N1 virus begin to have a major impact on inmates, staff, and ultimately the ability of the facility to operate as it should.

A sample of our *Pandemic Influenza Planning Checklist* and *Key Issues for Planning Committee to Address*, both currently in place and supporting our TDOC program, have been included as an **Appendix M**.

Hepatitis C Centers of Excellence: DSNF and TPW

Corizon/TDOC Process Improvement

Corizon regional leadership partnered with TDOC to establish Hepatitis C Centers of Excellence at DSNF and TPW. This program allows for the inmates undergoing treatment to receive consistent, up-to-date treatment regimens through a team that remains completely abreast of current treatment recommendations and protocols. The centers of excellence will maintain a limited number of patients under treatment at any given time to ensure that each individual is receiving safe, effective, and cost-sensitive of care. The inmates that have been identified as Hep C positive will be maintained on a tracking log and will receive routine monitoring to ensure appropriate longitudinal evaluation and follow-up. With the ever changing treatment options on the market, this approach allows for high quality, cost effective treatment of this long term disease. Corizon will seek to partner with TDOC in any additional centers of excellence that may produce a controlled environment and will enhance our ability to deliver high quality, cost conscious healthcare. It is our focus on maintaining the highest quality, and lowest cost to our client that will help solidify a long term partnership with TDOC.





A.3.c. Other Inmate Evaluations *(pro forma Contract pg.3)*

Other inmate examinations will continue to be conducted in accordance with applicable TDOC policies and the standards required by this contract, including Food Handler's Permit and all other as required.

A.3.c.1. Food Handler's Permit *(pro forma Contract pg.3)*

Prior to assignment of an inmate as food handler at TDOC institutions, Corizon staff will, according to the requirements of the local health department, medically screen the inmate. This screening will include a review of the inmate's medical record for past history of Hepatitis, current test results, and the prevalence of a negative TB test. After review of the medical record, Corizon's health staff will perform a physical assessment to check for the following:

- Open sores or rashes on hands, arms, face and neck
- Diarrhea
- Cough
- Lungs clear to auscultation
- Signs and symptoms of other contagious diseases

The inmate will then be given clearance for or restriction from food service work. Inmates that are given clearance will be properly educated in Corizon's food service worker guidelines. These stringent requirements include instruction for the proper use of hairnets, hand washing, and precautions that should be taken in the event of illness/sickness to consist of but not limited to diarrhea and rash.

A.3.c.2. All Other as Required *(pro forma Contract pg.3)*

Corizon will conduct all other inmate evaluations as required by the TDOC.

A.3.d Daily Sick Call *(pro forma Contract pg.3)*

- To facilitate patient flow and improve the efficiency of sick call procedures, Corizon uses a triage system.
- This system allows TDOC inmates to be seen according to urgency of their health care needs.
- Corizon provides triage in accordance with ACA and NCCHC standards.

Corizon, in coordination with TDOC staff, conducts sick call at least once daily Monday through Friday, in accordance with TDOC policy. At the comprehensive facilities, Corizon coordinates the sick call schedule with the warden or designee of each institution.

Corizon’s Triage Method of Sick Call Requests

Sick call requests will be triaged by an appropriately licensed health professional to include Physician Assistants (PA), Advance Practice Nurses (APN), Registered Nurses (RN), and Licensed Practical Nurses (LPN) when supervised by an onsite RN. If clinically indicated, the triage nurse will examine and treat the inmate using protocols approved by the Corizon Medical Director. ***If the inmate’s needs are not within the nurse’s scope of practice, the nurse will refer the inmate to a Corizon physician or physician assistant.***

It is Corizon’s current practice to monitor all inmates placed in segregation based upon their level of isolation in accordance with ACA and NCCHC requirements. Sick call is conducted daily Monday through Saturday for inmates housed in segregation units or restricted housing units.

All routine physician care will be provided onsite. Because inmates will be seen at the most appropriate level of care, the sick call program based on the triage system will best support efficient utilization of staff. In addition to intake examinations and daily sick call services, the providers will also perform regularly scheduled physical examinations during the inmate’s stay.

Scheduling for Corizon’s sick call will be developed in conjunction with TDOC to accommodate State needs and concerns, reduce disruption of prison operations and coordinate availability of proper security personnel.



Corizon’s Nursing Encounter Tools

Corizon’s Nursing Encounter Tools guide our triage and sick call process at TDOC. These tools are disease-specific and require prompts in the forms of questions to ask for the history, physical exam to be performed and actions to take that are ***within scope of the Nurse Practice Act.***

Approved Nurse Encounter and Assessment Tools

- Corizon currently uses our Nursing Encounter Tools (NETs) to support our TDOC health care program at TDOC.
- This extensive set of Nursing Encounter Tools (NETs) is used in conjunction with nursing protocols.
- They can be used for training, orientation, communication, reference and documentation.



The Corizon nursing staff at TDOC, by virtue of their scope of practice conducting assessments, are trained as part of their orientation on the use of the NETs. Our health care staff provides health services in a matter that complies with state and federal privacy mandates within the scope of each facility's physical plant.

Our NETs were designed and are updated through collaboration of an internal task force that consists of the Chief Medical Officer, the Chief Nursing Officer, the Senior Director - Human Resources, Organization Development & Training, Senior Vice Presidents, Nurses and Health Services Administrators (HSAs).

The NETs are designed to:


- Assist nursing personnel in risk stratification (triage) and making appropriate treatment decisions;
- Provide a work sheet format that decreases illegible and/or erroneous chart entries;
- Provide standardized non-emergent treatments approved by the site medical director to maintain the appropriate timeliness for routine care;
- Quantify signs and symptoms to prompt expedited referrals, when indicated;
- Prompt timelines for appropriate follow-up; and,
- Developed in traditional SOAPE format.

Please refer to **Appendix N** to review copies of our NETs for Seizure and Asthma.

Physician Sick Call

A physician will be onsite and available to see sick call referrals a minimum of 3.5 hours per week per 100 inmates (if there are no other providers such as an APN or PA). A physician will be onsite at facilities with a physician's assistant/nurse practitioner a minimum of one day each week or as appropriate to fulfill provider staffing ratio. Corizon agrees that on-call hours may not substitute for the above minimum levels of care and that nurse practitioners and physician assistants may provide a portion of clinical time, as determined by the institutional staffing pattern contained in RFP Attachment Four or with a written request by the Corizon to TDOC and the approval of TDOC.

Sick call and clinic visits will not be deemed complete until all inmates who are scheduled for that day's clinics have been examined or treated. At the comprehensive facilities, the Corizon's staff will comply with the State's policy and procedures for reporting inmate co-payments.



Employer of Choice
What Our Team Is
Saying.....

Nursing protocols help you to provide efficient and consistent care. They also give the nurse autonomy with current knowledge so you can provide excellent care. Ongoing training such as skills check offs give the opportunity to practice skills that you may not use on a daily basis. The Corizon healthcare program gives you the tools needed to be an empowered nurse.

–Crystal Hale
RN, RMSI
Employee since 2012

● ● ●

Medical Database

If chosen to once again partner with the TDOC, Corizon will work with the TDOC to explore the option of implementing a database that allows each medical team to enter daily healthcare

encounters to include nursing and provider encounters such as sick call, chronic care, physicals and physicals. Additionally, TDOC leadership will be able to access information and run reports from this database. Should the TDOC determine this is a beneficial option, Corizon will provide a demonstration of the database to the TDOC illustrate the capabilities and advantages of the database.



TDOC Core Need:



Medical Database

A.3.e. Infirmiry Care *(pro forma Contract pg.4)*

- Our current program currently supports infirmaries in nine TDOC facilities.

Corizon's current TDOC program includes infirmiry care that meets NCCHC and ACA standards. Corizon will continue to use the infirmiry beds at TDOC facilities to their fullest capability for inmates requiring skilled nursing care, chronic care and convalescent care.

This reduces escape risk associated with a hospital stay, enhances cost containment, and assures continuity of care from the hospital back to the respective TDOC facility. We ensure that the infirmiry is used to its fullest extent seven days per week, 24 hours a day, using onsite registered nurse coverage. In addition, all written protocols that Corizon currently has in place to support our infirmiry care program are consistent with TDOC Policy and have been approved by the TDOC.

Infirmiry Bed Use

Every consideration will be given to use of infirmiry beds for the purpose of managing inmates in a safe manner with short term medical needs to include, but not limited to:

- Controlled environment evaluations.
- Medical conditions which prevent the inmate from managing activities in general population but do not warrant a transfer to DSNF or TPW.
- Step down post hospitalization care not requiring the level of care provided at DSNF.
- Conditions in which IV fluid therapy for up to a two week period which may include antibiotic administration should be provided at those institutions with dedicated infirmiry beds.
- Institutions without infirmiries will arrange medical transfer to an institution with an infirmiry.
- Post Emergency Room evaluation before release into general population if clinically indicated.
- Infirmiry beds must be able to accommodate the medical and mobility needs of the inmate or a medical transfer to a higher level of care may be indicated.
- Routine wound care.
- Short term orthopedic care.



- Intravenous therapy, Intramuscular therapy or subcutaneous therapy administration of fluids and/or medications.
- Oxygen and/or Continuous Positive Airway Pressure (CPAP).
- Wound care (including vacuum-assisted wound closure) and dressing changes.
- Enteral nutrition.
- Burn, cast and ostomy care.

Corizon's Current Approach to Infirmiry Care

Inmates requiring infirmiry care are placed in the TDOC infirmiries. Corizon's current approach to infirmiry care at the TDOC infirmiries encompasses each of the following:

- A physician on-call 24 hours a day, 7 days a week; this physician comes onsite as needed to make assessments, write orders, or provide care.
- Supervision of the infirmiry by an onsite RN, 24-hours per day, and 7 days a week.
- A physician/mid-level provider or RN will make daily rounds in accordance with the Corizon's staffing responsibility.
- All inmates requiring infirmiry care will be within sight and sound of Corizon staff at all times.
- A sufficient number of appropriate healthcare personnel on duty to meet the clinical need of inmate in the infirmiry.
- A manual of Corizon nursing protocols and our policies and procedures manual readily accessible to all clinical staff.
- A physical examination to determine whether admission is warranted immediately upon arrival in the infirmiry area.
- The completion of a nursing care plan within 24 hours of admission.
- The documentation of all encounters on the inmate medical record.
- Admission to and discharge from the infirmiry under the oversight of the Corizon Medical Director.
- Physician developed written protocols that allow for a reduced level of observation for inmates requiring a lower level of care.
- Those inmates requiring care beyond the capability of the infirmiry shall be hospitalized at licensed community hospitals or other appropriate licensed health care facilities.

At facilities managed by Corizon, we will ensure that negative airflow isolation rooms will be routinely monitored to ensure appropriate exchanges are maintained, in accordance with TDOC policy and OSHA and TOSHA standards.



Skills of All Professional Staff

Corizon will continue to assess the skills of all professional staff to assure competency to provide required services, and supply as a component of credentialing a privilege list for physicians, physician assistants, and advance practice nurses. Nursing staff will document skills on a skill specific checklist applicable to RNs, LPNs, and CNTs. Corizon understands that the TDOC may perform competency assessments of clinical professionals to assure required services at all infirmary beds.

As the current health services provider, Corizon understands that infirmary beds are located at the following TDOC facilities:

East Tennessee

- Northeast Correctional Complex – Eight (8) Infirmary Beds
- Bledsoe County Correctional Complex – 10 Infirmary Beds (two (2) negative pressure rooms)
- Morgan County Correctional Complex – 10 infirmary beds (two (2) negative pressure rooms)

Middle Tennessee

- Tennessee Prison For Women – Three (3) double occupancy cells, two (2) single occupancy, 1 negative pressure room. This is the only women’s facility with an infirmary.
- Lois M. DeBerry Special Needs Facility – This institution serves as a state-wide referral institution providing the highest level of care for men within TDOC. DSNF provides acute, sub-acute, long term care, and end of life care. It serves as the primary step-down unit for complicated cases for post-hospitalization care for men and has maximum security inpatient beds and two (2) negative pressure cells.
- Riverbend Maximum Security Institution – RMSI has eight (8) infirmary beds and provides infirmary care for Maximum Security Inmates.

West Tennessee

- Northwest Correctional Complex – Eight (8) infirmary beds.
- West Tennessee State Penitentiary – Eight (8) infirmary beds.

Corizon understands that upon the request of the TDOC, any given facility may provide beds for acute, sub-acute or long term care.

A.3.f. Emergency Services *(pro forma Contract pg.5)*

- To effectively control ER utilization at TDOC, Corizon has worked with the TDOC to implement our proven ER reduction process.
- Effective management of ER utilization at TDOC has ensured that only true emergencies have used valuable community EMS and ER resources.
- Corizon physicians manage emergencies on-site at each TDOC facility when possible; reducing off-site trips and the need for TDOC officer transport.



As is current practice, Corizon will continue to be responsible for emergency health care delivery on a 24-hour basis. In the event of an emergency, health services staff will provide on-site emergency intervention for inmates, staff, volunteers, and visitors when required. Emergency care for staff, volunteers, and visitors will consist of necessary efforts to provide stabilization of the physical status of the individual until emergency services can arrive to assume responsibility of care or coordination of the referral to a personal physician or local hospital.

Inpatient Hospital Care

Corizon will ensure the availability of emergency treatment through written agreements with local hospitals and ambulance services. The network of hospital providers in the section titled “Hospital Services” on page 143 will continue to support Corizon’s current healthcare program for TDOC.

Corizon will be responsible for all payment of costs resulting from offsite services required to treat inmates including coordination and fees associated with medi-vac services and airlift when indicated.

Corizon’s Current Tennessee Ambulance Network

Corizon will continue to provide ambulance and/or basic life support services when deemed medically necessary by a licensed health care provider. Corizon understands that the TDOC will provide transportation to an outside hospital or other location when a licensed health care professional determines that ambulance services are not necessary.

Corizon will continue to be responsible for transportation and will coordinate all emergency transfers with TDOC security staff. ***Each ambulance provider that we work with is equipped with life support systems and is operated by personnel trained in life support that are certified by the state of Tennessee.*** Corizon has listed our current ambulance network below.

- Wing
- Rescue Squad, Inc.
- Med-Care Ambulance Service
- Cumberland County Emergency Medical Services
- Morgan County Ambulance Services
- Professional Medical Transport, Inc.
- Lauderdale County Ambulance Service
- Johnson County Rescue Squad & EMS, Inc.
- Bledsoe County Government dba Bledsoe County EMS
- Lake County Emergency Medical Services
- First Call Ambulance Services, LLC5



Emergency Response Procedures

Corizon will require training of contract health services personnel in emergency response procedures during orientation and annually thereafter. Corizon staff will continue to participate in the institutional emergency response drills.

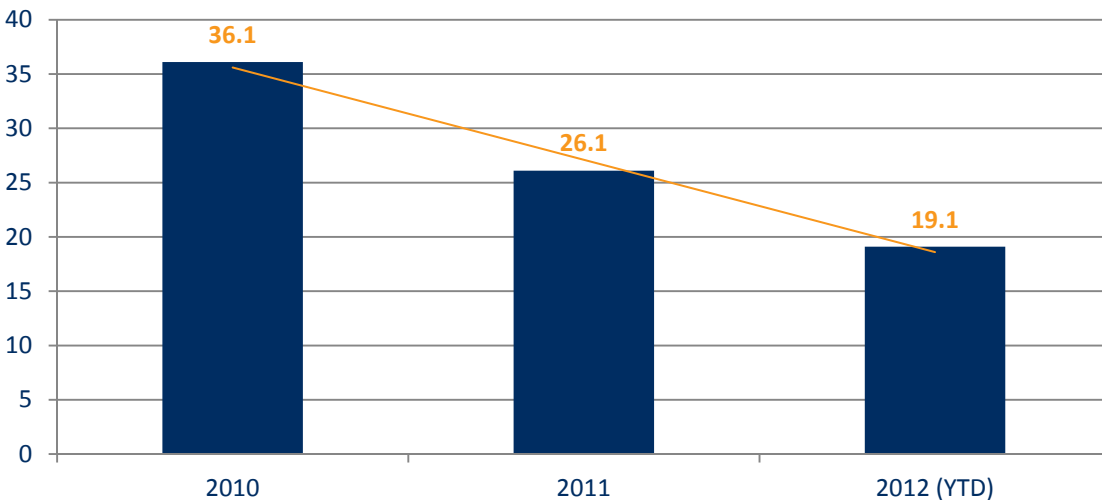
THE TDOC/CORIZON PARTNERSHIP

Maintaining and Controlling ED Runs

Corizon's company-wide ED Reduction Initiative was implemented in 2009 to identify and reduce unnecessary, unplanned trips to the hospital related to emergent patient complaints. Corizon mentors our site physicians to manage medical issues on-site. Interventions such as suturing, asthma management, EKG interpretation, and medical management of disease are performed on-site whenever possible at TDOC.

As the graph that follows demonstrates, ***Corizon greatly reduced emergency department runs at the TDOC with the implementation of our ED Run Initiative.*** Corizon feels strongly that we can continue to reduce costs and maximize the use of on-site healthcare services for the TDOC if chosen to once again partner with the State. The graph that follows depicts Corizon's average ED runs per month.

**Corizon TDOC
Emergency Department Runs Per 1,000
2010-2012 (YTD)**



Emergency Services for TDOC

Corizon's program at TDOC encompasses the following emergency services; each with a focus on providing evaluation of inmate patient status:



- Provision of emergency treatment through predetermined and negotiated arrangements with local hospitals;
- Provision of 24-hour physician and mental health provider on-call coverage for prompt and competent handling of emergencies;
- Provision of training for custody officers and healthcare staff regarding emergency procedures and first aid;
- Provision of written policies and procedures concerning emergency treatment, transfer, and transportation;
- Provision of coordination of immediate transportation with security;
- Provision of treatment for visitors and staff consisting of first-aid and referral to personal physician or local hospital; and,
- Use of emergency services PI Process Tool as part of complex and Statewide PI/CQI.

Emergency Treatment – Corizon’s Best Practices

- The combination of our “First-Four Minutes Program”, Emergency Protocols, On-Call Provider Checklist, and SBAR Communication Model will lead to decreased Emergency Room visits and quicker more effective care during a true emergency.

First Four Minutes Program

The successful management of an emergency event in the correctional environment requires that the participants, whether medical or correctional, know their specific roles and perform those roles effectively and efficiently. The most successful outcomes are achieved when each member of the response team is able to perform their role, communicate effectively, and work as a team.

With this goal in mind, the Corizon Training and Education Department developed the **Corizon First Four Minutes Program**, an Integrated Emergency Response Scenario Program, for each of its contracted facilities.

The goals of the First Four Minutes program are:

- To provide practical readiness testing for common emergencies encountered in correctional medicine;
- To correlate the scenarios with the educational materials provided on a regular basis;
- To stimulate frequent practice of the most critical skills needed for emergency situations; and,
- To document compliance with ACA and NCCHC requirements for “Man Down” drills.

The First Four Minutes Program provides a variety of simulated emergency events that can or may occur at any time in the correctional setting. Each drill includes:

- The circumstances leading up to the emergency;
- The potential diagnosis of the emergency;

- The sequence of actions that took place;
- Open forum to critique the event; and,
- Form to document the drill or actual event.

This program will be introduced at each TDOC site within the first quarter of 2013.

Emergency Nursing Protocols, On-Call Provider Checklist and SBAR – Emergency Evaluation

On-Call Provider Checklist

Corizon will continue to use our On-Call Provider Checklist at TDOC for emergencies. This checklist has four primary purposes:

- A SBAR communication to be utilized and completed BEFORE calling the on-call physician after hours;
- Used as an ER Transfer form;
- Utilized for a hospital admission; and,
- Used as part of Corizon Inpatient Utilization Reporting.

By combining over four forms into one, our staff reduces repetitive paper work and saves time.

Completeness is the key to this form. The CQI process has been implemented to ensure this form is fulfilling its purposes.

SBAR

- The combination of the SBAR communication model and the Emergency Protocols can lead to decreased Emergency Room visits and quicker more effective care during a true emergency.

Corizon has developed Nursing Protocols to address emergency care that are used by staff when evaluating inmates for emergent medical conditions, and assist staff in properly assessing and reporting the inmate's status to the provider. Emergency protocols have been developed to address Abdominal Pain, Anaphylactic Reaction, Asthma, Burns, Chest Pain, Complicated Lacerations, Fracture/Dislocations, Heat Stroke, Insulin Shock-Hypoglycemia, and Seizures. Each protocol provides guidance in the proper and thorough assessment of the inmate in an emergency, as well as guidelines for emergency care, reporting, and transporting to an emergency room if required.

The **SBAR communication framework** is also part of the Corizon Protocol Manual and Training agenda. SBAR (Situation, Background, Assessment, and Recommendation) allows verbal communication to be efficient and effective in a clinical decision-making situation. The SBAR process is a part of staff

SBAR REPORT TO A PHYSICIAN

BEFORE CALLING THE PHYSICIAN

- 1 Assess the patient
- 2 Review the chart for the appropriate physician to call
- 3 Know the current medical history
- 4 Read the most recent Progress Notes and the Assessment from the nurse of the prior shift.
- 5 Have available when speaking with the physician:

• Chart • Allergies • MAR • Labs/Results

S **SITUATION**
State your name and facility name
I am calling about: Patient Name and Age
The Problem I am calling about is:

B **BACKGROUND**
State the pertinent Medical History
A Brief Synopsis of the Treatment To Date

A **ASSESSMENT**
Most recent vital signs:
BP _____ Pulse _____ Respirations _____ Temperature _____
The patient is or is not on oxygen Pulse Ox EKG If c/o chest pain
Any changes from prior assessments, such as:
• Mental Status • Respiratory rate/quality • Retractions/Use of accessory muscles
• Skin Color • Pulse/BP rate/quality • Rhythm changes
• Neuro changes • Pain • Wound drainage
• Musculoskeletal (gait, deformity, weakness) • GVOU (Nausea/Vomiting/Diarrhea/Output)

R **RECOMMENDATION**
Do you think we should: (State what you would like to see done)
 Transfer the patient to the Emergency Room?
 Come to see the patient at this time?
 Admit to Intermittent or Observation Area?
 Have medications been ordered?
 Other suggestion?
Are any tests needed?
Do you need any tests like X-Ray EKG Chem Profile CBC P885
 Others?
If a change in treatment is ordered, then ask:
 How often do you want vital signs?
 If the patient does not improve, when would you want us to call again?
 What would be the next follow up time?

CORIZON

DOCUMENT THE CHANGE IN CONDITION & THE PHYSICIAN NOTIFICATION

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orientation and is continuously reinforced through unit posters and forms. ***Using SBAR communication in an on-call situation allows the provider to make a rapid informed decision about whether to send the inmate to the emergency room or treat on-site.***

Emergency Management – A Corizon CQI Initiative

- Emergency management of patients requiring off-site emergency care is the focus of a company-wide Continuous Quality Improvement initiative.

The purpose of this quality improvement initiative is to evaluate the care of the patient to assure that their care is appropriate, timely and that documentation, including treatment recommendations, diagnostic test results and other findings is returned with the patient for immediate on-site follow up and management.

In addition, each case is evaluated to determine if the emergency could have been prevented or if the emergent condition could have been identified and managed earlier to prevent the need for an emergency transport. ***For our TDOC contract, each case is reviewed by the site collaborative care team which includes the site provider, Medical Director, Nursing Director and behavioral health provider when applicable.***

The data for this study is collected by each site monthly and submitted to central office for data entry and analysis. The data is reviewed monthly by the nursing leadership council and quarterly by the combined medical/nursing leadership committee. The outcomes are also reported to the leadership team for review and feedback.

24-hour On-Call Physician Services

Corizon will continue to ensure health care is provided on a 24-hour basis at each major TDOC facility. At those facilities with 24-hour on-site staffing coverage, the on-site healthcare staff is responsible for health care delivery in response to a disaster or medical emergencies. For those facilities with less than 24-hour coverage, the responsible healthcare administrator and physician are on-call 24 hours a day, seven days a week to respond to emergencies. ***In addition, we provide on-call physician coverage for each TDOC infirmary 24-hours a day.***

It is our current policy that our on-call physicians respond to facility calls within fifteen minutes of the telephone call and provide direction to the caller (member of the Corizon health care team). In the event that the site physician cannot be contacted within this time frame, ***both our Regional Medical Director and Associate Regional Medical Director, Dr. Glen Babich will be on-call.***

A.3.g. Chronic Care Clinics *(pro forma Contract pg.6)*

- Each clinic will continue to be provided in accordance with TDOC policy #113.32.
- Identification of individuals with a chronic illness begins with the reception process and will be based upon the health and medication history obtained at that time.

- Savings will be realized as inmates are kept in better health, resulting in reduced hospitalization rates and length of stay.
- TDOC will benefit from the avoidance of officer diversion to oversee hospitalized inmates.

The chronic care program that Corizon brings to the TDOC entails the development of an individual treatment plan by the responsible physician specifying instructions on diet, medication, diagnostic testing, self-care instructions, disease education and follow-up. Corizon will continue to be responsible for the costs associated with dietary supplements ordered by the attending physician.



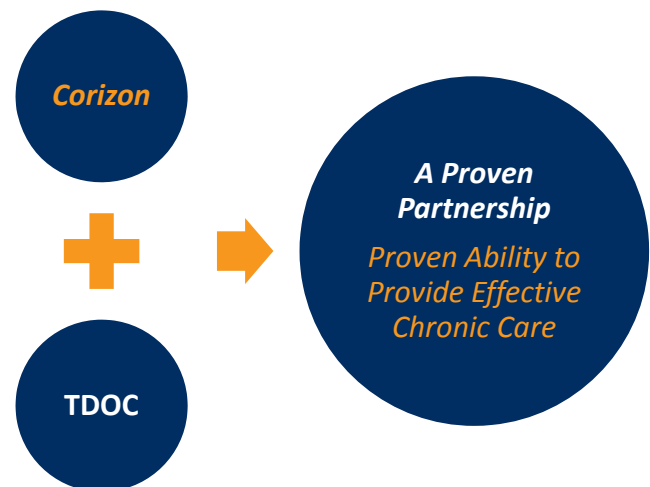
Chronic care patients will be provided a review by a mid-level provider every three months and a physician or mid-level provider no less than every six months, when clinically indicated. Chronic care conditions include, but are not limited to, patients with chronic respiratory diseases, cardio-vascular disease to include hypertension, diabetes, neurological disorders to include epilepsy, inmates with physical impairments that impact on their ability to function in a correction environment, geriatric care, and terminally ill, and infectious diseases to include HIV, Hepatitis C, and Cardiac Disease. Corizon agrees that in the event that a specific disorder is identified that impacts the TDOC inmate population, TDOC reserves the right to require an addition to the list of dedicated disease specific clinics.

Please review the following for a comprehensive overview of Corizon’s current TDOC Chronic Care Program.

Corizon’s Proven Chronic Care Approach at TDOC

Chronic Care Management encompasses clinical care and education by our onsite healthcare team to help TDOC inmates with chronic diseases such as diabetes, hypertension, infectious disease, multiple sclerosis and COPD to better understand and live successfully with it. Our goal is to involve and motivate our inmate patients to participate in necessary therapies and interventions and to help them achieve an ongoing, reasonable quality of life.

Effective chronic care management helps patients systematically monitor their progress and coordinate with care specialists to identify and solve any problems they encounter in their treatment. It has been proven that appropriate chronic care management on-site results in lower off-site healthcare costs.

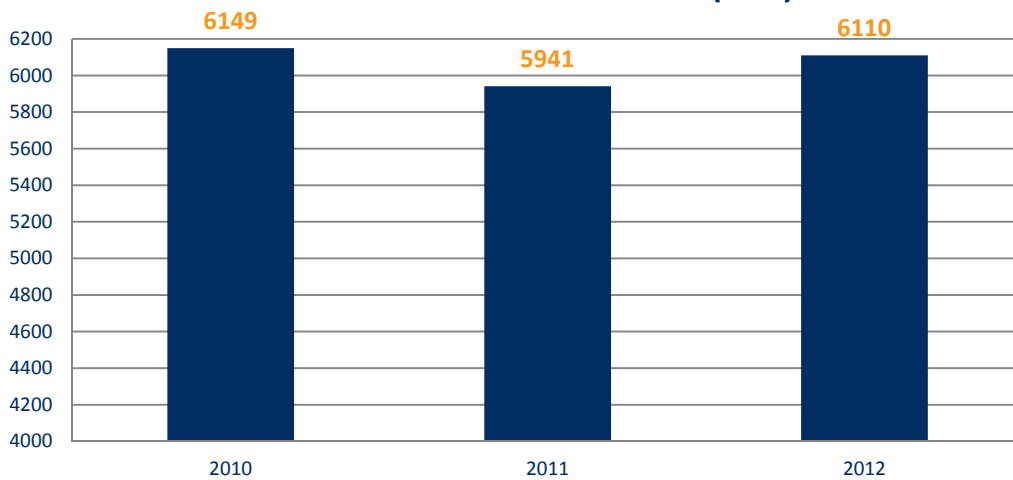




Corizon has implemented a global disease management approach to chronic care for our TDOC contract; this population-based approach uses patient/population identification, clinical management **using evidence-based treatment plans**, education and resources, and outcome reporting.

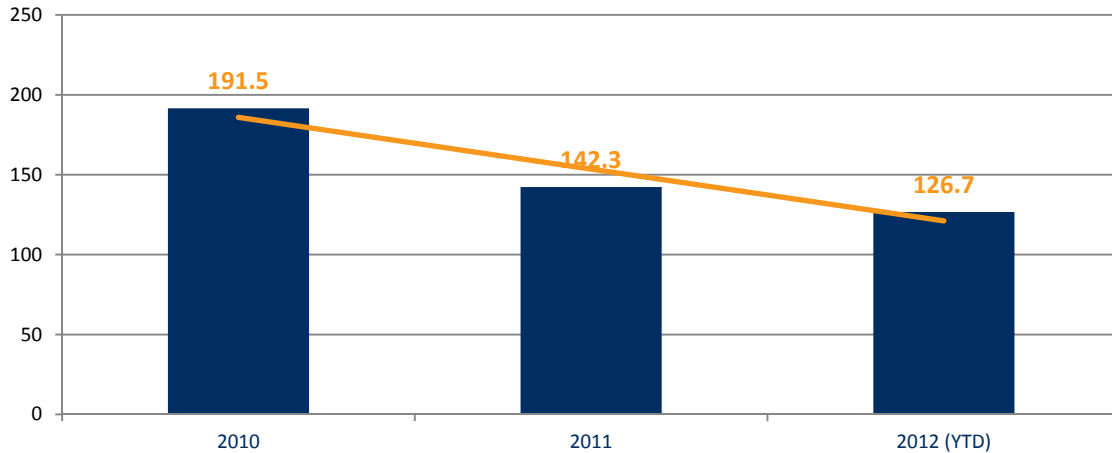
Our chronic care program has resulted in reduced off-site costs and the avoidance of officer diversion to oversee hospitalized patients. Savings are realized as inmates are kept in better health, resulting in reduced hospitalization rates and length of stay and less need for community based care and resultant security costs. As the following graph illustrates, Corizon effectively and consistently reaches TDOC inmates through our chronic care clinics year after year. ***This consistent reach has allowed us to keep the TDOC population in better health, resulting in reduced need for off-site care.***

Chronic Care Management at TDOC Inmates Enrolled - 2010-2012 (YTD)



As a result of the quality of our on-site care, Corizon ***reduced our hospital days*** per thousand inmates ***in Tennessee by 34% from 2010 to 2012.***

TDOC Hospital Days Per 1,000 2010-2012 (YTD)



Corizon’s program for the TDOC currently includes the following clinics. This level of onsite care allows us to greatly reduce offsite transportation.

Anticoagulant	TB
Cardiac/HTN	Neuro/Seizure
Endo/Diabetes	Ortho
GI/GERD	Psychiatry
Gynecology	Respiratory
Hepatitis C	Special Needs
Infectious Disease	

Initial Chronic Care Visits for TDOC Inmate Patients

- The initial health assessment that is completed by a provider becomes the ***initial Chronic Care visit*** for TDOC inmate patients.

It includes a review of the intake screening, completion of the NCCHC Chronic Disease Clinic Initial Baseline Medical Data form and includes the ***following treatment plan made specific for each patient*** based upon disease and degree of control:

- Review of medication compliance since intake;
- Review of any monitoring such as blood pressure and finger stick blood glucose since intake;
- Medication ordering with any dosage adjustments;
- Self care and disease education including care after release from custody;
- Planning for testing per guidelines;

- Notification to custody of any special needs; and,
- Scheduling next Chronic Care Clinic.

Chronic illness care is provided in TDOC Chronic Care Clinics as guided by Corizon Prison Chronic Care Guidelines. We have adapted the Prison Guidelines from the nationally recognized correctional healthcare source **NCCHC** Clinical Guideline for Healthcare in Correctional Settings and from recognized sources such as the **American Diabetes Association's Clinical Practice Recommendations** for diabetes management.

These guidelines and the information required in the NCCHC Chronic Disease Clinic Follow-up form are the basis for developing the individualized treatment plan based upon the disease and degree of control for each patient. The components of the visit follow the same components listed above in the initial visit.

Disease Management Systems

Corizon 2013 Initiative

One of our goals in the next contract term is to assist with the TDOC's Disease Management Systems by:

- Providing assistance in the development of the TDOC's CQI/Infection Control program and database;
- Proposing and implementing at least two additional protocols with established baselines and measurable outcome standards;
- Emphasis on Hypertension Control; and
- Provide Women's Health (breast and cervical cancer) Screenings.

Provider education and guidance has continued through the third quarter of 2012 related to managing diabetes, patients on anti-coagulant therapy (Warfarin), and Dyslipidemia. Individual provider guidance will continue to be provided as needed.

As illustrated in the sections that follow, **Corizon's outcomes exceed those of commercial insurance, Medicare, and Medicaid.**

Disease Prevention and Management Model of Healthcare Delivery at TDOC

Corizon's program is a **physician-driven program** that emphasizes best practice, multidisciplinary collaboration with the behavioral health care provider, consistency in healthcare delivery, and inmate education as the key components for success. Evidence-based best practice guidelines are used to guide decision-making through the continuum of care and data analysis allowing us to review the results of our program.



TDOC Core Need:

Disease Management Systems



State Performance Data Report (SPDR)

- As a component of our CQIP program for TDOC, Corizon will provide the TDOC with a State Performance Data Report (SPDR) on a quarterly basis.

This report contains metrics that address clinical chronic care outcomes and allows the TDOC to identify trends in clinical performance and compare outcomes from state to state.

In addition, site-specific clinical SPDR reports are generated quarterly for each statewide contract. As a result, state regional leadership can compare outcomes for each site, identify sites with outcomes demonstrative of best practice and identify sites where concentration of efforts for improvement exist.

Key Outcome Indicators

Measureable Outcomes – Medical Management of Diabetes

- Effective diabetes management is brought to the TDOC through a partnership with Corizon; our ability to manage diabetes in large correctional healthcare contracts is proven.
- Corizon has implemented a comprehensive diabetes disease management program at TDOC with outcomes for critical measures that **exceed outcomes** for patients enrolled in Medicare, Medicaid and Commercial insurance plans.

As of 2010, 8.7% of the United States population had diabetes, which has steadily increased over the past decade. ***The reduction of long-term effects of diabetes translates into a healthier diabetic population and a decrease in healthcare management services*** accompanying the associated complications of diabetes: cardiovascular disease, retinal disease, renal disease, peripheral neuropathies and other high impact, high frequency conditions. Sound onsite management of chronic illness and avoidance of exacerbation of disease translates into fewer episodic offsite trips to manage urgent or emergent needs. Our focus on this particular disease and ability to track, trend, monitor and report on it is one example of best practices in disease management that are brought to the TDOC through a partnership with Corizon.

In 2006 Corizon, Inc began development of a Diabetes Disease management program. The goal is to adhere to evidence-based guidelines and improve glucose, blood pressure and cholesterol control, thereby decreasing diabetic-related complications and prolonged hospitalizations. The rationale for diabetes disease management was based on statistics published by such prestigious organizations as the Centers for Disease Control (CDC), American Heart Association (AHA), National Institute of Neurological Disorders and Stroke, and the National Institute of Diabetes and Digestive and Kidney Diseases. Those statistics stated that:

- Diabetes is one of the leading causes of death and disability in the United States.
- Much of the burden of illness and cost of diabetes treatment is attributed to potentially preventable long-term complications including heart disease, blindness, kidney disease and stroke.
- People with diabetes are two to four times more likely than others to die as a result of heart disease.
- Diabetes accounts for almost 45 percent of new cases of kidney failure.

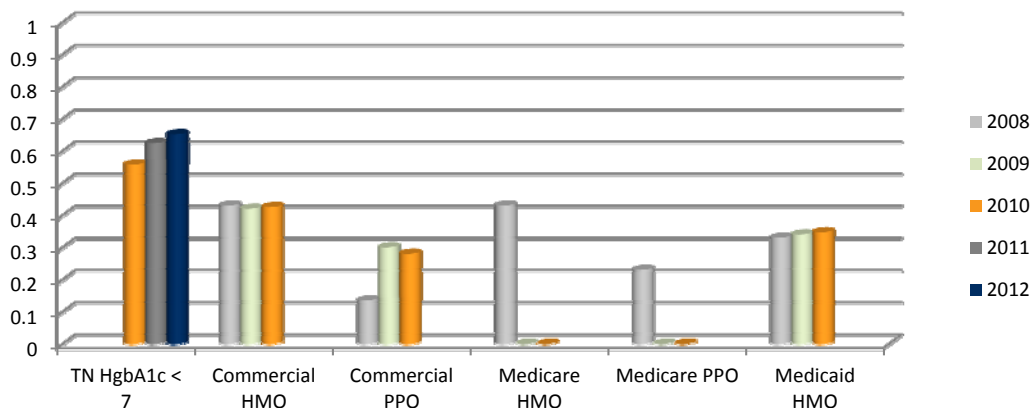


- Diabetic retinopathy is a leading cause of blindness, causing 12,000 to 24,000 new cases of blindness annually.
- Every 10 millimeters of mercury reduction in systolic blood pressure in diabetics results in a 12 percent reduction in diabetic complications
- Improved control of cholesterol can reduce cardiovascular complications by 20 to 50 percent.
- Patients with diabetes who maintain near-normal HgbA1c levels gain, on average, an extra five years of life, eight years of eye sight, and six years of freedom from kidney disease.
- Medical costs for people with diabetes are more than double the medical costs of others.

Corizon compares outcomes to data published by the National Committee for Quality Assurance (NCQA). The latest reported NCQA outcomes for comparison are from the *State of Health Care Quality Report 2011* and contains comparative data through 2010.

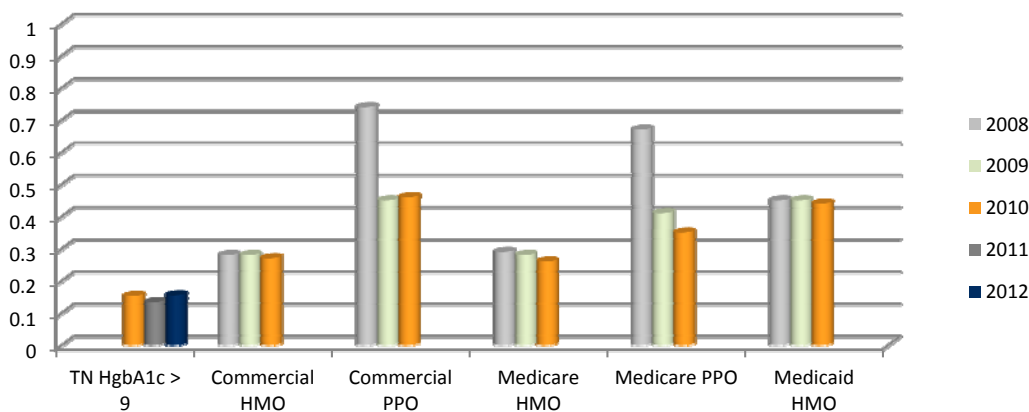
An important step in managing diabetes is to monitor HgbA1c results every quarter. This blood test measures the average blood glucose control over the previous 90 days. The goal for glucose control is to maintain HgbA1c less than 7 for most patients with diabetics. The exception would be those who experience frequent hypoglycemic events related to such tight control. The chart below indicates the percent of patients with diabetes in Tennessee in good control during the current contract with the TDOC. While NCQA results (HEDIS data) exclude patients who have not been in treatment for a period of time, Corizon includes all diabetics, including new intakes, in the outcome measurement.

Patients with HgbA1c Levels Less Than < 7 GOOD CONTROL



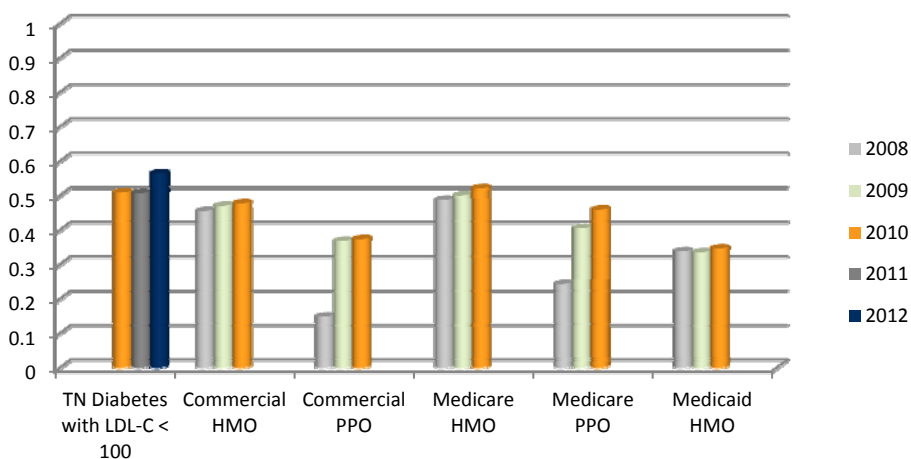
Poor glucose control is defined as patients with diabetes with HgbA1c > 9. This patient cohort requires more frequent monitoring through chronic care clinics, as frequently as monthly in some cases, to adjust treatment plans until the patient reaches goal. The chart below indicates the percent of patients with diabetes in Tennessee in poor control during the current contract with the TDOC. **Overall, Corizon outcomes exceed those of commercial insurance, Medicare, and Medicaid.**

Patients with HgbA1c Levels Greater Than < 9 POOR CONTROL



Because patients with diabetes are at risk for cardiovascular disease and compromised blood flow, it is important to keep LDL cholesterol < 100. *The chart below demonstrates the LDL-C control for diabetic patients in TDOC.*

Diabetic Patients with LDL-C Levels < 100



To assist the health care teams at the site level to achieve the consistently good outcomes attained in Corizon facilities, the Corizon corporate office Clinical Administration Department prepares monthly lab reports that allow the site providers to identify at a glance the cohort of patients in good, fair and poor control and then modify individual treatment plans as appropriate for the individual patients. Parameters included in the monthly diabetes reports are HgbA1c, HDL, LDL, Triglyceride, and GFR levels – all important components of total diabetes care. A sample report is included showing results at goal highlighted in green and those in poor control highlighted in magenta. This type of reporting was initiated for TDOC in the second month of the contract in 2010.



Corizon Site	Inmate ID	Collection Date	HgbA1c	HDL	LDL	Trig	GFR
6381	33051	10/5/11	5.8	45	121	110	89
6381	72080	10/1/11	6	40	142	133	62
6381	73005	10/8/11	6.8			549	78
6383	42192	10/14/11	7	18	51	252	68
6383	64797	10/27/11	7.2	40	81	183	63
6383	26076	10/11/11	8.4	34	87	148	70
6383	67585	10/7/11	9.3	30	88	192	89
6383	54914	10/6/11	10.4	38	119	146	97
6384	34454	10/14/11	11.5	23	64	350	80

Key Outcome Indicators

Measureable Outcomes – Medical Management of Hyperlipidemia

Another component of Corizon’s chronic disease management program is management of hyperlipidemia, specifically high LDL cholesterol. Lipid panel is included in the lab report workbook sent to the sites each month. LDL-C > 160 and Triglyceride > 500 are highlighted for ease of identification of those patients who require intensive management.

Corizon Site	Inmate ID	Collection Date	HDL	LDL	Trig
6381	123456	10/8/11	20	SEE BELOW	898
6381	654321	10/2/11	35	61	128
6381	222222	10/1/11	59	74	58
6383	464646	10/4/11	33	SEE BELOW	516
6383	535353	10/27/11	25	SEE BELOW	899
6392	979797	10/6/11	43	167	153
6392	888888	10/22/11	48	200	131
6392	616161	10/27/11	33	174	391

Key Outcome Indicators

Measureable Outcomes – Medical Management of Cardiovascular Disease

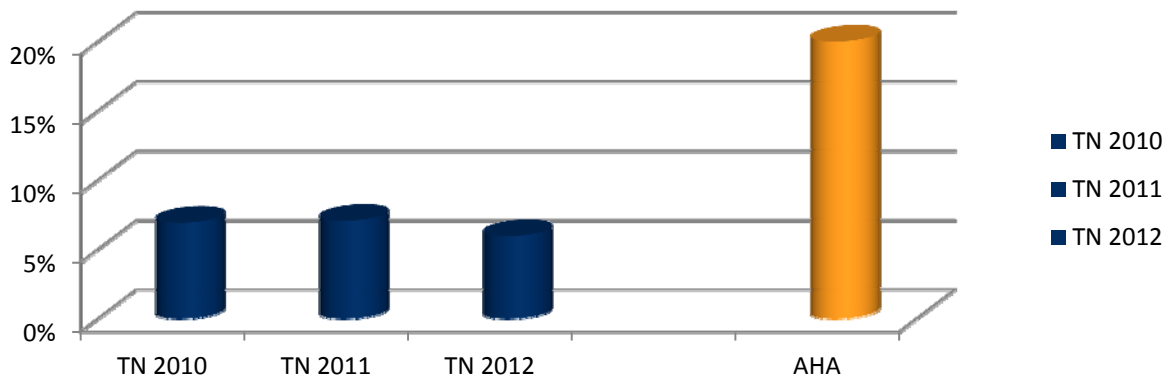
Cardiovascular disease is a high-volume, high-risk chronic condition, affecting patients across all ages, ethnicities and cultures. The prevalence of cardiovascular disease in corrections and ***the increasingly aging prison population has prompted Corizon to proactively and vigorously address the issue of cardiovascular health among its patients nationwide.***

American Heart Association statistics report that approximately 20% of Americans over the age of 20 have elevated LDL cholesterol. The goal for everyone is to decrease LDL-C to < 160, with parameters



more stringent for those at increased risk for cardiovascular disease. *Lipid management at TDOC is outstanding as demonstrated in the chart below.*

Lipid Management at TDOC - Hyperlipidemia, 2010-2012 YTD



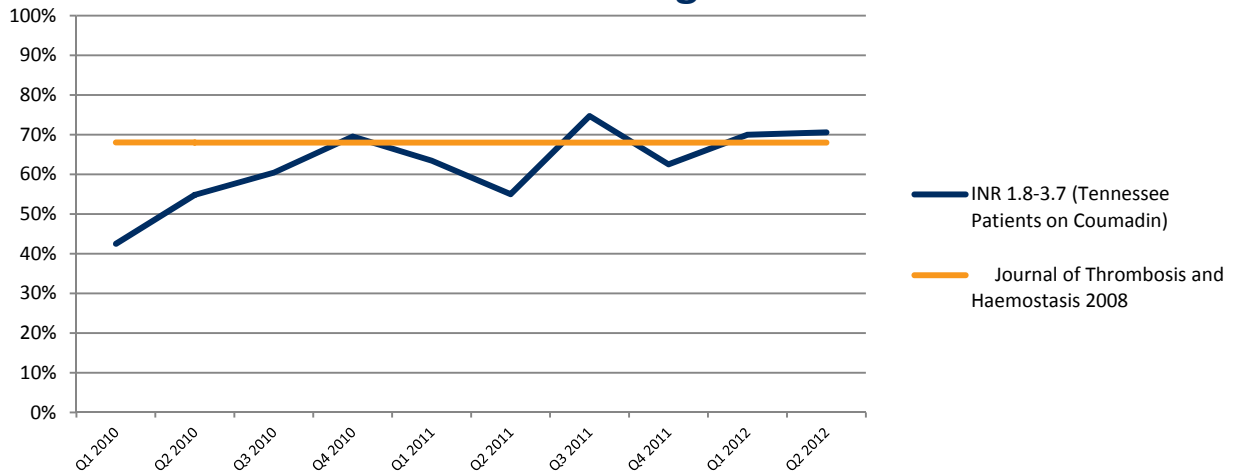
Key Outcome Indicators

Measureable Outcomes – Medical Management of Warfarin

Warfarin management is a third key clinical performance indicator for all Corizon statewide prison systems, implemented in 2009. Warfarin, a blood thinning agent, is indicated for a small percentage of patients who have had a deep vein thrombosis (DVT), pulmonary embolus (PE), atrial fibrillation, and/or heart valve replacement. A study published in the *Journal of Thrombosis and Haemostasis* in 2008 of data gathered from medical record review in private physician practices reported that, at any given time, approximately 68% of patients on Warfarin had a blood level in the therapeutic range of 2.0 to 3.5. Because Corizon includes all patients on Warfarin, including those who are new to the drug, in the cohort for outcome measurement, the Corizon range has been expanded to consider those with INR in the range of 1.8 to 3.7 as being therapeutic. Rationale for this adjustment is that clinicians will not normally make changes to drug regimen based on an isolated lab result, but rather on the patient's INR trend. Tennessee outcomes are demonstrated in the chart below, indicating **steady improvement once Corizon processes were implemented in the TDOC.**



Warfarin Management



Corizon's Business Intelligence Application

Corizon's business intelligence application, InGauge™, is currently utilized to support our TDOC contract, and supports us in our efforts to aggregate disparate data sources, and quickly and accurately identify trends within the TDOC population. This application covers subject areas such as patient information, clinical management, medical claims, pharmacy orders, and labor and staffing statistics. InGauge™ provides reports detailing contract performance comparisons, labor management analysis, off-site medical trends, and pharmacy trends. In 2010, Corizon added new analytic components to InGauge™ which now incorporate chronic condition identification and stratification, benchmarking, lab results, electronic medical records, and predictive modeling.

A.3.h. Dental Services (*pro forma* Contract pg.6)

- Corizon will continue to provide a quality on-site oral health care program in accordance with local and federal guidelines, TDOC policies and procedures, ADA standards and NCCHC and ACA standards. Of care.
- Our current program consists of diagnostic preventive, restorative and rehabilitative services.

The oral healthcare program is an essential component of the healthcare delivery program. There are two major diseases of the oral cavity – dental caries and periodontal disease. Each disease is progressive and destructive to hard and soft oral tissues. Studies have shown that oral health status is directly proportional to education and income. Therefore, the inmate population would be expected to present with poor oral health status with a high prevalence of untreated dental caries, periodontal disease, and poor oral hygiene. Because the need for dental services within the inmate population far exceeds the monetary and manpower resources available to treat all the disease and sequela, a rational method of allocating the resources must be established.

Our current dental program for TDOC is provided under the leadership of our **Regional Dental Director, Dr. Helen Coleman**. Dr. Coleman closely monitors the Corizon dental services program at TDOC and,



through the development of a network of Tennessee dentists, ensures on-site dental care is available at each TDOC facility. Corizon will continue to be responsible for the coordination, provision, and costs of all dentistry using licensed, certified and trained staff as appropriate for the services rendered according to TDOC Policy #113.60.

Dental services will continue to be provided to inmates based upon need and will include, but will not be limited to, the following:

- Intake screenings and oral hygiene instructions;
- Comprehensive examinations;
- Cleanings;
- Sick call;
- Emergency care for the relief of pain;
- Assessment of fractures;
- Control of bleeding and acute infection;
- Restorative procedures;
- Extractions;
- Scaling, as necessary to prevent tooth loss and gum disease; and
- Dental hygiene services at the comprehensive facilities.

A.3.h.1. Dental Treatment and Follow-up Treatment *(pro forma Contract pg.6)*

Dental screenings will continue to be conducted at all intake facilities. These screenings are conducted during the intake assessment process in accordance with NCCHC and ACA standards. Inmates identified during dental screening as having urgent or emergent dental needs will be placed on the dental sick call list for evaluation and treatment. Routine care will be provided when clinically necessary as determined by a dentist's evaluation. When follow up treatment is necessary, either by request or as a result of the intake examination, Corizon will provide non-urgent care within six weeks of the sick call visit.

A.3.h.2. Dental Emergencies *(pro forma Contract pg.6)*

A Corizon dentist will continue to see inmates with an urgent need, such as bleeding, acute pain, swelling, trauma or infection, within 48 hours of the inmate's request for care. Emergency dental care will be available 24 hours per day, seven days per week. **Our Dental Director, Dr. Coleman, is on-call 24-hours a day.** Provision of emergency dental services will continue to encompass, at a minimum:

- Control of bleeding
- Treatment of infection
- Relief of severe pain
- Immediate and palliative procedures for:



- ✓ Jaw fractures
- ✓ Tooth fractures
- ✓ Subluxations
- ✓ Avulsions of teeth
- ✓ Oral soft tissue injuries

A.3.h.3. Dentist Participation in CQI *(pro forma Contract pg.6)*

Corizon’s dentists will continue to participate in each TDOC institution’s Continuous Quality Improvement Committee. Additionally, our dentists will continue to supervise quality control studies regarding dental care or other related studies. Please review the thorough description of our Continuous Quality Improvement program in the section of this proposal titled “Quality Improvement” on pages 205-208.

A.3.i. HIV Positive Inmates *(pro forma Contract pg.6)*

Inmates not known to be Human Immunodeficiency Virus (HIV) positive will receive a HIV laboratory screen prior to release or parole. As clinically indicated, a HIV confirmatory test will be completed.

Exclusions will include any inmate who has been previously tested within the past three months or anyone who refuses to be tested.

A.4. Ancillary Services *(pro forma Contract pg.6)*

Corizon will continue to provide all ancillary services to meet the needs of the inmate population. All onsite services will be utilized to their fullest extent. The table below lists the support services providers in place for Corizon’s TDOC contract.

ANCILLARY SERVICE PROVIDERS FOR CORIZON’S TDOC CONTRACT	
Provider	Ancillary Service
Garcia Laboratory	Laboratory
Quality Mobile X-Ray	X-Ray
Meharry Medical College	On-Site Physical Therapy
Nashville General Hospital	MRI/CT
Quality Mobile X-Ray	Ultrasound



A.4.a. Vision Care Services (*pro forma* Contract pg.6)

- Our current program at TDOC includes the provision of on-site Optometry, Glaucoma services, and eyeglasses through our partnership with ***Institutional Eye Care***.

Corizon will continue to provide TDOC inmates with medically necessary optometric services through Tennessee-licensed optometrists in accordance with the American Optometric Association (AOA) and TDOC policy. Through our current staffing plan, the Corizon health care staff ensures that appropriate access to optometry services, such as examinations and treatment, are available to provide for the needs of most inmates via on-site services. Services that we currently provide include, but are not limited to:

- History;
- Visual acuity;
- Eye health assessment;
- Glaucoma testing;
- Visual field testing;
- Prescribing, ordering, dispensing and fitting of eyeglasses;
- Emergency care services; and,
- Any other TDOC-required eye care services.

A Corizon optometrist will continue to visit each TDOC institution no less than once monthly. In addition, we will ensure that the waiting list for optometry visits does not exceed 60 days.

Corizon will continue to provide eyeglasses prescribed by the optometrist or ophthalmologist through our partnership with ***Institutional Eye Care***. As is current practice, we will provide eye glasses that consist of basic safety frames, lenses, polycarbonate lenses and other eyeglasses as deemed medically necessary by the prescribing professional. Contact lenses will only be provided if medically necessary, and in such cases Corizon will continue to be responsible for providing the solutions necessary for maintenance of the contact lenses. Corizon will continue to repair and/or replace eyeglasses in accordance with TDOC policy. Eyeglasses and other items will be delivered within 10 business days from the date of the prescription order.

A.4.b. Radiology (*pro forma* Contract pg.7)

- Corizon's national radiology services vendor, ***Quality Mobile X-ray***, provides all radiology services for our TDOC contract.
- The capabilities of Quality Mobile X-ray technicians include chest, abdomen, extremity, and skull X-rays.

Quality Mobile X-ray Services, Corizon's national vendor, currently provides all radiology services for our TDOC contract. In accordance with TDOC policy, Corizon will continue to provide, through our agreement with Quality Mobile X-ray, all radiographs by a certified technician, interpretation by a board certified radiologist, and provision of typed reports. Corizon supports TDOC's intent to use on-site



radiology services when available to minimize offsite radiology/diagnostic services. Corizon will use the available mobile services, when onsite services are not available at any facility. Please refer to the section titled “Alternative or Supplemental Contract Language” on pages 68-70 for additional information.

Corizon understands that the TDOC prefers the subcontractor has and maintains accreditation by national accreditation entities such as IAUM for services when accreditation is available. Services will be available after and outside of usual operating hours to provide the capabilities to determine the need to travel to obtain emergency services beyond those that can be provided at the institutions.

Legible reports will continue to be typed and delivered in a timely manner to the correctional facility clinical staff as approved by the TDOC Medical Director. Corizon will continue to be responsible for the provision of all other offsite diagnostic testing required and will provide all onsite fluoroscopy and special studies through Quality Mobile X-ray as capabilities and equipment allow. Radiology studies will be provided with digital imagery allowing access by designated providers in TDOC facilities and the TDOC Medical Director, direct access to view via the internet.

Typed reports for routine studies will be provided to the facility as soon as they are read or no later than 48 hours after the reading. The radiologist will call the facility within 24 hours with any report requiring immediate intervention. Hard copy typed reports and films (where digital technology is not available) will be received within 72-hours of completion. We understand that Corizon is responsible for the maintenance, filing and purging of all x-ray films. Additionally, Corizon will be responsible for the provision of all supplies required to support x-ray services.

A.4.c. Laboratory Services *(pro forma Contract pg.7)*

Corizon will provide routine laboratory services at each site through our vendor agreement with **Garcia Clinical Laboratory, Inc, a female-owned business certified to do business in Tennessee**. Through our agreement with Garcia, Corizon will provide the procurement and processing of all medical laboratory services including supplies, forms, and tests in accordance with TDOC policy.

Corizon ensures Clinical Laboratory Improvement Amendment (CLIA) compliance as required for all in-house laboratory services. Laboratory specimens will be processed offsite for procedures/tests that are not waived by the CLIA. Corizon ensures that Bio-Reference has a quality assurance plan and is a CLIA certified laboratory. As required by the RFP, Corizon will be responsible for obtaining and maintaining necessary CLIA waivers at all sites except DSNF.

Quality Control measures for the laboratory service include:

- Daily calibration of all laboratory equipment.
- Daily check of all reagents.
- Daily control profile on every tenth specimen of every type of test performed.
- Daily computerized report indicating the results of the control tests forwarded to the Center for Disease Control in Atlanta for inclusion in an ongoing audit of the laboratory service.
- Annual audit from the College of American Pathologists.
- Documentation of routine quality control activities provided as requested.



Corizon will coordinate lab tests performed on physical examination with lab tests performed on chronic clinics to avoid duplication of tests. Corizon will provide a computer terminal and printer at each facility that provides on-line access to the Corizon's laboratory information system.

Corizon agrees that:

- All lab results, except those requiring a longer processing time, will be provided within 72 hours. The lab will notify the facility immediately by telephone of any abnormal results that require immediate intervention.
- Specimens will be picked up from each facility Monday through Friday, at approximately the same time each day and will be delivered to the laboratory as soon as possible.
- Corizon will be responsible for the collection of all DNA specimens needed for forensic testing or required by state law or court order.
- If an urgent care situation occurs, Corizon will coordinate a process to obtain results of the lab specimen seven days a week within four hours of obtaining the specimen.

A.4.d. Electrocardiography (EKG) Services *(pro forma Contract pg.8)*

EKGs will be performed on all inmates age 40 or older, or as determined by Corizon's physician. These services will take place at all 11 TDOC-managed facilities. Corizon will provide EKG services, equipment, and supplies. Corizon acknowledges that it is preferable that EKG machines have transmission capabilities with 24 hours per day cardiologist reading services available at the request of institutional staff. EKG services will include:

- Training and orientation for all qualified healthcare professionals.
- Printed EKG rhythm strips and computerized interpretation reports within 10 minutes.
- Cardiologist over-read with immediate response for abnormal results designated for over-read.
- Equipment maintenance and service within 24 hours of repair request.

Additionally, Corizon will maintain responsibility for supplies and repair costs associated with TDOC EKG equipment.

A.4.e. Pharmacy Services *(pro forma Contract pg.8)*

Corizon will coordinate with the pharmacy provider to assure that medication orders by Corizon providers are delivered in a timely manner to the pharmacy provider. Corizon will develop systems to receive verify and make medications available to the inmates. Corizon understands that the orders will be delivered on the same day they are written by providers. Corizon understands that prescription orders received by the pharmacy vendor by 2:00 PM CST, Monday through Friday, will be delivered to the ordering institutions by 12:00 noon the following day (excluding Sunday delivery). Medication will be ordered prior to the expiration of continued medications to assure the inmates receive their medications as ordered.



Local Pharmacy

In the event that medication is not delivered due to delayed orders, Corizon understands that the pharmacy contractor may authorize to obtain sufficient medication by local purchase from a pharmacy subcontractor. Corizon also understands that the pharmacy contractor may also have the ability to have the medications delivered to the ordering facility within two hours of receipt of order. Only the quantity of medication needed until the medication can be supplied by the pharmacy vendor will be ordered by Corizon and an order will be sent to the pharmacy vendor to provide the remainder of the medication needed.

Medication will be ordered in accordance with the drug formulary approved by the TDOC Medical Director and in accordance with TDOC policies.

Statewide Pharmacy and Therapeutics Committee

Corizon's Statewide Medical Director will participate on the Statewide Pharmacy and Therapeutics Committee and will communicate findings of the committee to contracted providers.

Corizon currently participates in all Pharmacy and Therapeutics Committee meetings to engage in discussions regarding needed clinical, operational, and cost saving strategies for the TDOC program. During these meetings our representatives provide documented feedback regarding facility CQI and inspection reports, review all medication errors for that quarter, discuss any issues regarding the medication rooms, and evaluate overall pharmacy operations. Formulary additions and/or deletions are proposed taking into consideration evaluations of bio-availability and bio-equivalency. In addition, Corizon's Clinical Pharmacist provides the necessary research and data investigation to support all formulary decisions.

Corizon's Regional Clinical Pharmacist, Dr. Sarell, attends each regularly scheduled TDOC Pharmacy and Therapeutics Committee meeting for information sharing and coordination.

Non-Formulary Prescriptions

Corizon will process any non-formulary prescriptions which are approved by the State's designated Medical Director, with the Pharmacy and Therapeutic Committee, for medical and mental health services.

Hepatitis B Vaccine

Corizon will provide Hepatitis-B vaccines (HBV) for all clinical institutional staff, regardless of employer.



HIV and Hep C Medications

Please refer to the section titled “Alternative or Supplemental Contract Language” on pages 68-70 for additional information.

Clinical Guidelines

As is current practice, Corizon will follow TDOC Clinical Guidelines for chronic disease management, nursing protocols, psychiatric disorders, vaccinations, and immunizations. Where applicable, medications specified in these guidelines shall be provided as formulary medications.

Non-Formulary Prescriptions

Corizon will process any non-formulary prescriptions which are approved by the State’s designated utilization management entity for medical and mental health services.

Psychotropic Medications

Psychotropic medications such as antipsychotics, antidepressants, and drugs requiring parenteral administration are dispensed only in accordance with a prescription by a physician or an authorized health care provider in agreement with the physician, based upon a physical examination of the inmate by a qualified health professional.

Quarterly TDOC Pharmacy and Therapeutics Committee Meetings

Corizon will continue to assist with the Quarterly TDOC Pharmacy and Therapeutics Committee meetings in accordance with TDOC policy. The Contractor’s Clinical Pharmacologist shall participate in the committee meetings and monitor pharmaceutical outcome measures. The Clinical Pharmacologist is responsible for providing the requested statistical reports in preparation for the meetings.

Additionally, Corizon will continue to participate in and contribute to each Quarterly TDOC Pharmacy and Therapeutics Committee meeting. The Committee members include the following:

- Marina Cadreche, Psy.D., Director of Clinical Services, TDOC
- Kenneth Williams, M.D., Medical Director, TDOC
- Wilma Taylor, TDOC Statewide DON
- Carolyn Gains, RN, TDOC
- Tom Voss, RN, Senior Vice President State Corrections, Corizon
- Dwayne Phillips, Vice President of Operations, Corizon
- Lynn Cole, Regional Director, Corizon
- Tiffany Sarell, Pharm.D., Pharmacist, PharmaCorr



- Sylvia McQueen, MD, Statewide Regional Medical Director, Corizon
- Glen Babich, M.D., Associate Regional Medical Director, Corizon
- Mark Fleming, (Mental Health) Regional Director
- Andrew Adler, Ed. D , Licensed Psychologist (Mental Health) Clinical Director
- Joe Pastor, M.D., Chief Mental Health Officer, Corizon

Medication Error Review Process

Corizon acknowledges TDOC's desire to work with the chosen provider to develop a Medication Error Review process to include electronic tracking, reporting and trending of Dispensing and Administration Errors. A monthly electronic report will be provided to the State detailing the month-to date and year-to-date medication errors by facility.

A.5. General Requirements *(pro forma Contract pg.9)*

A.5.a. Physician Coverage *(pro forma Contract pg.9)*

Corizon has provided, in our staffing plan, for sufficient physician services, including primary care services for inmates in mental health units, to deliver the required daily needs and provide supervision of mid-level practitioners, and consultation to nursing staff. This includes adequate staffing to ensure on-call physician coverage 24-hours a day, seven days a week. On-call responsibilities of Corizon's physicians include emergency coverage with telephone response within 15 minutes of notification from a TDOC institution. The institutional physician is responsible and the physician of record for all inmates assigned to that institution and retains that responsibility until the inmate care is officially transferred to another licensed clinician.

The on-call physician will determine whether his/her presence is required, give verbal orders and a treatment plan to nursing staff, and provide onsite treatments for medical problems or injuries requiring sutures and minor surgical procedures as required on a 24-hour basis. Onsite procedures, such as suturing, will be performed as soon as possible.

Please refer to our staffing schedule found in response to section "Staffing Plans" on page 234.

A.5.b. Nursing Coverage *(pro forma Contract pg.9)*

- Corizon's nursing department is organized to ensure that each Corizon nurse is ***properly selected and trained*** to provide nursing services.
- The Corizon Nursing and Human Resources Department work closely to ensure that recruitment efforts support the need for a ***qualified nursing workforce*** to support each of our contracts.
- Newly hired nurses are provided ***well-organized on-boarding programming*** that properly prepares the new employee to deliver nursing care that meets the quality standards expected by a Corizon nurse.



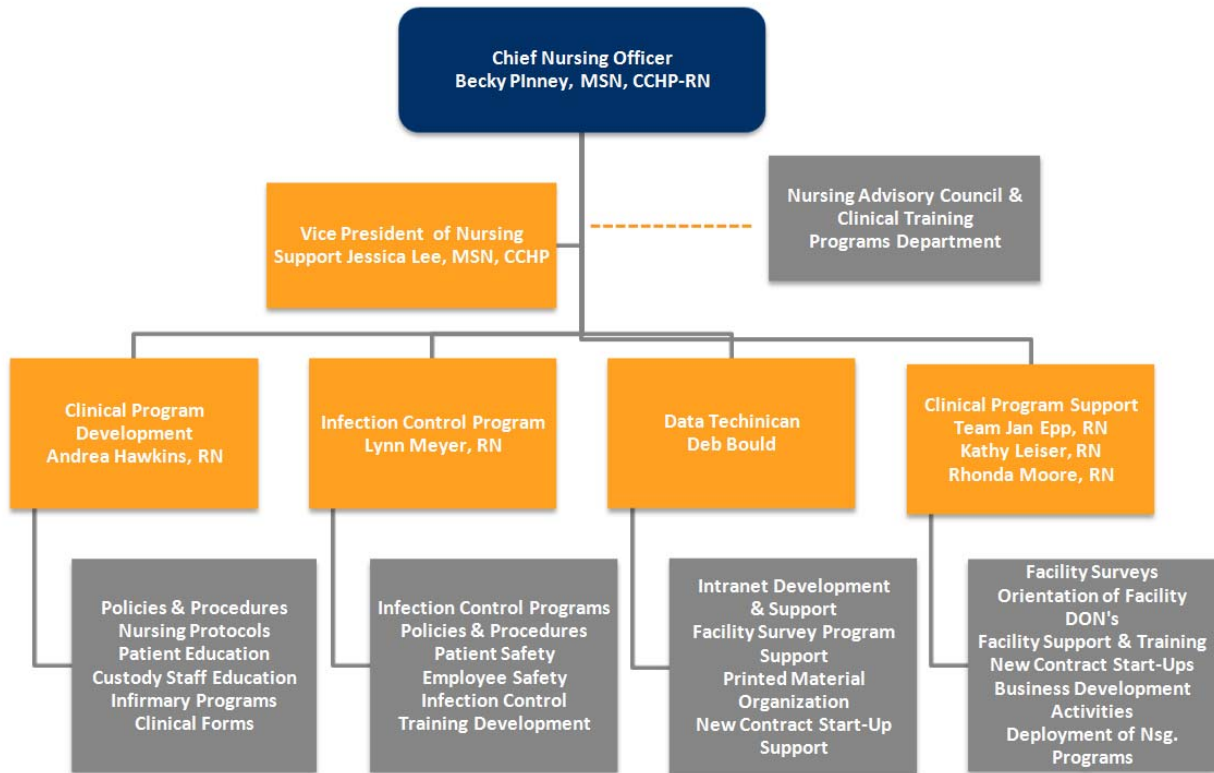
The Vital Role of the Corizon Nurse

Corizon highly values and understands the vital role of the nurse in the delivery of healthcare in the correctional setting. As a result, our organization has established a Nursing Department led by our Chief Nursing Officer and Senior Vice President, Becky Pinney, MSN. Ms. Pinney leads a department that provides organizational structure, leadership and clinical direction to the ***5,600 nursing employees that currently serve our facilities across the nation.***

Corizon Nursing Department

The Corizon Nursing Department is responsible for the development of Corizon's facility policies and procedures, nursing programs and all documents and forms necessary for the delivery of those programs. All Corizon policies and procedures are fully NCCCHC and ACA compliant. Policies and procedures are reviewed annually to ensure compliance with the most current standard expectations. Nursing Protocols have been developed to reflect the nursing process and to provide a means to gather appropriate clinical data in each clinical situation. The protocols have been designed to support clinical decision making based on the data collected at each encounter. Patient education documents are available for common clinical complaints and allow the nurse to educate and involve the patient in their treatment plan.

Depth of Corizon’s Nursing Expertise Nursing Department Organizational Structure



The Corizon Clinical Program Support Team

Facility level support is provided by a qualified team of nurses who comprise the **Corizon Clinical Program Support Team**. This team is comprised of nurses who have extensive correctional healthcare experience and who have served in various nursing and facility leadership roles within our organization. Their activities include conducting facility surveys that focus on compliance with company policies and the quality of care delivered in our facilities. Members of this team also play an important role in the training process of new facility nurse managers, developing staffing plans for new business proposals, assisting with new contract start-ups and assisting with training activities and the deployment of nursing programs within the organization.

Onsite Nursing Coverage for TDOC

Onsite nursing coverage will continue to be provided for the contract term as specified in our staffing plan found in response to section “Staffing Plans” on page 234. Nursing will include any required RN, LPN, and CNT staffing of mental health units at CBCX, RMSI, TPW, WTSP, and MCCX. Corizon will continue to provide onsite nursing coverage at the comprehensive sites according to the contract



staffing pattern, 24 hours per day seven days per week. The Corizon nursing staff will perform the following tasks at a minimum:

- Administer and document medication in the medication administration record;
- Assist and/or perform receiving screenings and physical examinations;
- Respond to and initiate care for medical emergencies;
- As necessary, assist physicians and other medical personnel in patient examinations and treatment;
- Infirmity services;
- Take vital signs and draw blood; and
- Schedule appointments and organize sick call.

A.5.c. Nursing Protocols *(pro forma Contract pg.9)*

Corizon will submit to the State for written approval within the first 30 days of the contract start date (and annually thereafter). Such nursing protocols will be applicable for all nursing staff, including state employees and contractors. Corizon recognizes that any changes to the protocols will require written approval by the State.

Corizon will use, with the TDOC's approval, our Nursing Encounter Tools (NETs) in conjunction with nursing protocols to support our program. We have provided a detailed description of our NETs in the narrative that follows. Please refer to the section titled "[Approved Nurse Encounter and Assessment Tools](#)" on pages 89-90 for a detailed explanation of Corizon's NETs.

A.5.d. Medication Administration *(pro forma Contract pg.9)*

The comprehensive medication administration program that Corizon has put in place at TDOC ensures that all Corizon staff members are qualified to administer medication. Corizon will continue to use only licensed nursing staff to administer all medications, including all controlled, high abuse potential drugs, and psychotropic medications. All medication will be distributed through a medication window or cellblock distribution process. Corizon nurses will administer medications daily or as prescribed to inmates in segregation housing units and/or mental health units.

In addition to initial medication administration training, we will provide supplemental instruction on an annual basis to ensure all staff members are operating in compliance with NCCHC, ACA, and all other applicable state and federal regulations, as well as TDOC standards of care.

In an effort to enhance security of controlled substances, all staff involved in the administration of medication will undergo and complete training regarding Corizon's competency for security for controlled substances program. Corizon will continue to comply with TDOC Policy #113.70, Management of Pharmaceuticals, which requires accountability of controlled substances consisting of medication reconciliation at the change of each shift with signature of outgoing and incoming clinical staff.



A.5.e. Prosthetics and Durable Medical Equipment *(pro forma Contract pg.9)*

Corizon will continue to be responsible for all prosthetics and durable medical equipment ordered by physicians and specialists, including, but are not limited to the following:

- Braces;
- Special shoes;
- Glasses;
- Hearing aids; and
- Orthopedic devices.

Health care prosthetic devices and durable medical equipment will continue to be provided for inmates when deemed necessary by the attending health care provider to correct, assist, or improve a significant body impairment or debilitating condition, in accordance with TDOC policy and as approved by the Warden of the correctional facility from a security prospective.

A.5.f. Mid-Level Supervision *(pro forma Contract pg.10)*

Upon contracting with a physician, Corizon requires that the individual sign a statement attesting to the physician's agreement to supervise nursing and non-physician clinical services for the site, including but not limited to, clinical activities of mid-level practitioners as required by state law. All physicians, prior to providing services through Corizon, will be required to sign this statement of agreement, and will be aware of the responsibilities associated with this agreement.

Corizon physicians will review and sign off on all treatment plans written by mid-level providers for the management of chronic care patients. This review process allows the Corizon physician to ensure that mid-level providers meet necessary standards of care for inmate patients, as well as affording the supervising physician an avenue to identify educational opportunities to enhance the mid-level provider's scope of knowledge and provision of care. Corizon providers will provide appropriate intervention for improvement as necessary. Either MD or DO-level professionals will be responsible for mid-level supervision.

In the event issues arise in which the PA/APN does not adhere to the agreement with the physician supervisor, the matter will be referred directly to the TDOC Medical Director for disposition.

A.5.g. Medical Records *(pro forma Contract pg.10)*

- Corizon will continue to create a health record for all inmates who enter into TDOC custody for the first time, maintain medical records for all TDOC inmates with existing records, and will do so for the contract term.

This medical file will be thorough and will include all information regarding medical, dental, and mental health services as a result of the inmate screening process, or for services rendered following assignment to a housing area. Corizon staff will sign, date and name stamp any progress note or order



entered into the medical chart. Please find below a description of the medical record format Corizon proposed for our TDOC program.

Problem-oriented Format

Corizon will continue to document all health care contacts in the inmate's healthcare record in the problem-oriented medical record format, which has proven a successful method of documentation for our TDOC contract. We utilize the problem-oriented medical record-documenting format known as SOAP charting. This effective method of schematic recording of facts and information is detailed below:

- Subjective information, such as patient history and testimony about feelings.
- Objective material and measurable data, such as height, weight, respiration rate, temperature, and all examination findings.
- Assessment of the subjective and objective material that can be the diagnosis, but is always the total impression formed by the care provided after review of all materials gathered.
- Plan presented for treatment, in sufficient detail to allow another care provider to follow the plan to completion.

The plan includes a follow-up schedule, as well as the following:

- The completed reception screening form;
- Health appraisal data forms;
- All findings, diagnoses, treatments, and dispositions;
- Prescribed medications and their administration;
- Laboratory, x-ray, and diagnostic studies;
- Signature and title of each document;
- Consent and refusal forms;
- Release of information forms;
- Place, date, and time of health encounters;
- Discharge summary of hospitalizations;
- Health service reports, dental, psychiatric, and other consultations; and,
- Problem list.

Corizon ensures high priority is given to the legibility of inmate records, including signature, date, and time. If Corizon's health staff is unable to write legibly, notes are dictated, transcribed, reviewed, and signed within a reasonable timeframe. All off-site specialty encounters are transcribed using a professional transcription service. All therapies are documented as to indications, method of delivery, and inmate response. Special instructions are given to ensure all who read the document fully understand its contents.



All drug therapies are named, with dosage instructions and indication of refill limits. All medications the inmate receives, no matter the source, are inventoried and listed to include the method by which the patient understands they are to be taken.

Additionally, Corizon understands that if an Electronic Health Record (EHR) is used, that record will be printed and organized according to TDOC policy for transfer of any inmate to another facility.

Further, Corizon intends to work in coordination with the TDOC in any manner necessary during the selection, implementation, interfacing and deployment of any EHR the TDOC chooses to contract with.

Corizon and its IT department have extensive knowledge and expertise working with and in coordinating these efforts allowing the transition to an EHR solution as smooth as possible for the enterprise.

A.5.h. Therapeutic Diets *(pro forma Contract pg.10)*

Corizon is aware that TDOC's policies allow for modified diets for medical necessity. Corizon will continue to oversee the assessment of nutritional requirements and management of special diet orders. Corizon's healthcare staff monitors and makes recommendations for inmates with regard to medical diets and in accordance with the menus established by the dietician. We obtain and provide, through the medication administration process, nutritive supplements that have been prescribed by a physician to provide to inmates as an adjunct to their special diets.

Corizon understands that the State is responsible for the cost of food.

A.5.i. Inmate Health Education *(pro forma Contract pg.10)*

- Corizon's inmate health education program will continue to be in accordance with TDOC policy.
- Inmate health education at TDOC will be an ongoing process that occurs during each health encounter, as well as during formal education sessions.
- To be effective, the inmate health education program will be tailored to the specific needs of the TDOC inmate population.
- Corizon will closely monitor the health and educational needs of TDOC inmates, and will develop training sessions to meet those needs.

Corizon believes that inmate health education is an ongoing process that occurs during each health encounter, as well as during formal education sessions. Health education will be done, but not limited to, at the initial health intake screening process, annual health maintenance and at each formal medical session such as during sick call, chronic clinics, and dental clinics; and will be made available based on the assessed educational needs of the inmate. Furthermore, to be effective, the inmate health education program must be tailored to the specific needs of the inmate population it serves. Therefore, Corizon will continue to closely monitor the health and educational needs of the TDOC inmates, and develop training sessions to meet those needs.

Some examples where specific programs may be developed include patients with chronic conditions such as hypertension, seizure disorders, pulmonary disorders, diabetes, and specific disabilities. We provide a complete portfolio of education specific to female inmates as well. Corizon's educational programs will provide TDOC inmates with a better understanding of their particular disability or disease, the necessary care, and instruction for self-care, if applicable.



Our program is delivered to the inmate population in a variety of ways. Educational and instructional pamphlets, posters and fact sheets are made available in security-approved areas. Additionally, Videos/DVDs may also be shown in waiting areas and, in some cases, Corizon staff may offer group sessions on particular topics of health awareness when appropriate.

Additionally, Corizon has a series of clinical Patient Information Fact Sheets (PIFS) which cover a variety of health-related topics including TB, diabetes, and specific chronic illnesses for distribution to inmates. Samples have been provided in **Appendix O** for the reader's review.

Disease Management Inmate Education

Patient empowerment in disease management begins with education. Educated patients are empowered as they begin to participate in discussions and decisions affecting the management of their disease rather simply hearing or reading about their disease. Patient empowerment strategies include self-management "Peer" programs, one-on-one teaching from nurses, and handouts written in understandable language.

Corizon has experience in "Peer Education" programs in other contracts. Corizon's "Diabetes Seminar" is a module designed to be led by a nurse, or a patient inmate with diabetes, or someone identified as having teaching or group leadership skills. Our diabetes seminar modules are based on a "Train the Trainer" approach in which providers and nurses form the foundation of information, which is then transferred to the inmate patient. The inmate is then trained to become a facilitator of a Peer Group, sharing information, and developing a therapeutic community within the system. This approach can also be applied to other disease entities, such as cardiac disease and asthma at Corizon.



Corizon's Patient Care Services disease management team includes a board-certified nurse practitioner as patient educator and program facilitator, who is available to implement or assist in implementing modules in Corizon facilities as agreed upon between Corizon and TDOC. We can also specially design modules for other Peer education programs upon request.

Inmate Health Education Topics

The table that follows provides descriptions of Corizon's instructional content, the rationale upon which our program is based, and the methods and mediums by which our inmate education is deployed.



Inmate Health Education Curriculum				
Topic	Rationale	Key Content	Method/Medium of Delivery	Outcome Assessment
Smoking Cessation (Tobacco Use)	Tobacco use is a major factor in disease disability and death	<ul style="list-style-type: none"> General information about the impact of tobacco use and second hand smoke Individual and group smoking cessation education Implications of maternal smoking on fetal development 	<ul style="list-style-type: none"> Intake orientation presentation and handout Discussion at health visit; enrollment in smoking cessation group, if appropriate Female inmate education during annual GYN visit 	<ul style="list-style-type: none"> Monitor individual and group cessation success rates and compare with national averages
Effects of Drug and Alcohol Abuse (Alcohol and Psychoactive Drug Use)	Alcohol and drug independence enhances behavioral and emotional control while improving health and decreasing morbidity	<ul style="list-style-type: none"> Health risk of alcohol and psychoactive drug use Behavior Modification and lifestyle changes necessary for drug/alcohol-free living Implication of maternal drug and alcohol use on fetal development 	<ul style="list-style-type: none"> Education brochure during intake orientation Monthly sessions Annual Health Fair Health educator assistance in therapeutic community settings Female inmate education during pregnancy visits 	<ul style="list-style-type: none"> Post education knowledge assessment Annual review of DOC data on drug/alcohol use among inmates
Stress Management	Incarcerated individuals experience a range of adaptive responses to stress	<ul style="list-style-type: none"> Focus on specific symptoms: Insomnia, Headache, Back Pain that typically accompany maladaptive stress management 	<ul style="list-style-type: none"> Education brochure during sick call, chronic care or clinic visit for particular complaint BH Stress Management program contains topics devoted to life skills and adaptation to stress, including Recognizing Stress Exhaustion Symptoms/ Signs of Excessive Stress Diaphragmatic Breathing Exercises/Progressive Muscle Relaxation Constructive Ways of Dealing With Stress 	<ul style="list-style-type: none"> Patient will experience a reduction in symptoms. Clinic visit for one-on-one interventions if needed
Chronic Disease	Our disease management system emphasizes early	<ul style="list-style-type: none"> Focus on preventive care including: <ul style="list-style-type: none"> ✓ Health screening based on patient age and health history 	<ul style="list-style-type: none"> Early identification at intake and/or initial health assessment 	<ul style="list-style-type: none"> Diabetes Management program with focus on decreasing/maintaining

Inmate Health Education Curriculum				
Topic	Rationale	Key Content	Method/Medium of Delivery	Outcome Assessment
	recognition, consistent monitoring based on disease acuity and use of evidence based practice to guide care and patient education	<ul style="list-style-type: none"> ✓ Patient education to enhance awareness of risk factors, early symptoms and appropriate screening for disease onset and complications from disease ✓ Integration into community healthcare with improved knowledge of disease • Use of disease management guidelines developed based on community standards, NCCHC clinical standards and community standards 	<ul style="list-style-type: none"> • Use of NCCHC clinical standards and documentation for initial and ongoing assessment • Disease specific education based on inmate plan of care • Monitoring of inmate outcomes based on review of clinical diagnostic data, medication review and disease exacerbations • Education through brochures, clinical encounters specific to inmate chronic disease and identified risk factors 	<p>HbgA1C levels (<7)</p> <ul style="list-style-type: none"> • Warfarin management – routine monitoring and therapeutic levels • Cardiovascular Disease management focus with focus on anticoagulation, primary prevention, secondary prevention for patient with previous cardiovascular incident, congestive heart failure management
Medications	Individualized, one-on-one education is a best-practice to teach patients about medication. This approach permits an immediate question and answer approach and enhances compliance with the treatment plan	<ul style="list-style-type: none"> • Practitioners discuss reason for medication, frequency of dosing, amount of medication prescribed, side effects, and the need to take the medication as directed 	<ul style="list-style-type: none"> • Individualized, One-on-One with nursing, provider, and pharmacy staff 	<ul style="list-style-type: none"> • Patient compliance with medication regimen as monitored by MAR review
Communicable Infections/Disease: TB, HIV, MRSA, Hepatitis (all types), STDs, and TB	Close living necessitated by incarceration increases potential for communicable disease transmission. Poor lifestyle choices in the incarcerated community results in increased risk of disease contraction	<ul style="list-style-type: none"> • General principles and precautions to decrease the spread of disease • Specific disease prevention guidelines for TB, HIV, STD, and Hepatitis (all types) • Disease treatment and self-care education • Medication effect and side effect education 	<ul style="list-style-type: none"> • Education brochure during intake orientation. • Monthly sessions • Annual Health Fair • Health educator assistance in therapeutic community settings • Female inmate education during pregnancy visits 	<ul style="list-style-type: none"> • Case management of all TB, HIV, and HCV will include reporting of patient outcomes • Patterns of STD and Hepatitis transmission will be monitored by the site infection control nurse



Inmate Health Education Curriculum				
Topic	Rationale	Key Content	Method/Medium of Delivery	Outcome Assessment
		<ul style="list-style-type: none"> Communicable Disease transmission in pregnancy 	<ul style="list-style-type: none"> Female inmate education during annual GYN visit 	
Positive Effects of Physical Activity and Healthy Diet	Healthy lifestyle choices, particularly as they relate to diet and exercise, are proven to decrease mortality and morbidity over time.	<ul style="list-style-type: none"> General benefits of physical activity and nutrition Nutrition and activity instruction specific to the inmate's disease processes Specific nutrition and activity instruction related to seasonal and community changes Diet and exercise for a healthy pregnancy 	<ul style="list-style-type: none"> Education brochure during intake orientation with tips specific to incarceration Instruction during sick call visits, chronic care clinics Group instruction such as inmate feedback sessions addressing season issues such as heat stroke, excessive bodybuilding, and community generated nutritional myths Female inmate education during pregnancy visits 	<ul style="list-style-type: none"> Quarterly monitoring of activity yards, commissary purchase patterns Individual ongoing evaluation of understanding and behavior change during chronic care visits Monitoring numbers of adverse events specific to seasonal and community issues Monitoring delivery recovery and infant health
Diet and Weight Management (Positive Effects of Physical Activity and Healthy Diet)	Healthy lifestyle choices, particularly as they relate to diet and exercise, are proven to decrease mortality and morbidity over time.	<ul style="list-style-type: none"> General benefits of physical activity and nutrition Nutrition and activity instruction specific to the inmate's disease processes Specific nutrition and activity instruction related to seasonal and community changes Diet and exercise for a healthy pregnancy 	<ul style="list-style-type: none"> Education brochure during intake orientation with tips specific to incarceration Monthly sessions Annual Health Fair Instruction during sick call visits, chronic care clinics Group instruction such as inmate feedback sessions addressing season issues such as heat stroke, excessive bodybuilding, community generated nutritional myths Female inmate education during pregnancy visits 	<ul style="list-style-type: none"> Quarterly monitoring of activity yards, commissary purchase patterns Individual ongoing evaluation of understanding and behavior change during chronic care visits Monitoring numbers of adverse events specific to seasonal and community issues Monitoring delivery recovery, infant health
Dental and Periodontal Disease	Periodontal disease is the leading cause of tooth loss in adults. This condition can be prevented through	<ul style="list-style-type: none"> General principles of dental health Individual review of dental care such as brushing and flossing Prevention and treatment education specific to the condition including 	<ul style="list-style-type: none"> Education brochure during intake orientation with reinforcement education during dental screening Monthly sessions 	<ul style="list-style-type: none"> Annual review of categories of dental sick call Monitoring of level of dental health based on assessment at teeth

Inmate Health Education Curriculum				
Topic	Rationale	Key Content	Method/Medium of Delivery	Outcome Assessment
	lifestyle modification	gingivitis, cavities, abscess, and trench mouth	<ul style="list-style-type: none"> Annual Health Fair Individualized instruction during teeth cleaning visit Disease/condition specific instruction at dental sick call 	cleaning visits
Communicable Diseases: HIV, Hepatitis (all types), STDs, and TB	Close living necessitated by incarceration increases potential for communicable disease transmission. Poor lifestyle choices in the incarcerated community results in increased risk of contraction	<ul style="list-style-type: none"> General principles and precautions to decrease the spread of disease Specific disease prevention guidelines for TB, HIV, STD, and Hepatitis (all types) Disease treatment and self-care education Medication effect and side effect education Communicable Disease transmission in pregnancy 	<ul style="list-style-type: none"> Education brochure during intake orientation. Educational video on inmate closed circuit television. Health educator assistance in therapeutic community settings Female inmate education during pregnancy visits Female inmate education during annual GYN visit 	<ul style="list-style-type: none"> Case management of all TB, HIV, and HCV will include reporting of patient outcomes Patterns of STD and Hepatitis transmission will be monitored by the site infection control nurse
Nutritional Assessment and Counseling for At-Risk Populations	<p>The following at-risk populations require increased vigilance for nutritional deficits:</p> <ul style="list-style-type: none"> Cancer Pregnancy Chronic Alcoholics Diabetics Crohn's or other irritable bowel conditions Renal Failure Heart Failure 	<ul style="list-style-type: none"> General principles of nutrition and healthy eating Disease specific nutritional education and reinforcement Nutrition as it relates to medication effect and side effect Nutrition and pregnancy education 	<ul style="list-style-type: none"> Education brochure during intake orientation with tips specific to incarceration Disease specific nutritional education and reinforcement during chronic care visits Nutrition education for medication effect/side-effect initiated at time of script and reinforces with each refill Referral to dietician as necessary for individualized education as necessary Female inmate education during pregnancy visits Monthly sessions Annual Health Fair 	<ul style="list-style-type: none"> The CQI program will include a calendar of at-risk population reviews including at least one nutritional indicator
Safe Sex	STDs, Hepatitis and HIV are transmitted through	<ul style="list-style-type: none"> Prevention and interventions to reduce incidence of transmission of 	<ul style="list-style-type: none"> Links to CDC for the most up-to date information available 	<ul style="list-style-type: none"> Individual ongoing evaluation of understanding



Inmate Health Education Curriculum

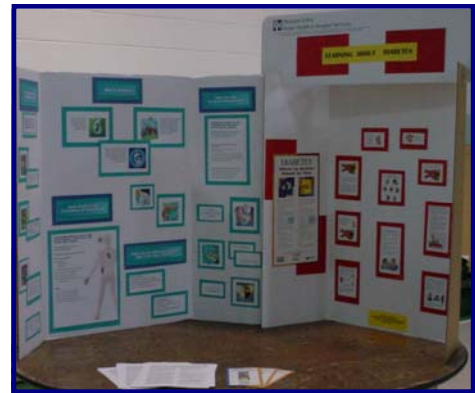
Topic	Rationale	Key Content	Method/Medium of Delivery	Outcome Assessment
	high-risk sexual behavior	disease	<ul style="list-style-type: none">• Brochures, posters, one-on-one counseling to maintain confidentiality	and behavior change during clinic visits
Standard Precautions	Handwashing is the best way to prevent the spread of communicable disease	<ul style="list-style-type: none">• Appropriate handwashing and hygiene, particularly for coughing/sneezing	<ul style="list-style-type: none">• Posters, brochures	<ul style="list-style-type: none">• Monitoring numbers of adverse events specific to seasonal and community issues

Benefits of Promoting Wellness

Corizon’s Inmate Wellness initiatives for TDOC will be designed to teach inmates to take responsibility for their own health and personal well-being. The fundamental purpose of this program will be to help TDOC inmates to adopt positive lifestyle habits such as exercise, proper nutrition, and stress management while incarcerated. Wellness contributes to the overall safety and health of the inmate at work and supports the safe operation of the correctional institution. Our current program at TDOC ensures that wellness education starts during the intake process and continues throughout the inmate’s incarceration through inmate education. **As an adjunct to our current approach, Corizon proposes the addition of Inmate Health Education Fairs to our current TDOC program.**

With the TDOC’s approval, we will work with the state to arrange **quarterly inmate health education fairs sessions** dependent on available space. Corizon has sponsored inmate health education fairs in numerous statewide systems over the last five years and have found them an effective way to reach inmates in number.

Our health fairs typically feature several educational booths that provide education on subjects such as diabetes, Hep C, cardiovascular health, BMI and diet, health and smoking cessation, infectious disease, mental health, dental care, drugs and alcohol, and more. Attendees, both inmates and staff, also received health screenings for blood pressure, blood sugar level, and body mass index.



Examples of stations provided at a typical Corizon Inmate Health Education Fair



A.5.j. Staff/Employee Services (*pro forma* Contract pg.10)

Corizon will provide first aid and emergency care for all staff and employees in accordance with TDOC policies. This care will include emergency treatment necessary to protect life or limb, relief of undue suffering, or treatment necessary to stabilize the condition. Please refer to the section titled “Emergency Services” on pages 93-98 for additional information.

HBV vaccinations and appropriate training on Blood Borne Pathogens will be given to State employees as per *TDOC policy #113.13 – Employee Health Care*. We understand that costs for services provided in this section are included in the contract and will not be an additional charge.

Corizon will continue to provide State employees and other contract staff with tuberculosis screenings.



A.5.k. Security Considerations (*pro forma* Contract pg.10)

Corizon understands the nature of correctional facilities and the importance placed on security regulations. Corizon will be accountable to the TDOC for operating within the required security considerations. We will cooperate with TDOC security staff and abide by all security rules for the safety of our personnel and others at the State's institutions. Corizon will work with security staff to develop alternatives when particular medical orders implicate particular security concerns within the institutions(s). In recognition of these considerations, Corizon has established the following criteria:

- All healthcare personnel follow the security rules and regulations established for the facility at which they are employed. (This means complying with TDOC and specific facility security regulations).
- All healthcare personnel must pass a security clearance.
- Corizon has established procedures for the security of pharmaceuticals, medical equipment, and supplies.
- Healthcare personnel attend regularly scheduled meetings on administrative and security concerns of the facilities.
- All healthcare personnel establish close and cooperative working relationships with the security staff.
- Recognizing the risk of transporting inmates to offsite healthcare facilities for services, Corizon closely monitors the appropriateness and necessity of offsite referrals.
- Corizon's Utilization Management Coordinator monitors inmate out-patient and hospitalization to ensure that the length of stay and security risks are minimized.

A.5.l. Scheduling of Services (*pro forma* Contract pg.10)

When coordinating medical appointments, Corizon will present in advance the necessary logistical information for transportation to the affected institution and Central Transportation, which will then make appropriate arrangements. In addition, Corizon will provide the TDOC Central Office, Central Transportation and affected institutions with weekly electronic schedules of all inmate medical trips. This will be provided no later than Friday of the preceding week, and will include the following:

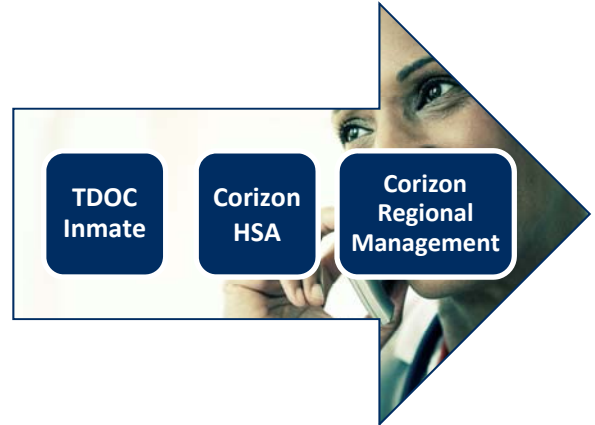
- Inmate name;
- TDOC numbers;
- Type of appointment;
- Dates and times of the appointment;
- Location of the appointment; and
- Name of the healthcare professional to which the inmate is being transported.

In order to ensure safety and maintain security, Corizon will not provide any inmates, family members, friends, or associates of the inmate with transportation information such as time, or date, etc.

A.5.m. Response to Grievances/Inquiries *(pro forma Contract pg.10)*

Corizon's Approach to Grievances

Corizon finds that the **face-to-face method** of managing grievances and inmate issues significantly reduces the amount of formal grievances and lawsuits filed against Corizon and our clients. The majority of inmates simply want their problem resolved and most issues can be resolved through face-to-face communication. In the rare instance when a lawsuit does develop, our philosophy toward inmate lawsuits is one of solid defensive action rather than compliant lawsuit settlement, even during occasions when the cost of litigation may be more expensive than that of settlement.



Corizon **believes that our disciplined and stringent philosophy toward inmate lawsuits further discourages inmate litigation and ultimately leads to lower costs**, while deepening client trust in Corizon's commitment and ability to provide quality service.

Corizon recognizes the importance inmate grievances holds with our clients and we provide ongoing support to our key management staff in the field. The Corizon team at TDOC closely monitors inmate grievances filed for health care reasons. All inmate health care grievances are separated and documented by the following categories. ***This allows our team to quickly uncover trends; ensuring added focus on those areas of care delivery.***

- Quality of On-site Care (medical, dental, mental health);
- Care Staff Conduct;
- Medication Issues;
- Response to Non-medical Requests;
- Timeliness of On-site Care;
- Timeliness of Specialty Care;
- Access to Specialty Care;
- Requests to be seen;
- Requests for Off-site Specialty Care.

Designated Regional Staff Member

If necessary, unresolved complaints will be forwarded to the Lynn Cole, Corizon's Regional Director at the TDOC, who will review and attempt to substantiate the claim, taking appropriate action as necessary. All complaints concerning health services will receive written responses, which will be shared with the appropriate TDOC officials.



Written Responses

Corizon will, within the timeframe specified by the request, provide timely written responses to all requests regarding grievances, family/inmate complaints and third party complaints regarding the delivery of health services.

Corizon will provide a monthly electronic report to the State summarizing the month-to-date and year-to-date inquiries, resolutions, and status of the resolution.

Plan of Treatment Complaints

We understand that complaints regarding the plan of treatment will be subject to review by the TDOC Medical Director or such other physician authority designated in accordance with the circumstances of the disputed care. Based upon this medical review, the State will reserve the right to direct the provision of care in disputed cases, and, in such event, Corizon will comply with the State's directives for medical care.

Litigation Arising from Delivery of Healthcare Services

For any matter of litigation arising from the delivery of healthcare services pursuant to this contract, upon request by the State or its attorneys, Corizon will provide all information, consultation, case review, and related documentation that the State may seek in review of such claims. Corizon will furnish all such information within such reasonable timeframe as the State will specify in making a request pursuant to this part.

A.5.n. OSHA/TOSHA & U.S. Department of Health and Human Services, Public Health Services, Centers for Disease Control *(pro forma Contract pg.11)*

Corizon complies with OSHA to ensure the safety and health of our employees. Compliance with OSHA standards not only meets our legal obligations but also plays an integral part of Corizon's commitment to workplace safety. Therefore, we will also comply with all TOSHA and CDC rules and regulations related to health services for the provision of care to the TDOC. Corizon understands we are responsible for all corrective action stemming from OSHA citations regarding the TDOC's infectious disease surveillance program.

Corizon will continue to comply with all components of the TDOC infectious disease surveillance program in accordance with TDOC policies, including but not be limited to, tuberculosis, sexually transmitted diseases, hepatitis, MRSA, and HIV. Corizon will continue to be responsible for fit testing for all staff/ employees who are subject to come into direct contact with a patient with active or suspected active TB. Please refer to the following narrative detailing the comprehensive infection control program that Corizon currently brings to the TDOC.



Corizon's Infection Control Program

- Corizon has worked with the TDOC to develop an efficient and effective system to decrease the burden of infectious disease and **reduce the costs related to diagnoses and treatment** of TDOC inmates.

The purpose of the infection control program is to delineate principles and establish standards for surveillance, prevention, diagnosis and effective treatment of communicable diseases within each facility. Our infection control program for TDOC currently encompasses the following: (but is not limited to):

- Safe work practices and precautions designed to diminish the risk of transmission;
- Proactive environmental surveillance and early intervention;
- Early identification and treatment of communicable diseases;
- Regular evaluation and reporting of communicable diseases and infections;
- A training program for security and healthcare personnel; and,
- An education program for inmates.

Routine monitoring of general infection control principles, tuberculosis screening, identification and management, bio-hazardous waste disposal, and blood borne pathogen safety are parts of our program. Standard precautions apply to all patients receiving care, regardless of diagnosis or presumed infection status.

At a minimum, Corizon will continue to provide the following at TDOC:

- Annual TB testing for staff and inmates;
- Flu vaccinations for staff and inmates during flu season;
- Disease surveillance;
- MRSA prevention and control at the TDOC facility level;
- Completion and filing of reports as required by local, state and federal laws and regulations;
- Concurrent surveillance of inmates and staff, preventive techniques, and treatment and reporting of infections in accordance with local and state laws; and,
- Disease prevention employee training and education.

Program Benefits

Corizon's Infection Control Program at TDOC is designed to decrease both disease burden and costs related to diagnoses and treatment. Our program offers the following benefits:

- Decreased treatment cost and patient movement expense due to fewer outbreaks;
- Decreased hospitalization costs due to early identification and treatment of communicable diseases;



- Decreased interruption of daily functioning due to proactive environmental surveillance and early intervention to eliminate potential infectious disease;
- A safer workplace for security personnel due to decreased potential for infectious disease transfer; and,
- A more knowledgeable security workforce due to ongoing infectious disease education.

A.5.o. Bio-Hazard Waste Disposal (*pro forma* Contract pg.11)

Corizon will continue to use **Stericycle, Inc.** to collect, store, and remove medical waste and sharps containers at all sites. Corizon will ensure safety, sanitation, and infection control in accordance with current, federal, state and local rules, guidelines, and requirements. Please refer to the following narrative for additional information.

Stericycle™

- Bio-hazardous waste disposal will continue to be provided to each TDOC facility under a vendor agreement with our national laboratory vendor, Stericycle™.

Corizon employees at each TDOC facility will strictly adhere to the following guidelines when packaging medical bio-chemical waste.

- All medical waste collected for disposal is placed in a container that is lined. The bag is marked according to federal, state, and local regulations (i.e., red in color and/or biohazard symbol);
- Sharp materials (sharps) are placed in an approved container especially designed for sharps waste. Sharps include needles, broken glass, scalpels, test tubes, pipettes, and Petri dishes, and will be placed within the lined container;
- Each bag is sealed or tied;
- Each container is securely closed;
- The packaged waste is within the required weight limits;
- The outside of each box is properly labeled showing the complex's name and address;
- An "incinerate only" sticker is affixed to any container holding residual chemo waste, pathological waste, or linens; and,
- Cultures and stocks that are on glass, hard plastic, or petri dishes are placed in a sharps container. Cultures and stocks that are on dishes that cannot be broken will be placed in PGII certified containers.

Once medical waste is packaged:

- Contaminated reusable equipment, supplies, or items are handled according to industry standards and practices as required in OSHA 1910.1030 Final Rule.
- Reusable equipment contaminated with blood or other potentially infectious materials are examined and decontaminated prior to servicing or shipping.



- Reusable contaminated sharps are not stored or reprocessed in a manner that requires employees to reach by hand into containers where sharps have been placed.
- Immediately, or as soon as possible after use, contaminated reusable sharps are placed in puncture-resistant, bio-hazardous labeled or red, leak-proof containers until properly reprocessed.
- Blood/body fluid spills are cleaned up in such a manner as to protect everyone from exposure to an infectious agent. The area is properly disinfected.
- Regulated waste is identified and handled in a consistent manner to reduce the risk of exposure to pathogenic microorganisms for inmates, inmate-patients, corrections staff, and members of the healthcare team.
- Corizon disposes of all bio-medical waste in accordance with federal, state, and local laws, regulations, and guidelines.
- All bio-hazardous waste material is logged as stored and logged as destroyed.
- Disposal of dirty needle containers is logged with specific identification markings for each container.

All regulated waste will be identified and handled in a consistent manner to reduce the risk of exposure to pathogenic microorganisms to inmates, corrections staff, and members of the Corizon healthcare team.

Corizon health care personnel conducts bio-hazard training in-service updates on an annual basis. In addition, inmates assigned by the TDOC to work in health areas will be in-serviced by health care staff regarding health safety issues and practices as related to bio-hazard concerns and materials.

A.5.p. Non-Compliance *(pro forma Contract pg.11)*

We understand that failure to comply with any of the above referenced provisions may result in the assessment of liquidated damages and/or termination of the contract in whole or in part, and/or imposition of other sanctions as set forth in this contract.

A.5.q. Claim Payments *(pro forma Contract pg.11)*

Corizon will continue to perform or contract with a claims payment processor to ensure that claims are paid according to contractual agreements. Corizon will conduct a semi-annual audit of this claim payment process for accuracy. At least quarterly, the contractor will provide a report for hospital services to show billed verses paid charges.

A.6. Specialty Services *(pro forma Contract pg.12)*

Corizon, as required by the RFP, will contract with all necessary specialty physicians/providers, including dialysis services, for all TDOC managed institutions. Corizon has minimized offsite care for the TDOC contract by providing many services onsite though:

- Onsite Specialty Care, described below;



- Telehealth Utilization, described on pages 213-218; and,
- Onsite Chronic Care Clinics, described on pages 98-102;
- The implementation of our Emergency Room Reduction Initiative, described on page 95; and
- Infirmery Utilization, described on pages 91-93.

Corizon will continue to provide the maximum amount of healthcare services onsite in order to reduce offsite transportation and associated costs, and will use offsite care only as clinically necessary. Corizon continually evaluates the need for onsite specialty services and adjusts our level of onsite services upon need. Specialty services will continue to be provided by board certified or board eligible providers. The following table reflects the specialty services currently provided onsite at TDOC. Please refer to the section titled “Telemedicine” on pages 213-218 for Corizon’s detailed plan to utilize telehealth services for specialty consults.

ONSITE SPECIALTY SERVICE FOR CORIZON'S TDOC CONTRACT			
Facility	On-Site Specialty Clinics	Frequency	Specialty Physician
Lois DeBerry Special Needs Facility (DSNF)	Audiology	Once Per Month	Pamela Pannell, Audiologist
Lois DeBerry Special Needs Facility (DSNF)	Cardiology	Once Per Month	Dr. Joseph Akamah
Lois DeBerry Special Needs Facility (DSNF)	ENT	Twice Per Month	Dr. Joseph Taylor Dr. Mark Williams
Lois DeBerry Special Needs Facility (DSNF) Tennessee Prison for Women (TPFW)	General Surgery	Once Per Month	Dr. Alphonse Pasipanodya
Lois DeBerry Special Needs Facility (DSNF)	Infectious Disease	Once/ Twice Per Month	Dr. Valdmir Berthaud
Lois DeBerry Special Needs Facility (DSNF)	Nephrology	Once Per Month	Dr. Anumeet Priyadarshi Dr. Joju Joseph
Tennessee Prison for Women (TPFW) Mark H. Luttrell Correctional Complex (MLCC)	OB/Gynecology	TPFW-Once Per Week MLCC-Once Per Month	Dr. Donald Bruce Dr. Waseem Khoder
Lois DeBerry Special Needs Facility (DSNF)	Ophthalmology	Once Per Month	Dr. Robert Henderson
Lois DeBerry Special Needs Facility (DSNF)	Oral Surgery	Once Per Week	Dr. Artmus Worthy
Lois DeBerry Special Needs Facility (DSNF)	Orthopedics	Twice Per Month	Dr. Ronald Baker
Lois DeBerry Special Needs Facility (DSNF) Tennessee Prison for Women (TPFW)	Podiatry	Once Per Month	Dr. Paul Somers
Lois DeBerry Special Needs Facility (DSNF)	Physical Therapy	Twice Per Week	Don Caudle
Lois DeBerry Special Needs Facility (DSNF)	Urology	Once Per Month	Dr. Reynolds



As is current practice, Corizon will be responsible for the sub-contractual agreements necessary to provide these specialty services, to include payment of all outpatient and inpatient care provided per this agreement, whether onsite or offsite. Consultant reports will be legible or dictated for payment approval.

Corizon Specialty Panel of Physicians

The Corizon Specialty Panel of Physicians was created to provide clinical guidelines, consultation, and recommendations to the Regional Medical Directors (RMD) for specialty care and referrals, as required. Our Panel reports directly to our Chief Medical Officer, Carl Keldie, MD, and its primary forum to discuss cases requiring a higher level of clinical intervention is the daily Corizon Utilization Management Conference Call. Corizon conducts this conference call each week day to review clinical and administrative issues regarding hospitalized patients. It serves as an opportunity for the RMDs to leverage the expertise of our internal specialty clinicians, such as those represented on the Specialty Panel listed below.

Corizon’s Specialty Panel of Physicians	
Physician	Specialty
Ivor Garlick, MD, CCHP	Addiction Medicine
David Erani, MD	Endocrinology
Jay Cowan, MD	Gastroenterology
Rebekah Haggard, MD, CHCQM, CCHP	Healthcare Quality Management & Patient Safety
Richard Kosierowski, MD, CCHP	Hematology/Oncology
Craig Hutchinson, MD	Infectious Disease
Adam Edelman, MD	Internal Medicine
Jawed Saleme, MD	Nephrology
Donald Bruce, MD	OB/GYN
Carrick Adam, MD, MSPH	Pediatrics
Phillip Balk, MD	Rheumatology
Joe Pastor, MD, CCHP	Telepsychiatry

Corizon’s Current Local Tennessee Infrastructure

Over the course of our 33-year history as a correctional healthcare provider, Corizon has forged numerous successful relationships with national vendors and providers across the country that we have come to recognize as imperative to the successful implementation of our wide-ranging programs. However, Corizon is also very aware of the importance of utilizing **local businesses** to support our programs and we make every effort to research, negotiate with, and utilize local businesses in every state and county where we provide services.

TDOC is no exception.

Corizon’s two years as healthcare provider for TDOC has allowed us to develop relationships with several community service providers. The following list provides the reader with a high-level overview of the support network Corizon already has in place to support our TDOC program.



Hospitals and Medical Centers

- Covenant Health: Fort Sanders Regional, Fort Loudoun, Leconte, Methodist of Oak Ridge, Parkwest, and Roane Medical Centers
- Cumberland Medical Center
- Dyersburg Regional Medical Center
- Hardin Medical Center
- Lauderdale Community Hospital
- Maury Regional Healthcare System: Wayne, Marshall, and Maury Regional Medical Centers
- Metropolitan Nashville General Hospital
- Regional Hospital of Jackson
- Shelby County Health Care Corporation, DBA The Regional Medical Center at Memphis
- TriStar Health Systems, Inc. (HCA TriStar Division): Centennial, Skyline, Summit, Horizon, and Southern Hills Medical Centers
- Vanderbilt University Medical Center
- West Tennessee Healthcare Network: Bolivar, Gibson, Camden, Humboldt, Jackson-Madison County, and Milan General Hospital

Specialty Services/Physicians

- M Terry Burkhalter, MD, PC
- Robert R. Henderson, MD
- Dream Team Surgery & Implant Specialty Group
- Meharry Medical College School of Dentistry
- Ear, Nose, & Throat Specialists of Nashville, PLC
- Johnson City Emergency Physicians, PC
- Babu Rao, MD
- Gastrointestinal Associates of Northwest Tennessee
- Somayaji Gastroenterology Group, P.C.
- Parkway Cardiology Associates P.C.
- Tri-State Cardiology P.C.
- Richard Adkins, MD
- John Lawson Surgical Group, PC Tennessee Surgical Specialists
- Jackson Clinic, P.A.
- Meharry Medical College



- TransSouth Health Care, P.C.
- Vanderbilt Medical Group
- Sycamore Shoals Anesthesia Associates, P.C.
- Union City Anesthesia Group, LLP
- West Tennessee Anesthesia, P.C.
- Neurosurgical Associates
- Middle Tennessee Nephrology, PLLC
- Nephrology Associates, P.C.
- West Tennessee Kidney Specialists, P.C.
- Paul J. Somers, Jr., DPM
- Northwest Tennessee Foot Clinic, PLLC
- Cape Regional Eye Center, PLLC
- Summit Bone & Joint, PLLC
- West Tennessee Orthopedics & Sports Medicine, P.C.
- Associates Pathologists, LLC
- Rodger P. Lewis, MD P.C.
- Roosevelt Peebles Jr., MD
- Radiation Oncology Associates, dba Cancer Center Care
- Association of University Radiologists, P.C.
- Independent Radiology Associates PLC
- Knoxville Radiological Group Associated
- Radiology Alliance, P.C.

Ancillary Providers

- Artmas Worthy, DDS
- Tooth Maker Dental Lab
- Spears Prosthetics & Orthotics, LLC
- Alive Hospice, Inc.
- Erik B Baker
- Richard D. Deindoerfer
- Knoxville Comprehensive Breast Center
- Quality Mobile X-Ray Services, Inc.
- Ambulatory Care Center of Wartburg/Primary Care, PLC

- Guardian Healthcare Providers
- Maxim Staffing Solutions
- NRS (Nursing Resource Solutions), LLC
- Answering Nashville, Inc.
- Patricia A Hart, dba Hart Medical Transcription
- Chardonay Dialysis
- Lee Medical, Inc.
- Coram Alternate Site Services, Inc.

A.6.a. Board Certification *(pro forma Contract pg.12)*

When recruiting and credentialing our providers, Corizon conducts thorough investigations into each individual's background and education, including certifications. We ensure the TDOC will receive specialist services from Corizon practitioners who are either board certified in their specialty or board eligible. Specialty care is appropriately ordered for problems outside the competency of Corizon's primary care physician. Occasionally, Corizon utilizes residents or intern physicians who are licensed to practice medicine, but only when strictly supervised by board eligible or board certified physicians in their specialty field.

A.6.b. Regional Specialty Services *(pro forma Contract pg.12)*

When it is not feasible to facilitate specialty services by tele-health every attempt will be made to provide specialty services locally for institutions in the Eastern and Western regions for diagnostic testing and evaluation and same day procedures. These services will include but are not limited to Magnetic Resonance Imaging (MRI), Computed Tomography (CT), Intravenous Pyelogram (IVP), Upper Gastrointestinal (UGI), Barium Enema (BE) and Mammograms. **Sheila Vaughn, RN, Nurse Manager** will continue to serve as the institution's liaison in coordinating these services with the designated Wardens and healthcare staff at each facility.

Offsite Management – Successfully Avoiding Offsite Transports

Corizon 2013 Initiative

In our focused efforts to maximize onsite services within the secure confines of the TDOC facilities, Corizon will continue to focus on providing onsite diagnostic studies at the TDOC facilities to include:

- Ultrasounds;
- Doppler Studies;



TDOC Core Need:



Reduce Off-Site Medical Transports

- Holter Monitoring;
- Mammograms; and
- Sleep studies.

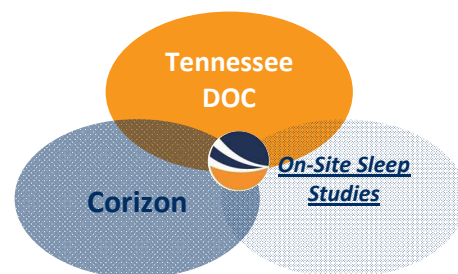
Corizon will continue to maintain bundled clinics to decrease the demand on TDOC transportation staff. Additionally, our Regional Medical Director and Associate Medical Director focus on coaching and providing guidelines to all site physicians.

Corizon will continue to provide education, training and guidance to the site medical providers to continue decrease offsite transports related to specialty appointments.

On-Site Sleep Studies: DSNF and TPFW

Corizon/TDOC Process Improvement

In order to reduce the need for overnight offsite visits and decrease offsite appointments, Corizon began providing onsite sleep studies at DSNF (male patients) and TPFW (female patients). Inmates were requiring three offsite appointments for sleep study referrals (i.e. a pulmonary referral, a sleep study referral, and a titration study referral if the patient required C-Pap). As a result of a process change, our site providers are able to request referral for a sleep study. The provider, **NovaSom**, receives the equipment after the study and provides a report with recommendations. If a C-Pap machine is required, we are utilizing auto-titrating machines, which defers the need for a titration study. This process has decreased offsite visits from 3 to 0.



A.6.c. Mobile Services (*pro forma* Contract pg.12)

As noted throughout our proposal, Corizon will continue to focus on maximizing the use of onsite services at the TDOC facilities. Corizon will continue to provide mobile services through our vendor, **Quality Mobile X-ray Services**. Corizon understands that the company selected for mobile services will be assessed and given final approval by the State.

Corizon has made provisions for onsite mobile services at both female facilities, which include mammogram, ultrasound, and digital x-ray with viewing capabilities to radiologists resulting in interpretations within 24 hours. Physicians, to include the TDOC Medical Director, in TDOC facilities will continue to have access to view films. Additionally, Corizon will provide any other available mobile services that are demonstrated to be cost effective and/or provide an added benefit to the State.

Please refer to the section titled “Alternative or Supplemental Contract Language” on pages 68-70 for additional information.



A.7. Hospital Services *(pro forma Contract pg.13)*

Contractor will continue to obtain routine inpatient/outpatient services from the following licensed hospitals that are able to provide primary, secondary and tertiary services. The following network support Corizon’s current healthcare program for TDOC.

HOSPITAL PROVIDERS FOR CORIZON’S TDOC CONTRACT	
Provider Name	Service Description
Nashville General Hospital	Primary Hospital receiving emergent patients from DSNF, RMSI, CBCX, and TPFW.
Centennial Medical Center	Primary Hospital receiving patients for Neurosurgical and Cardiovascular services.
Baptist Memorial Hospital - Union City	Primary Hospital receiving emergent patients from NWCX.
Lauderdale Community Hospital	Primary Hospital receiving emergent patients from WTSP.
Regional Medical Center - Memphis	Primary Hospital receiving emergent patients from MLCC. Primary Hospital receiving emergent trauma patients for facilities in West TN.
Wayne Medical Center	Primary Hospital receiving emergent patients from TCIX2.
Horizon Medical Center	Primary Hospital receiving emergent patients from TCIX1.
Cumberland Medical Center	Primary Hospital receiving emergent patients from STSRCF.
Roane Medical Center	Primary Hospital receiving emergent patients from MCCX.
Johnson City Medical Center	Primary Hospital receiving emergent patients from NECX.
Vanderbilt University Medical Center	Primary Hospital receiving emergent trauma patients for facilities in Middle TN. Secondary Hospital receiving patients for specialty services not provided by Nashville General Hospital or Centennial Medical Center.
University of Tennessee Medical Center - Knoxville	Primary Hospital receiving emergent trauma patients for facilities in East TN.

Corizon understands that a change in the hospital network proposed must be approved in writing by the TDOC, prior to implementation of the change and inmate transfers to other facilities may be approved for facility inpatient unit care or local hospital care when medically necessary in conjunction with the TDOC Medical Director. When outside hospitalization is required, Corizon will coordinate with the State’s security staff and the TDOC Medical Director in arranging transportation and correctional officer coverage for the length of stay, and discussion of medical treatment with the TDOC Medical Director.

Corizon’s personnel will continue to conduct meetings with representatives from participating hospitals to coordinate the referral of inmates for services. Corizon’s established policies and procedures regarding the referral methods, scheduling, transportation, reporting of test results, medical records, discharge summaries and patient follow-up will be presented to the TDOC Medical Director for review and final approval before implementation. Additionally, Corizon will inform the TDOC Medical Director of all meetings and the Medical Director or designee may attend.



A.7.a.1-8 General Requirements (*pro forma* Contract pg.13)

Please refer to the section above detailing Corizon's hospital provider network currently in place for our TDOC contract. Additionally, Corizon will continue to provide for the following general requirements as outlined in the TDOC RFP:

- Corizon will arrange for services from a local licensed acute care hospital convenient to each facility.
- Same day surgical service will be used when medically feasible.
- Corizon's contracted hospitals will provide vehicle parking, local telephone calls and appropriate meals for staff. Corizon will pay any costs associated with providing these items.
- Corizon's hospitals will cooperate fully with the TDOC security staff.
- Corizon's hospitals will comply with TDOC policies.
- Inmates requiring skilled or advanced nursing care, or rehabilitative services or therapies that exceed the capabilities of and resources of a prison facility will not be discharged back to such institution. Corizon will utilize facilities at DSNF or TPW to the extent that they are available. We will be responsible for any appropriate alternative placement, if necessary, and the costs involved. Corizon understands the TDOC Medical Director or designee will have final approval to ensure appropriate placement and will work with the facilities to arrange placement for a sub-acute bed at DSNF or any other TDOC facility for males and TPW for females when such placement is available.
- Corizon will supply the sending institution the following information for inpatient services:
 - ✓ Written discharge instructions immediately upon discharge
 - ✓ Transcribed discharge summary within seven days from discharge
 - ✓ Complete copy of the hospital medical record within 30 days of discharge
 - ✓ Verbal report to the sending institution (nurse-to-nurse report)
- Corizon will supply the sending institution the following for emergency hospital services:
 - ✓ Written discharge instructions immediately upon release
 - ✓ Copy of emergency room records or outpatient records via our RN case managers within 30 days
 - ✓ Verbal report to sending institution (nurse-to-nurse report)

In order to reduce transportation costs and alleviate traffic burdens at DSNF, Corizon is proposing to add to our roster of onsite provisions with services such as oral surgery.

A.7.b. Scheduling/Transportation (*pro forma* Contract pg.14)

Corizon will continue to coordinate with the State's security staff in arranging transportation and correctional officer coverage in the hospital. Corizon's established written plan policies and procedures regarding the referral methods, scheduling, transportation, reporting of test results, medical records, discharge summaries and patient follow-up will be presented to the State for written approval within the first thirty days of the contract start date. Corizon understands that any changes to the approved plan must receive the State's written approval prior to implementation.



A.7.c. Notifications of Hospitalization (*pro forma* Contract pg.14)

Corizon will notify the TDOC Medical Director or designee any referrals or transports to the emergency room and prior to any hospital admissions including weekends and holidays. Corizon will, on a daily basis, prepare a report of emergency room/ inpatient utilization. This report will detail the following

- Date of the ER visit and /or hospital admission
- Inmate name
- Inmate TDOC number
- Patient's health/mental health status
- Estimated date of discharge; and
- Any other pertinent information.

The hospital report will be distributed via e-mail to the Warden, Health Administrator, TDOC Director of Clinical Services, and TDOC Medical Director.

A.7.d. Privately Managed Facilities (*pro forma* Contract pg.14)

Corizon will continue to assume responsibility for the coordination, provision and cost of inpatient hospitalization of inmates housed at the three privately managed facilities after the cost exceeds the amounts required by this section of the RFP.

Corizon understands that transfers from a local hospital to another local hospital, or to the secure unit is considered one hospitalization. Corizon understands that the privately managed facilities are South Central Correctional Facility (SCCF), Hardeman County Correctional Facility (HCCF), and Whiteville Correctional Facility (WCFA) and that these facilities are responsible for notifying Corizon of all hospital admissions as soon as an inmate is transferred to a hospital not to exceed 24 hours of admission.

Corizon will take over this responsibility upon notification from the privately managed facilities, within 24 hours of admission. Corizon understands that the State will be the final authority in any dispute between Corizon and the privately managed facilities and the information regarding the area of disagreement will be sent directly to the TDOC Medical Director. The information will include a synopsis of the issue, documentation of facts demonstrating the area of dispute and a clearly defined requested resolution.

A.7.e. Non-Secure Units (*pro forma* Contract pg.14)

Starting on day three of an inpatient stay at a hospital that does not contain a secure unit, Corizon will pay the State the amount required by this section of the RFP to cover the cost incurred by the State to provide security. However, **Corizon is currently contracted with Nashville General Hospital**, which contains a secure unit as described below. We have been very successful in our utilization of this secure



unit and will continue to utilize this agreement. Please refer to the section titled “Alternative or Supplemental Contract Language” on pages 68-70 for additional information.

A.7.f.1-12 Secure Units *(pro forma Contract pg.14)*

Corizon understands that the secure unit area at Nashville General Hospital is designated for use by the TDOC as an inpatient unit with private and/or semi-private rooms. These rooms include isolation and segregation. The following security requirements are met by this secure unit:

- All floor plans and renovations must be approved, in writing by the State.
- Expanded metal or some equally secure mechanism must be installed outside or inside all windows or glassed areas.
- Outer walls, ceilings, and elevator shafts must be reinforced or secured in a manner approved, in writing, by TDOC.
- A secure entrance/exit must be provided from the unit with two electronic security doors that create a pedestrian sally port. Any other exit would be used only in an emergency evacuation and must be secured according to plans approved, in writing, by the TDOC Commissioner or designee. Evacuation plans for the area shall be developed in conjunction with TDOC.
- A secure control center must be provided to control access to the area through a pedestrian sally port. The control center must contain a desk, chair, file cabinet, telephone lines with outside capability, space for at least two visual monitors and restroom facilities. The control center shall be used to store equipment and approximately eight to ten weapons and ammunition and should have a minimum of 70 square feet.
- At least one office or workstation with a minimum of 40 square feet must be provided for correctional officers.
- A private area for searches of male and female persons must be provided.
- A secure holding area for inmates being transferred into and out of the secure unit must be provided.
- The TDOC security staff shall be responsible for coordinating all visitations with inmates in the secure unit.
- The hospital’s nursing station will have controlled access.
- Correctional officers will be provided designated parking spaces.
- Correctional officers will be provided one meal per shift by the hospital.

A.8. Utilization Management & Review *(pro forma Contract pg.15)*

- Corizon will save money for the state of Tennessee through our proven UM program.
- Corizon’s Utilization Management Plan addresses the unique healthcare needs of the incarcerated population in a manner that supports the constitutional rights of inmates to access healthcare.
- Corizon currently provides utilization management services for multiple **statewide contracts**.



Corizon's comprehensive Utilization Management Program has been developed and refined over the past 33 years and tailored to the correctional healthcare environment. The Utilization Management program Corizon currently has in place for TDOC was developed in accordance with all TDOC Policies and Procedures related to utilization review and is based upon evidence/criteria-based clinical guidelines to evaluate the appropriateness and medical necessity of services being provided.

Corizon understands that the TDOC Medical Director or designee is the final medical authority on all decisions made on access to specialty care, procedures, inpatient admissions and transfers and pharmacy utilization. Additionally, Corizon understands that our utilization policy/procedures, guidelines and reporting format must be approved by the TDOC Medical Director or designee within the first 30 days of the effective date of the contract and annually thereafter.

TDOC Central Office

Corizon understands that operations of utilization management will be located in TDOC Central Office. Corizon's utilization management staff for the TDOC contract will work in the TDOC office under the direction of the TDOC Medical Director, with collaborative direction from Corizon leadership. Corizon's goal will be for our Regional Medical Director and the TDOC Medical Director to work in unison regarding the overall utilization management program. **Seana Walters will continue to serve as Corizon's Inpatient Utilization Management Nurse** and as required by the RFP, Corizon will identify and hire the following staff to provide utilization management of the clinical activity within the TDOC:

- Two outpatient utilization RNs (or one RN with 1 LPN);
- One data management technician;
- One clerical staff individual; and
- Jail utilization RN, upon request from TDOC Medical Director.

Corizon's Utilization Management Program

With the active support of TDOC, Corizon has developed and implemented a sophisticated utilization management program to support our Tennessee providers and local hospital partners, enabling Corizon to provide appropriate clinical care and improved continuity of services while returning value to the state of Tennessee. Through improved utilization processes that have resulted in reductions in emergency department visits, inpatient hospital days and hospital discharges, we have reduced the security costs associated with off-site transports since 2010. ***This reduction in off-site hospital days translates to savings for the TDOC in transportation and correctional officer costs as well as improved safety for the community.***

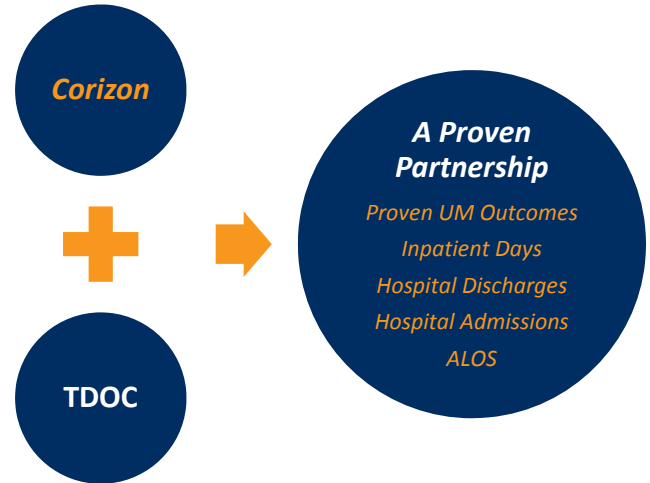
THE TDOC/CORIZON PARTNERSHIP

Measurable UM Outcomes – Proven Success Controlling Off-site Utilization While Ensuring Inmate Needs are Met

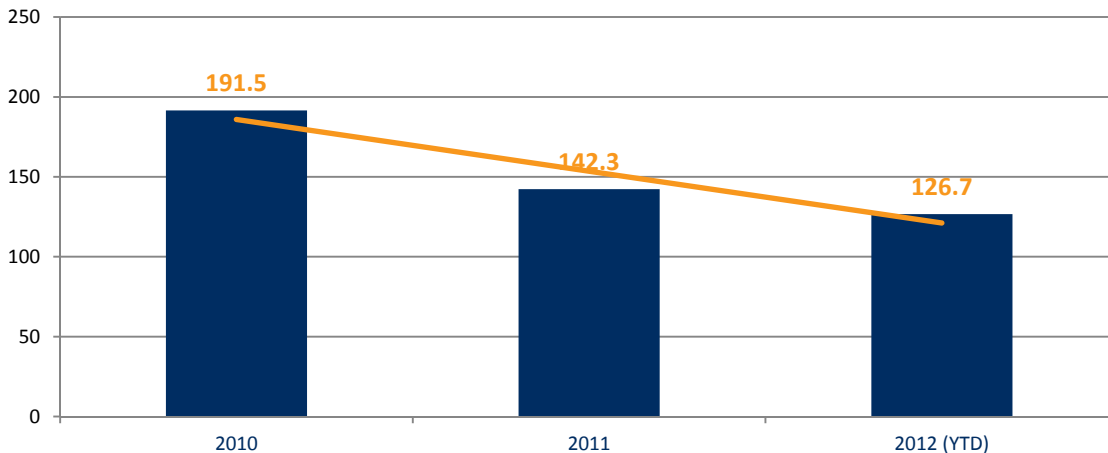
Our UM program at TDOC focuses on inpatient management; patients recently discharged from the hospital, and outpatient services. Our goal is to avoid healthcare crises, maximize use of on-site healthcare services, and use off-site services only when clinically indicated and medically necessary using nationally recognized criteria. As demonstrated by the following graphs, Corizon has been successful at the TDOC facilities by:

- Lowering inmate hospital days from 191.5 (per 1,000 inmates) in 2010 to 126.7 (per 1,000 inmates) in 2012 (YTD);
- Lowering the inmate hospital admission rate from 43.6 (per 1,000 inmates) to 33.9 (per 1,000 inmates) in 2012; and,
- Increasing access to on-site specialty services each year since our contract began in 2010.

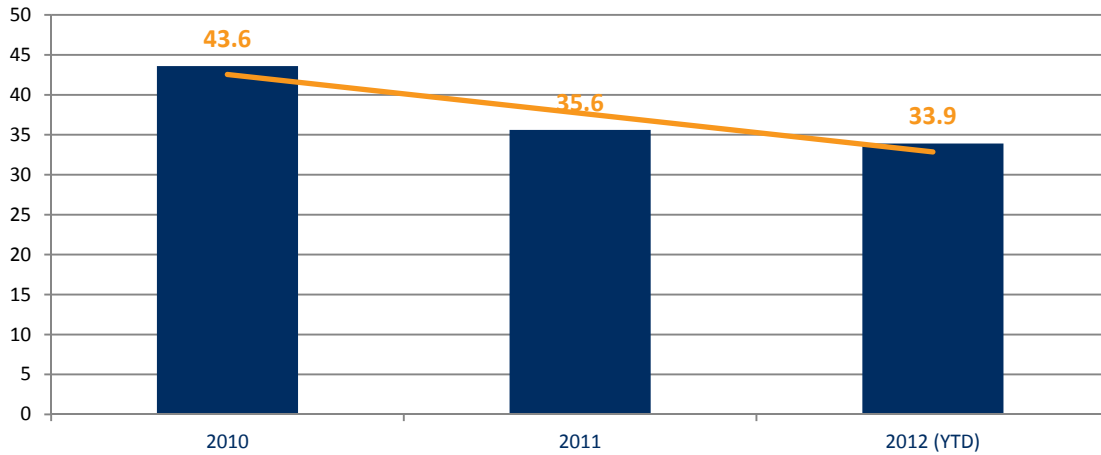
The following data sets have been provided to allow the reader to *assess the consistent and year-over-year success of our utilization efforts at TDOC.*



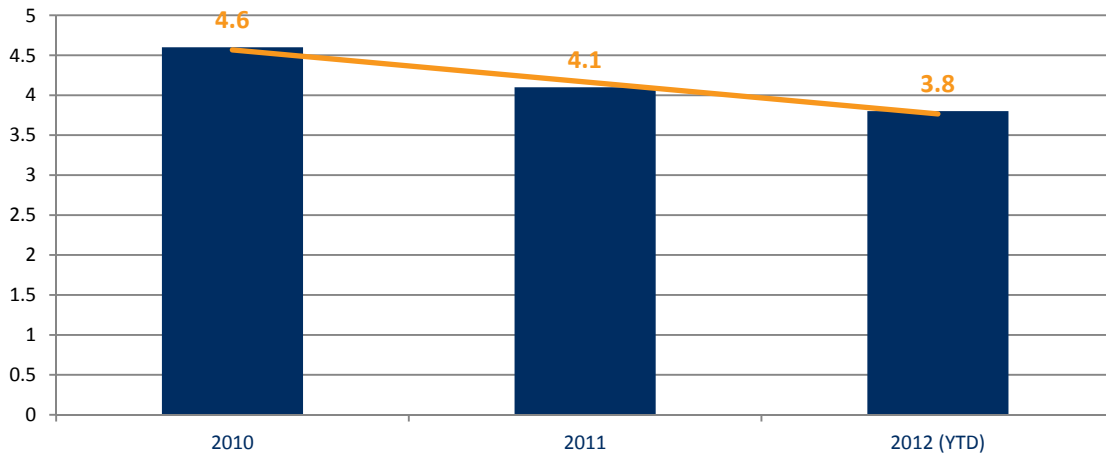
**TDOC Hospital Days Per 1,000
2010-2012 (YTD)**



TDOC Hospital Admissions Per 1,000 2010-2012 (YTD)



TDOC Average Length of Stay (DAYS) 2010-2012 (YTD)



Inpatient Utilization Management

Corizon 2013 Initiative

One of Corizon’s proposed initiatives in the next contract term is to maintain a constant focus on the effective management of TDOC’s hospitalized inmates. Corizon’s goal will be to manage inpatient utilization management at the TDOC by:

- Educating Offsite Providers as to our Medical Management Capabilities (detailed below);



TDOC Core Need:



Inpatient Utilization Management



- Improving the Competency of Physicians and Nursing Staff (detailed below);
- Creating Additional Centers of Excellence to become more proficient in being able to accept higher acuity patients (detailed below);
- Adding an Associate Regional Medical Director at no additional cost to the TDOC (detailed below);
- Remaining focused on collaborative communication with TDOC Health Services leadership team;
- Continuing to enhance the onsite capabilities at all sites (pages 150, 141-142, 98-102, 213-218);
- Ongoing team and provider development as well as education at all sites (pages 182-192); and
- Continued development of our community partners/provider network with the capabilities to care for the TDOC population efficiently while remaining focused on delivering high quality care (138-141).

Educating Offsite Providers

Corizon will continue to engage in ongoing discussions with *Meharry Medical* staff leadership to continue our path to enhanced provider understanding of onsite capabilities and appropriate discharge of inpatient. Additionally, Corizon will continue to focus on development at the DSNF and TPFW.

Improving Competency of Physicians and Nursing Staff

Corizon's Clinical Education Specialist, Jeremy Chase, has partnered with TDOC Health Services leadership to implement nursing skills training and nursing competency guidelines throughout the TDOC facilities.

Centers of Excellence

Corizon will provide continued maintenance of the Hepatitis C Centers of Excellence at DSNF and TPW. DSNF has been established as an oral surgery Centers of Excellence to include assessment and plan of care implementation for inmates at risk for future cardiac intervention procedures.

Additional Associate Regional Medical Director

Corizon will continue to provide an Associate Regional Medical Director that focuses on the management of the inpatient population and transitioning the inmates back to the sites as soon as possible.



Corizon's Current and Proposed TDOC UM Structure

Corizon's UM program at the TDOC will continue to be provided in accordance with RFP requirements. Our UM program at TDOC has been developed to ensure that referral arrangements to off-site providers are made for treating inmates whose health care issues extend beyond the scope of services provided on-site. Corizon follows the following UM process:

1. The Corizon physician writes an order for an off-site specialty consult.
2. The order is taken to the site scheduler.
3. The site scheduler sends the consult request to St. Louis for review of established evidenced-based criteria for consult.
4. If the consult meets the evidenced-based criteria, the consult is sent to our Regional Medical Director (RMD) or Associate Regional Medical Director (ARMD) for TDOC for review and approval.
5. The RMD or ARMD reviews all consults for medical necessity. If medical necessity is present, they are approved and sent to the respective site scheduler. In approximately five to ten percent of the consult requests, the RMD or ARMD will suggest an alternate treatment plan in lieu of the requested consult.
 - a) Approved consults are sent to respective site scheduler to make the required appointment.
 - b) Alternate Treatment Plan (ATP) sent to respective site scheduler to give to requesting physician.
6. The Site scheduler makes an appointment with the needed specialty and places on the off-site calendar.
7. The scheduler shares the off-site calendar with TDOC site leadership for purposes of transportation.

Coordination with TDOC Wardens

Corizon has a process in place to ensure that all referrals are coordinated through each facility's Warden; this coordinated process ensures that transportation and security issues have been addressed prior to the day of the transfer. We provide a list of the scheduled appointments to each Warden at least two weeks prior to the inmate's appointment.

Utilization Management/Case Management Processes Inpatient and Outpatient Services Review

The Corizon Inpatient Case Management program for our TDOC contract encompasses proactive collaboration with each Tennessee hospital we currently utilize, each TDOC facility, Corizon Regional Medical Director and regional leadership to ensure that all TDOC inmates' patient needs are met and any necessary services, medications and/or equipment are coordinated upon discharge. Corizon's current UM process at the TDOC has been developed to include a scheduler or administrative assistance at each site to coordinate and schedule off-site trips at the site level. Registered nurses perform the following tasks in support of the UM function at TDOC.

- Obtaining daily clinical review for each hospitalized patient.



- Corizon applies InterQual criteria for each inpatient day. InterQual is a nationally recognized, industry standard healthcare level of care criteria. The UM physician applies this to the correctional setting by combining his/her medicine experience and an acquired expertise in primary care medicine as practiced in the community.
- Communicating with the site healthcare team, client, RMD and the regional leadership on a daily basis as necessary regarding the status of each hospitalized patient.
- Identifying early discharge planning needs to facilitate timely transition from the inpatient hospital setting when care can be safely managed at the correctional site or alternative care setting.
- Participating in daily and/or weekly conference calls with the RMD and each TDOC facility for whom the Corizon RN provides UM/CM support.

Emergency services required to screen and stabilize a patient are not limited by the utilization management process and are to be directed at the discretion of professional medical staff at the TDOC facility.

Inpatient Cases Not Meeting Guideline Criteria

All cases not meeting InterQual criteria are referred to the Regional Medical Director to engage in additional collaboration with site and hospital physicians as necessary. Only currently licensed physicians may issue these determinations related to inpatient hospitalizations.

In the event of an inpatient stay not meeting guideline criteria as determined by the Regional Medical Director, the Corizon RN will notify the hospital rendering the service by telephone within twenty-four (24) hours of making the determination. Written or electronic confirmation of the telephone notification shall be sent within one business day of making this determination. The written notification will include the principal reason(s) for the determination, the instructions for initiating an appeal or reconsideration, and the instructions for requesting a written statement of the clinical rationale including the clinical review criteria used to make the determination.

The Corizon UM program includes a comprehensive inpatient Appeals Policy and Procedure that guides and directs the process related to UM activities. Components of the Corizon inpatient appeals process include: (1) Expedited Inpatient Appeal, (2) Reconsideration, (3) Standard Inpatient Appeal-First Level, (4) Standard Inpatient Appeal-Second Level, and (5) External Inpatient Appeals.

Outpatient Specialty Referral Review

Every effort is made to maximize the extent to which healthcare services are provided at the TDOC infirmary as noted on page 173. The Corizon RN also works in conjunction with our Associate Medical Director, Dr. Glen Babich, and site medical leadership to consider peer recommendations for an alternative treatment plan when appropriate. However, when the intervention of a specialist or diagnostic services is required, the Corizon Outpatient Specialty Referral Process is initiated to ensure accessibility and availability of the appropriate care.



The Corizon RN's responsibilities include but are not limited to:

- Apply InterQual criteria to all specialty referral, imaging (except plain films) or procedure requests; additionally, Corizon has also developed internal proprietary review guidelines with our medical leadership and Regional Medical Director for outpatient specialty referral requests;
- Communicate daily with the Regional Medical Director regarding urgent specialty referral requests and those that do not meet review criteria;
- Facilitate the discussion and communication as necessary between the Regional Medical Director and site physician concerning alternative treatment plans that provide appropriate care but may reduce the need or frequency for off-site specialty services; and
- Participate in daily and/or weekly conference calls with the Regional Medical Director and each TDOC facility for whom the Corizon RN provides UM/Corizon support.

Case Management – Corporate UM RN Support

Providing excellent customer service is the cornerstone of the Corizon case management system. For hospitalized inmates, the Corporate UM RN provides daily updates to the designated TDOC facility contact. Efforts are directed at early identification of discharge planning needs, including ongoing care issues. The UM RN is responsible for acting as a liaison between the TDOC correctional and health care provider sites to facilitate medically necessary services capable of meeting individual patient needs at the most appropriate level of care. This is achieved through communication of vital information between these parties, such as site infirmary or healthcare capabilities and attending physician treatment plan. The Corporate UM RN works collaboratively with the external care providers, such as hospital utilization management/case management staff, multidisciplinary team members, and specialty care providers to appropriately utilize resources and safely transition the inmate to alternate levels of care in a timely manner.

Resource utilization is monitored during lengthy hospitalizations (i.e., greater than approximately seven days) and/or large or catastrophic cases. Resource utilization is routinely reported monthly to Corizon Operations staff or as otherwise deemed necessary.

Catastrophic Case Management

Proactive case management of complex healthcare conditions has proven to decrease overall readmission rates and reduce inpatient days. The Corizon RN in St. Louis will collaborate with the TDOC site healthcare team to monitor complex cases for 30 days post-hospitalization until stability of the patient's condition is achieved. This objective is accomplished as follows:

- Post discharge monitoring is implemented for inmates who are hospitalized more than seven days and at risk for further complications and/or readmission.
- The Corizon RN continues to follow the patient for a minimum of four weeks post-hospital discharge through routine conference calls with the site healthcare team.
- The Corizon RN works in conjunction with regional and site medical leadership to consider alternative care plans and peer recommendations when appropriate.

Staff Credentials and Licensure Requirements

Utilization Management/Case Management duties are performed by licensed registered professional nurses who possess active, unrestricted license(s) to practice nursing. Corizon UM RNs are expected to manage multiple tasks effectively and work independently. All staff members are responsible for demonstrating excellence in customer service, strong clinical knowledge related to evidence-based guidelines, and superior communication and organizational skills. Continuing education appropriate for the individual position is encouraged and provided as deemed necessary. Additional continuing education as required by individual licensure is completed in accordance with the licensee's certifying board and applicable state regulations.



Corizon

Corizon's Utilization Management Program is Based on National Standards and Correctional Best Practices

Corizon Clinical Experts

Corizon's incarcerated patients constitute a challenging population requiring specialized healthcare. Chronic care issues, drug withdrawal, self-destructive behavior, infectious diseases, and serious behavioral health disorders are some of the challenges our Corizon physicians and nurses face every day in the unique environment of correctional healthcare. Providing services in a setting where security and public safety is always the number one priority and to a population that may be drug seeking or have other alternatives in accessing health services requires a particular expertise and experience in the provision of correctional healthcare services.

The physicians and nurses that comprise Corizon's Clinical Services Department are unmatched in the level of expertise needed to meet the needs of TDOC's population. To demonstrate the clinical depth of the clinical experts that will support our TDOC program, we have provided the resumes of the following key clinical staff for the readers review. Each of the following medical professionals will support our clinical staff for the TDOC contract.

- Chief Medical Officer, **Dr. Carl Keldie**;
- Chief Nursing Officer, **Becky Pinney, MSN, CCHP**;
- Vice President of Nursing Support, **Jessica Lee, MSN, CCHP**;
- Vice President of Clinical Services, St. Louis, **Dr. Renee Fallhowe**;
- Vice President of Clinical Services, Nashville (Statewide Regional Medical Director-Tennessee DOC contract), **Dr. Sylvia McQueen**;
- Vice President of Patient Safety, **Dr. Rebekah Haggard**;
- Vice President of Behavioral Health Services, **Dr. Joe Pastor**; and
- Vice President of Utilization Management, **Pablo Viteri**,



Corizon's Electronic Utilization Management (UM) Program

Our innovative data management systems allow Corizon to provide data mining and analysis capabilities to the TDOC that are not available through any other vendor. QNXT is Corizon's fully integrated, HIPAA-compliant utilization and claims management system used jointly by our UM and Claims departments for inpatient and outpatient data entry and claims adjudication purposes. QNXT stores inpatient and outpatient referral authorizations, matching the appropriate record for claims processing and also verifying the authorization status as determined by the utilization management process. System-generated QNXT reports are used by UM management on a daily, weekly and monthly basis to identify utilization trends.

Corizon is also proud of the robust analytical and reporting capabilities of our proprietary, state-of-the-art data warehouse, **InGauge** (system described starting on pages 160-162). The **InGauge** system is utilized for reporting requirements and ad hoc reporting requests, tracking and trending of cost and utilization data, and systematic evaluation of healthcare services provided to the incarcerated population. This system allows Corizon to take a multi-dimensional approach to data analysis by integrating clinical, lab, pharmacy, labor and staffing data to identify where processes for inmate care can be altered to promote favorable outcomes.

Utilization management can be evaluated by inpatient authorizations and outpatient referrals, including detailed analyses of inpatient days/1000, average length-of-stay, emergency department utilization, offsite referrals by specialty, radiology and lab testing. The **InGauge** system assists Corizon in identifying potential over and/or under-utilization of diagnostic services, monitoring medication and treatment interventions, tracking high dollar cases, and targeting high-risk populations that may benefit from more intensive complex case management.

Utilizing the technology that we currently have in place to support our UM program, Corizon will provide the following to the TDOC.

- Monthly UM reports by institution, identifying the inmate number, name, diagnosis, requested service (referral, on-site service, off formulary medication, etc), approval or alternative action, and reason.
- Monthly report of alternative actions, by institution with full copies of all associated review materials. A written summary of the information discussed in the phone conversation is included with the material describing the individual case.
- Corizon understands the Department's Office of Health Services will conduct timely reviews of alternative actions and discuss resultant concerns with Corizon's medical director. If an agreement cannot be reached, the Department's Office of Health Services' opinion shall prevail.

A.8.a. Guidelines (*pro forma* Contract pg.15)

Corizon's program will continue to provide written guidelines for the provision of efficient and quality oriented health care which will be presented to the TDOC Medical Director or designee for approval. Corizon understands that the State may mandate changes to the Corizon's utilization criteria or utilization management policies and procedures at any time it deems necessary to serve the medical interests of inmates or the best interest of the State. Corizon will notify the TDOC Medical Director or



designee and Utilization Management Program staff prior to any hospital admission, including holidays and weekends. Corizon understands that failure to comply with this is an assessable damage as described in RFP Attachment Three.

A.8.a.1. Resolution (*pro forma Contract pg.15*)

Corizon ensures all specialty consultation requests will be handled within 14 days from the time the provider makes the request. We have read and analyzed the measures listed in Attachment Three of this contract and agree to provide utilization management services within these time limits.

A.8.a.2. Specialty Referral Guidelines for Consultation Requests (*pro forma Contract pg.15*)

Request for Services

When appropriate, medically necessary healthcare services are rendered at the site healthcare clinic or infirmary. The site provider directs the referral of inmates for medically necessary services that cannot be provided at the institution, i.e., specialty referral and/or hospitalization. It is the expectation of Corizon that the site health services staff complete all pre-treatment and/or preoperative testing either on-site or in an outpatient setting prior to an elective admission or service date, unless the testing is unavailable in an outpatient setting or the requested procedure/service is more appropriate in a hospital setting.

Corizon utilizes InterQual, a nationally recognized, industry standard healthcare level of care criteria in conjunction with a physician's professional clinical judgment in conducting utilization management activities. Clinical information is provided to the Corizon RN by the site health services staff, hospital utilization review department, and/or attending provider. The aforementioned parties must provide admission/request for service notification within the following timeframes:

The utilization review process for approval of outside consultation or service will be completed within seven working days from the time the physician's referral request was written.

Inpatient

- Urgent/Emergent Admissions – within one business day of admission.
- Non Urgent/Elective Admissions – 14 days prior to admission/service date.

Outpatient

- Outpatient care at TDOC is managed by the Regional Medical Director or the Associate Regional Medical Director.
- Outpatient referrals are determined to be either routine or urgent as deemed by the Site Medical Director.



- Urgent Request for Specialty Outpatient Referral – as soon as the patient’s need for specialty care is identified.

The Corizon UM RN at the operational office in St. Louis applies InterQual criteria to determine whether medical necessity requirements are met. If the criteria are met, Corizon will issue an authorization in accordance with the following timeframes:

- Initial review determination for non-urgent, inpatient/observation admissions will be rendered within two (2) business days of receiving all necessary clinical information.
- Review determinations for urgent or emergent admissions are rendered within one (1) business day of receiving all necessary information. However, emergency services to screen and stabilize an inmate are to be directed at the discretion of professional medical staff at the institution. Such emergency services do not require prior authorization.
- Review determinations for non-urgent requests for outpatient specialty services will be rendered within five (5) business days.
- Concurrent review determinations (ongoing inpatient hospitalizations) will be rendered within one (1) business day of receiving all necessary information.
- Retrospective review determinations will be rendered within thirty (30) business days of receiving all necessary information.

Authorizations are communicated to the provider within one (1) business day of making the determinations. Such communication must specify the number of days/dates or type of service authorized and the date subsequent review is required. Concurrent review is conducted on a daily basis, Monday through Friday, unless otherwise indicated by client contract. Review frequency may be modified on a case-by-case basis and is at the discretion of the Corizon RN in collaboration with the Regional Medical Director and the facility HSA.

All utilization management data is documented and stored in the Corizon-designated computer software system, QNXT.

A.8.a.3. Transportation (*pro forma* Contract pg.15)

Corizon understands the importance of bringing care closer to patients. We also recognize the security and safety issues associated with transportation of prison inmates to offsite medical and specialty services appointments. In addition to higher TDOC costs; extra security staff must be utilized, thereby compromising the integrity of the facility itself; the safety of offsite medical personnel and free world citizens may be in danger; and inconveniences to transported inmates such as cell reassignment may occur. Therefore, Corizon will continue to work with the TDOC to design and implement more effective methods of onsite care to reduce the cost and time associated with inmate transportation.

Please refer to the section titled “[Specialty Services](#)” on pages 136-141 for an overview of the specialty services currently provided onsite by Corizon to successfully reduce the number of offsite trips. In addition to onsite specialty services, Corizon will bring an enhanced telemedicine program to the TDOC, as described in the section titled “[Telemedicine](#)” on pages 213-218.



A.8.a.4. Utilization Management Staff *(pro forma Contract pg.15)*

The following Corizon team members, at each TDOC facility, will be responsible for the coordination and management of the utilization management process:

- Health Services Administrator (HSA);
- Directory of Nursing (DON);
- Provider; and
- Clerical Support Staff

This team will provide daily communication to the utilization management team.

A.8.a.5. Annual Training *(pro forma Contract pg.16)*

Corizon provides annual training to all staff, physicians, mid-level providers, clinic schedulers/coordinators, health administrators, and others as appropriate. Please refer to our detailed description of our training program in the section titled “General Requirements” on pages 182-191 for additional information.

A.8.a.6. Effective Method of Communications *(pro forma Contract pg.16)*

Corizon will continue to provide effective communication with TDOC’s Utilization management staff on a daily basis for hospitalization events and Monday through Friday for consultation requests and completions. Corizon understands that reports will be typed and submitted to Corizon for distribution to the appropriate institution. A tracking system will continue to be provided to assure completion of consults and follow-up requests will be deferred for additional information or returned to the treating physician for alternative treatment. These numbers will continue to be reported in the reporting requirements section below.

Corizon will continue to enhance and refine our communication processes through a collaborative partnership approach with the TDOC. Corizon’s Regional Medical Director and Utilization Management team will maintain ongoing daily, and as-needed, communication with the TDOC Health Services leadership team

A.8.b.1-5. Reporting Requirements *(pro forma Contract pg.16)*

- Corizon will be accountable for the success of our TDOC program from day one of the contract; we will provide TDOC with numerous mechanisms designed to allow the Department to monitor the efficacy of our ongoing program.
- Corizon believes in providing correctional healthcare services using taxpayer dollars in as transparent manner as possible; our reporting systems focus heavily on outcomes not outputs.



- Corizon will maintain accountability and share information with the TDOC using our comprehensive data collection and reporting system.
- Corizon will make reports, as well as other relevant information requested by TDOC available to the Department on a 24-hour basis via a secure web site that only TDOC and Corizon can access.

Accountability to our clients is paramount and it is with this conviction that Corizon has developed and implemented the following program evaluation/accountability tools. These reporting tools are addressed throughout this proposal.

Corizon Program Outcome Reporting	
Corizon Reporting Mechanism	How it Makes our Program Transparent to TDOC
Corizon Client Portal	Corizon will bring a web-based collaboration tool, using Microsoft SharePoint , to TDOC. This system will allow the sharing of information/content, contact storage, calendaring of events and internal/external links (page 160).
InGauge™	Corizon has developed a business intelligence application, InGauge™ to support us in our efforts to aggregate disparate data sources, and quickly and accurately identify trends within our inmate populations. This evidence-based process puts Corizon at the forefront in our ability to accurately assess and report on healthcare delivery utilization and acuity levels for TDOC (pages 160-162).
Timekeeping System (Kronos®)	Our time keeping solution, (Kronos®) is designed to proactively address the unique challenges of our clients in the areas of labor management. Kronos helps Corizon’s site management teams effectively oversee assigned facilities by ensuring contract needs are met, while at the same time controlling costs (page 89).
Monthly PI/CQI Studies/Reporting	Our comprehensive PI/CQI program provides for a structured process to assess our medical and behavioral healthcare services. This process ensures that Corizon identifies areas for improvement and develops strategies to improve processes and patient outcomes in a timely manner. The program also ensures the Department that Corizon’s program at TDOC is in compliance with correctional regulatory standards related to medical and behavioral healthcare service delivery.
Pharmacy Reports	Detailed pharmacy reports and client customized reports are available via the previously referenced InGauge web-based reporting tool (pages 160-162)

TDOC Reporting Requirements

Corizon will continue to submit a monthly, quarterly, and annual report to the State detailing inpatient/hospital statistics and the history of requests for specialty consultations and procedures. All reports will be provided in an electronic format and, at a minimum, provide aggregate and individualized reports by physician, inmate, service type, institution, etc.

Corizon will continue to use appropriate coding for inpatient hospital reporting (e.g., Diagnosis Related Grouping (DRG), International Classification of Diseases (ICD-9), and Clinical Modification (CM) and at a minimum provide the following reports:

- TDOC daily Inpatient Censes with key data elements, including the Inpatient Days Per Month (IDPM);



- Inpatient days per month by diagnosis and Average Daily Census (ADC)/Average Length of Stay (ALOS);
- Diagnostic Code by facility and by provider;
- Outliers, Variance/Variability; and
- Specialty Consultations with key data elements.

Corizon will make reports, as well as other relevant information requested by TDOC available to the State on a 24-hour basis via a secure web site that only authorized TDOC and Corizon users may access.

Web-based Method for Reviewing Reports – Corizon TDOC Portal

As part of our efforts to ensure accountability and share information with the TDOC, Corizon will implement a comprehensive client portal at TDOC to ensure a sound Corizon/ TDOC partnership. This web-based system is developed using **Microsoft SharePoint**, which is a collaboration tool that provides the sharing of information/content, contact storage, calendaring of events and internal/external links (see inset).

This portal is easily customized to allow for advanced functionality such as discussion groups, task assignment/management, and other features that enhance the communications between Corizon and the TDOC.

Corizon will manage and keep all content stored on the TDOC's site up to date. Information provided through this secure electronic portal, will keep the TDOC informed of all components of our operation, and further facilitate constant communication between TDOC administration and Corizon.

TDOC administration will be able to access data from our secure web site on a 24 hours a day, seven days a week basis.

InGauge™: Business Intelligence and Data Mining

- Corizon has developed a business intelligence application, InGauge™, to support our efforts to quickly and accurately identify trends within our inmate populations.
- This application will allow us to predict changes in acuity and unit cost for our contract with the TDOC.

At Corizon, we understand that objective analysis is a critical part of sound decision making for us and for our clients. We are committed to employing leading technologies and best practices to assist in innovating and managing your business. Corizon also recognizes that sharing current and relevant information with our clients is critical to creating and maintaining lasting, successful partnerships. In order to facilitate this approach, Corizon brings **InGauge** to our client partnerships. Developed by Corizon, InGauge is a robust integrated data warehouse and business intelligence solution. InGauge incorporates all of the key data sources that are essential to evaluating quality, performance and opportunity.



Correctional systems hire Corizon to solve their problems and deliver innovative solutions in the process.

Our InGauge Business Intelligence and Data Mining tool enables Corizon to keep our clients empowered with the data and information it takes to keep state organizational priorities on track. As a Corizon client, the TDOC will be able to easily access the most current and relevant information regarding the services we provide for the TDOC and its inmate patients. Below is a description of the InGauge system and its capabilities.

Subject Areas

The InGauge data warehouse integrates information across the following key areas:

- Patient information, including age, gender, eligibility and location.
- Clinical management, such as inpatient authorizations and outpatient referrals.
- Medical claims, including provider, patient, diagnosis and procedure level detail.
- Pharmacy orders, with drug level detail and formulary vs. non-formulary indicators.
- Labor and staffing statistics, including clinical and administrative positions.

Business Intelligence

On November 1, 2009, Corizon unveiled the latest iteration of InGauge, with a state of the art business intelligence system. This new toolset provides us with a variety of options for data mining and reporting:

- A high-performance desktop reporting and analysis application.
- An internet-based access center with dashboard and report hosting.
- User friendly interfaces that facilitate a self service environment for accessing data.
- A robust security model to protect sensitive and confidential information.
- Scheduling and e-mail notification for automated deployment of time-sensitive reports.

Standard Reporting Capabilities

In addition to the tools described above, InGauge delivers a comprehensive suite of standard reports that focus on the key drivers of healthcare utilization and cost. Many of these reports allow the user to alter a variety of parameters through simple menus and drag-and-drop features:

- Contract performance comparisons
 - ✓ Inpatient days/1000 and average length of stay;
 - ✓ Emergency department utilization;
 - ✓ Offsite referrals by Specialty;
 - ✓ Radiology by site of service and category (CT, MRI, X-ray); and



- ✓ Lab testing.
- Labor management analysis
 - ✓ Hours worked and salaries by position, shift and pay category (regular, OT, temp agency);
 - ✓ Budgeted labor schedules for real-time evaluation of performance; and
 - ✓ Turnover statistics by position and tenure.
- Offsite medical trend analysis
 - ✓ Monthly claims and referral trends and year over year comparisons;
 - ✓ Tabular and graphical views;
 - ✓ Trends by service category (inpatient, ambulatory surgery, physician's office, etc.);
 - ✓ Hospital/Physician utilization and rate comparisons; and
 - ✓ Trends by diagnostic category.

The Evolution of InGauge™

Corizon is committed to the continued development of our reporting and analysis capabilities. In the coming months, **InGauge** will incorporate even more data and more advanced analytic techniques including:

- **Chronic Condition Identification and Stratification:** The application currently employs disease association criteria for cancer. Future development will address additional conditions that are of particular concern to an inmate population. These may include chronic cardiac conditions, Hepatitis C, Renal Failure, and Diabetes.
- **Lab Results:** Currently underway to incorporate lab results data. This will further develop our ability to evaluate clinical outcomes.
- **Electronic Medical Records (EMR):** As EMR data becomes more accessible and more robust, Corizon will also incorporate this information into our data mining efforts.
- **Predictive Modeling:** All of the above enhancements will give Corizon's data mining and reporting tool the power to better predict changes in acuity and cost. As these capabilities evolve, additional reporting will be developed to translate this information to knowledge and action.

We have included numerous examples of Reporting and Analytics from InGauge in **Appendix P**.

A.8.c.1-5. Utilization Management of Clinical Activity (*pro forma* Contract pg.16)

As required by the RFP, Corizon will identify and hire the following staff, at a minimum, to provide Utilization Management of the clinical activity within the TDOC.

- Inpatient Utilization Management Nurse, Seana Walters;
- Two outpatient utilization RNs (or one RN with 1 LPN);



- One data management technician;
- One clerical staff individual; and
- Jail utilization RN, upon request from TDOC Medical Director.

A.8.d. Prospective Candidates *(pro forma Contract pg.16)*

Corizon understands that the TDOC Medical Director or designee will review and make final recommendations of all prospective candidates after Corizon's initial screening and this individual will be assigned specific work stations within the TDOC Central Office. Corizon will provide all computers, utilization standards software and data management software and will assist and support the productions of reports as requested by the State.

A.8.e. Utilization Activities and Physician Activities *(pro forma Contract pg.16)*

Corizon understands that the TDOC Medical Director will work directly with Corizon's Statewide Medical Director to manage utilization activities and physician activities related to UM.

A.9. Extended Care Facilities *(pro forma Contract pg.16)*

A.9.a. Specialty Physicians/Clinics *(pro forma Contract pg.16)*

As the current provider of health care services at TDOC, Corizon is aware of the two TDOC extended care facilities in the Nashville area, which are DSNF for males and TPW for females. We will, if once again chosen to partner with TDOC, provide the majority of outpatient and sub-acute specialty services in these secure facilities in order to promote continuity of care, public safety and minimize outside transportation of inmates. Corizon understands that transportation costs and safety issues are a primary concern to the TDOC, and we will work in collaboration with the State to minimize any negative issues involved with this transportation. Corizon will continue to use DSNF and TPW for all outpatient physician and ancillary health professional services, unless other arrangements are made and agreed to in consultation with the TDOC.

As discussed throughout this proposal, Corizon intends to increase the level of onsite specialty clinics at DSNF, TPW and throughout the TDOC system. This will be accomplished through a combination of enhanced onsite specialty clinics, such as oral surgery, regionalized specialty services, such as ophthalmology, and specialty clinics provided via telemedicine, such as gastroenterology and infectious disease. Corizon will request written approval from the State of an alternative method of delivery in the case where certain onsite services are not feasible.

A.9.a.1. Onsite Clinics (*pro forma Contract pg.17*)

Clinics onsite at DSNF and TPW will be scheduled between the hours of 8:00 a.m. and 4:00 p.m., Monday through Friday, excluding State holidays.

A.9.a.2. Clinic Scheduling (*pro forma Contract pg.17*)

Clinics will be coordinated between Corizon and the TDOC Warden or designee at each facility. Whenever Corizon needs to change clinic scheduling after establishment and publishing, we will contact the HSA and Warden for approval no later than two weeks prior to the scheduled clinic.

A.9.a.3. Clinics During Holidays (*pro forma Contract pg.17*)

If Corizon deems clinics necessary during holidays, we will make suitable arrangements via a request to the Warden or designees at least four weeks in advance. We understand the Warden’s approval must be received no later than two weeks prior to the scheduled date.

A.9.b. Long-Term Care (*pro forma Contract pg.17*)

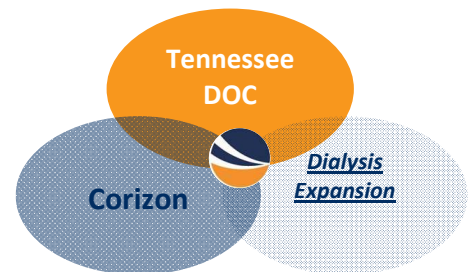
Corizon will follow TDOC policy on long-term care referrals and procedures and will contract with Long Term Acute Care Facilities to provide care that is not otherwise available through TDOC. Additionally, Corizon will assist TDOC in the design and development of long term care units as the need may arise through provision of prospective models utilized in other jurisdictions or through research to include physical plant layout, equipment, treatment protocols, programming, and assistance in identifying inmate candidates for assignment to the units.

A.9.c.1-5. Renal Dialysis (*pro forma Contract pg.17*)

TDOC Dialysis Expansion

 **Corizon/TDOC Process Improvement**

Corizon has partnered with **Chardonay Dialysis** to provide **onsite dialysis care** to the TDOC inmate population, without regard to the availability of State-owned facilities and equipment. Chardonay has worked in partnership with Corizon in support of our TDOC contract since 2010. As demand increased, Chardonay expanded their operating hours for the TDOC population from three days to six day per week in October 2011. This schedule has continued to date due to the number of inmates requiring treatment.





Corizon's dialysis services program will continue to ensure the following for our dialysis patients:

- An initial assessment of each dialysis inmate patient;
- An individualized care plan for each dialysis inmate patient;
- A monthly follow-up visit for each dialysis inmate patient; and,
- Assessment of renal inmates to determine the need for dialysis.

Corizon will continue to be responsible for the provision of all dialysis treatment, without regard to the availability of State-owned equipment. Corizon will continue to be responsible for all costs associated with renal dialysis and provide all staff, drugs, biological, surgical dressings, supplies, blood, intravenous and related dialysis fluids, diagnostic studies, and equipment directly related to the provision of dialysis procedures. When available, drugs and biological supplies will be obtained from the pharmacy vendor.

The Corizon dialysis program, provided in coordination with Chardonay, will include all supplies, equipment, and specialty consults by a Tennessee licensed physician board certified in Nephrology. ***CQI monitoring will continue to be an essential element of our ultimate oversight for this on-site specialty service.***

The Corizon healthcare staff ensures that all dialysis treatment is noted in the inmate's health record. We will maintain our current policy of ensuring access to an on-call dialysis nurse and or certified technician to support our program. This Corizon professional will be responsible for returning to the facility for urgent and emergent dialysis needs including a treatment.

Hemodialysis Facilities and Equipment

Whenever possible, Corizon will use existing hemodialysis facilities and equipment located at DSNF. In such instances, male inmates requiring dialysis will be transferred to the DSNF for treatment, and female inmates will be transported to the DSNF for on-site outpatient dialysis treatment.

Corizon will continue to be responsible for all maintenance and repair of the State's equipment. If a backup or special infectious disease dialysis unit is needed, Corizon will send a written notice and justification to the TDOC Director of Clinical Services and the TDOC Medical Director. Upon written approval by the State, Corizon will purchase the equipment. In the event of service interruption for whatever reason, Corizon will be responsible for providing uninterrupted service.

Emergency Cart

We will maintain an emergency cart with sufficient emergency medications, supplies, and equipment required for resuscitations. The emergency kit shall be inspected on a weekly basis with the results documented by the Corizon's staff. Corizon will be responsible for the immediate replacement of all emergency supplies or equipment used or expired.



Emergency Consultations

Corizon will continue to provide emergency consultation services that are available twenty-four (24) hours per day seven (7) days per week. An on-call Nephrologist will respond to emergency calls within sixty (60) minutes of the original call.

In-Service Training on Pre and Post Treatment

Corizon will provide in-service training initially, and at least quarterly, to the facility staff at DSNF on pre-treatment and post-treatment needs of dialysis patients. Corizon will provide an orientation packet to the inmates on renal dialysis and ongoing training to them to assist in their understanding of their treatment. Other training shall be provided as needed or requested by the facility and/or the TDOC.

Renal Dialysis Quality Improvement and Infection Control Programs

Corizon has partnered with **Chardonnay Dialysis** to provide **onsite dialysis care** to the TDOC inmate population. As such, Chardonnay will bring an extensive data-driven quality improvement program and infection control policy. Corizon understands that the programs must be approved by the TDOC within 60 days of the contract effective start date. For onsite renal dialysis, Corizon ensures all treatment will be documented in the TDOC health record.

A.9.d. Hospice/Palliative Care (*pro forma* Contract pg.18)

Corizon understands that the State wishes to establish a hospice program for terminally ill inmate and that if an inmate meets the requirements, the TDOC may transfer the inmate to the hospital program or designate the inmates to be cared for at their home facility. We are excited about working closely with the TDOC to establish a program that meets the needs of the population of inmate patients that qualify for end-of-life services including pain management, pastoral counseling, inmate volunteers and culture related issues which are unique to the TDOC population. Corizon will be responsible for the costs associated with the hospice programs. Corizon will work with the TDOC in developing hospice programs both onsite and offsite, as appropriate. The TDOC's hospice program will incorporate:

- Medically directed care;
- Interdisciplinary plan of care,
- Family participation;
- Treatment for pain; and
- Patient education and counseling.

Corizon will provide the State with a written plan for implementation and operation of these services within the first six months of the contract start date. Corizon understands that the implementation of our plan is subject to the State's prior written approval.



Corizon’s Approach to Hospice Care – CHOICES PROGRAM

Corizon’s program offers a comprehensive medically directed, team oriented program of care that seeks to treat and comfort terminally ill patients and their families, establishing pain management and symptom control as clinical goals, while understanding that psychological and spiritual pain are as significant as physical pain. We understand that hospice care is a special dimension of health services, and is a patient-centered, cost-effective approach to treating the incarcerated terminally ill.

Our hospice programs are patient-focused, but consider a prison’s austere, institutional atmosphere and culture as well. We tailor our hospice programs to provide a respectful end to life by staffing the environments with warm, caring, and responsive staff dedicated to providing comfort and dignity to inmates confronting death. While the majority of hospice patients have cancer, our hospice program also cares for people suffering from other terminal illnesses, such as AIDS, COPD, heart disease, and end-stage liver and renal disease.

Eligibility for the CHOICES Program

Regardless of their security classification or stage of illness, inmate patients become eligible for the **Corizon CHOICES Program** when they are diagnosed (or identified at intake, chronic care clinics) with a chronic progressive life-limiting condition. There are no time specific life expectancy eligibility requirements and the patient may be accepted into the program at any time.

It is the goal of the CHOICES Program Interdisciplinary Team (IDT) to initiate early discussion with the patients about possible clinical outcomes and options for treatment, both curative and palliative, paying special attention to language and educational barriers.

The CHOICES Program is divided into two phases:

- *Phase One* emphasizes education and support of the diagnosed patient to understand the disease, treatment options, and possible outcomes.
- *Phase Two* evolves as the disease progresses and places emphasis on end-of-life care.

During the each stage of the disease, every effort is made to maintain the patient in general prison population until the disease process makes it necessary to transfer the patient to the identified end-of-life facility bed. Special attention is focused on the management of pain control, physical environment, family involvement, psychosocial and spiritual services.

As the disease process shifts from the curative phase to the comfort phase (Phase Two), the patient is still allowed to make choices and remain involved in care decisions. The interdisciplinary and comfort oriented care proactively provides an environment and structure for seriously ill patients to live with dignity until their death. Phase Two is consistent with hospice philosophy and addresses pain and symptom management, suffering, emotional, and spiritual

Reasons for Program Success at MDOC

- *Ownership by Custody Administration*
- *Hospice Volunteers (Inmates)*
- *Involvement of Family Members*
- *Special Hospice Areas in Selected Infirmaries*
- *Partnership with Other Programs*
- *Involvement of Community Volunteers*



support. Bereavement services are provided for staff and patient prison families as approved by the specific prison security.

CORRECTIONAL HEALTHCARE EXPERTISE

Corizon Best Practices/Missouri Department of Corrections Hospice/Palliative Care

Coordinated Efforts

The Corizon hospice program at MDOC is designed to provide comprehensive palliative and comfort care services to terminally ill inmates. The current MDOC program has been developed through the **collaborative efforts** of the Corizon health services department, the mental health department, MDOC Central Office staff, the MDOC chaplaincy department, and the MDOC security staff at the individual institution level.

Referrals for Hospice Care

Referrals to the hospice program can be made by the medical staff, security staff, housing unit staff, or any other staff member who feels an inmate may need hospice services. Following a referral, the hospice team meets to determine the eligibility of the offender to receive hospice services. If eligible, the team will determine the special needs of the patient and assign an appropriate offender volunteer.

Offender Volunteers

Inmate volunteers, under the strict direction of the hospice team, support and facilitate hospice services. To qualify as a hospice volunteer, an inmate must be free of any conduct violation for six months and any major conduct violation for two years. The inmates are chosen based on their willingness to provide care to terminally ill patients on a volunteer basis outside of their regular job assignments. Volunteers meet numerous other criteria including maturity, good health, good institutional adjustment, and respect for confidentiality.

After acceptance into the program as a volunteer, an inmate undergoes a rigorous four-part training program. The Director of Nursing, the Institution Chief of Mental Health, and the facility chaplain conduct this training. Topics covered during training include concepts of death and dying, communication skills, care and comfort measures, spiritual and cultural awareness, grief and bereavement, and the inmate volunteer role in MDOC hospice care.

While hospice volunteers do not provide assistance of the type that is normally provided by the nursing staff, they do assist the patient in many other ways. These include letter writing, reading, accompanying the patient to religious or recreation activities, and assisting the patient in communicating with others. The volunteer's ultimate goal is to encourage the patient to do as much as he/she can reasonably and comfortably do on their own, ultimately enhancing the quality of life for their assigned patients by providing support, encouragement and empowerment.



Corizon Hospice Committee

The hospice committee meets on a weekly basis to discuss individual patients and to give the hospice volunteers an opportunity to address the issues they face in providing emotional support for the terminally ill.

As the patient nears the end of his/her life, the hospice team in conjunction with the security staff may make arrangements for the volunteers to provide companionship on a 24-hour basis. Following the death of an assigned patient, the mental health and chaplaincy departments provide grief and bereavement counseling to the volunteer.

Designated Hospice Beds

The hospice programs at MDOC are individualized to meet the needs of the specific institutions. As an example, Jefferson City Correctional Center has assigned specific infirmary beds to the program. These beds are located in a quiet area of the infirmary where volunteers and patients can interact with a minimum of disturbance from the regular infirmary activities. The team in conjunction with a local charity has created a "Day Room" with non-hospital/prison furnishings, which gives the patient a place for recreation outside of his infirmary bed/cell. It also serves as a non-threatening environment for important end of life visits with family members.

Corizon will work closely with TDOC to monitor the supportive care services provided within TDOC institutions. We will make available our expertise and consultation in programs, such as our onsite hospice programs at MDOC. ***Should TDOC desire to expand the level of onsite supportive care programs, Corizon welcomes the opportunity to work collaboratively to further explore such opportunities.***

A.9.e. 1-5. Oncology (amendment #1 pg.9)

Chemotherapy should be initiated within a hospital setting or physician practice site so that potential adverse reactions may be adequately monitored, and so that dosages may be adjusted on the day of therapy. In many cases, however, it is safe and appropriate to administer ongoing therapy in selected and properly staffed infirmary areas. As such, Corizon believes that many types of cancer cases can be treated within the correctional environment.

Oncologist, Dr. Richard Kosierowski

Corizon proposes to provide oversight of the oncology program at the TDOC through the services of our **Oncologist, Dr. Richard Kosierowski**. Dr. Kosierowski will be onsite two days every other week and will be available via telemedicine during the alternating weeks. The first round of chemotherapy will be administered in the inpatient hospital setting and all remaining rounds will be administered onsite, as clinically indicated. Utilizing practices of evidence-based medicine review, Dr. Kosierowski will conduct reviews based on the National Comprehensive Cancer Network (NCCN) guidelines. This will optimize the



services onsite, prevent unnecessary procedures and treatment, standardize care, improve outcomes, reduce offsite trips, and ultimately reduce costs.

Onsite Oncology Nurse

Corizon will provide an onsite oncology nurse to administer chemotherapy and coordinate onsite care with the oncologist. Corizon will meet the staffing requirements of the onsite oncology nurse and will be prepared to expand the hours needed to provide care at no additional cost to the TDOC.

Chemotherapy Agents and Supplies

Additionally, Corizon plans to partner with **Coram** for the preparation and transportation of chemotherapy agents and supplies. We have provided a Letter of Intent from *Coram* in **Appendix K**.

Provision of Chemotherapy

In compliance with the RFP, Corizon agrees to be responsible for:

- The provision of all chemotherapy without regard to the availability of state-owned equipment.
- All costs associated with chemotherapy and provide all staff, drugs, biological waste related to the provision of chemotherapy procedures.

When available, drugs and biological supplies will be obtained from the pharmacy vendor.

Weekly Oncology Clinic at DSNF

Corizon will be responsible for the operation of a weekly oncology clinic at DSNF.

Supervision of Oncology Staff and Provision of Chemotherapy Services

Corizon's Oncologist, **Dr. Kosierowski**, will be responsible for the supervision of oncology staff and the provision of chemotherapy services.

Onsite Outpatient Chemotherapy Treatment

Corizon agrees that male and female inmates requiring chemotherapy will be transferred to the DSNF for onsite outpatient chemotherapy treatment.



Equipment

Upon written approval by the State, Corizon will purchase the equipment.

Service Interruption

In the event of service interruption, Corizon will work with the TDOC to provide continued oncology services.

A.10. Staffing Requirements *(pro forma Contract pg.18)*

Corizon will provide adequate and qualified staff to fulfill our obligation under the Corizon/TDOC contract. Staffing will, at the minimum, be in accordance with the staffing plans in Corizon's proposal. Corizon understands that the Contract is to use the State's approved minimum staffing plan for each institution. In the event of vacant positions, Corizon will provide adequate coverage to meet all required services. **In 2011, Corizon experienced low vacancy levels at TDOC throughout the year with an annual average of 1.8 monthly clinical vacancies.**

Corizon understands that any staffing plan changes during the term of the contract will require the State's prior written approval. In compliance with the RFP requirements, Corizon will submit monthly staffing reports on or before the 15th of each month demonstrating the preceding month's actual staffing compared to the staffing plan for each institution. Corizon agrees that if a change in circumstances calls for modification in those requirements, Corizon and the State will review those at the sole discretion of the State.

Corizon understands that the State reserves the right to remove from an institution or prohibit entry to an institution any of Corizon's employees or subcontractors necessary. Corizon understands that health services employees are not allowed to exempt themselves from performing certain medical procedures due to religious and/or ethical concerns. Corizon understands that the State will not require contract staff or any clinical staff to participate in forensic activities that will impact negatively or alter the patient/provider professional relationship between care providers and those receiving care. Corizon's staffing plan can be found in the section titled "Staffing Plans" on page 234.

Corizon's Approach to Recruitment and Retention

Corizon understands that perhaps the most important component of any correctional healthcare program is the ability to recruit and retain adequate and qualified staff at the site level to ensure the appropriate level of care is provided and to maximize the services to be provided onsite. ***We maintain the largest and most sophisticated recruiting department in the industry who focus on doing just that.*** Our lead recruiting team members each have 20+ years experience in correctional healthcare recruiting. We operate three specialized recruiting areas: Providers; Nursing, Ancillary and Mental Health; and Administrative Management. Centralized recruiting provides us with the flexibility and expertise to maximize our recruiting resources.



Corizon’s Proven Ability to Staff the TDOC/Corizon Contract

Healthcare organizations across the United States are facing increasing needs and heightened competition for healthcare professionals in today’s market. For example, as the following table demonstrates, *Tennessee is already facing a notable shortage of nurses*; one that is projected to grow during the term of the new contract resulting from this procurement.

Shortage of Registered Nurses in Tennessee – 2010, 2015, 2020	
Year	Nursing Shortage
2010	-31%
2015	-40%
2020	-48.5%

Source: U.S. Department of Health and Human Services, Health Resources and Services Administration.

In spite of this trend, our filled staffing ratio has averaged 95% at TDOC since 2010. We anticipate continued success in the recruitment and perhaps more important, retention of quality healthcare staff during the next contract term.

Corizon’s Recruitment and Retention Plan to Ensure Continued Success at TDOC

Corizon understands our responsibility to continue to allocate staffing resources to ensure positive outcomes in all functional areas of the TDOC healthcare program. Corizon is confident in our ability to ensure that the TDOC program will continue to be staffed adequately; as our staffing approach closely follows the best practices we have developed over the years as a correctional healthcare provider to several statewide systems.

Physician Recruiting in Tennessee

As the reader may be aware, Corizon has found the physician positions among the most challenging to fill in Tennessee. As the map on the following page illustrates, physician availability in the State of Tennessee is sparse.

Physician availability throughout the state of Tennessee is inconsistent with several counties that house a TDOC facility with 25 or less physicians county-wide. The following TDOC facilities are located in a county with a notable physician shortage (25 physicians or less).

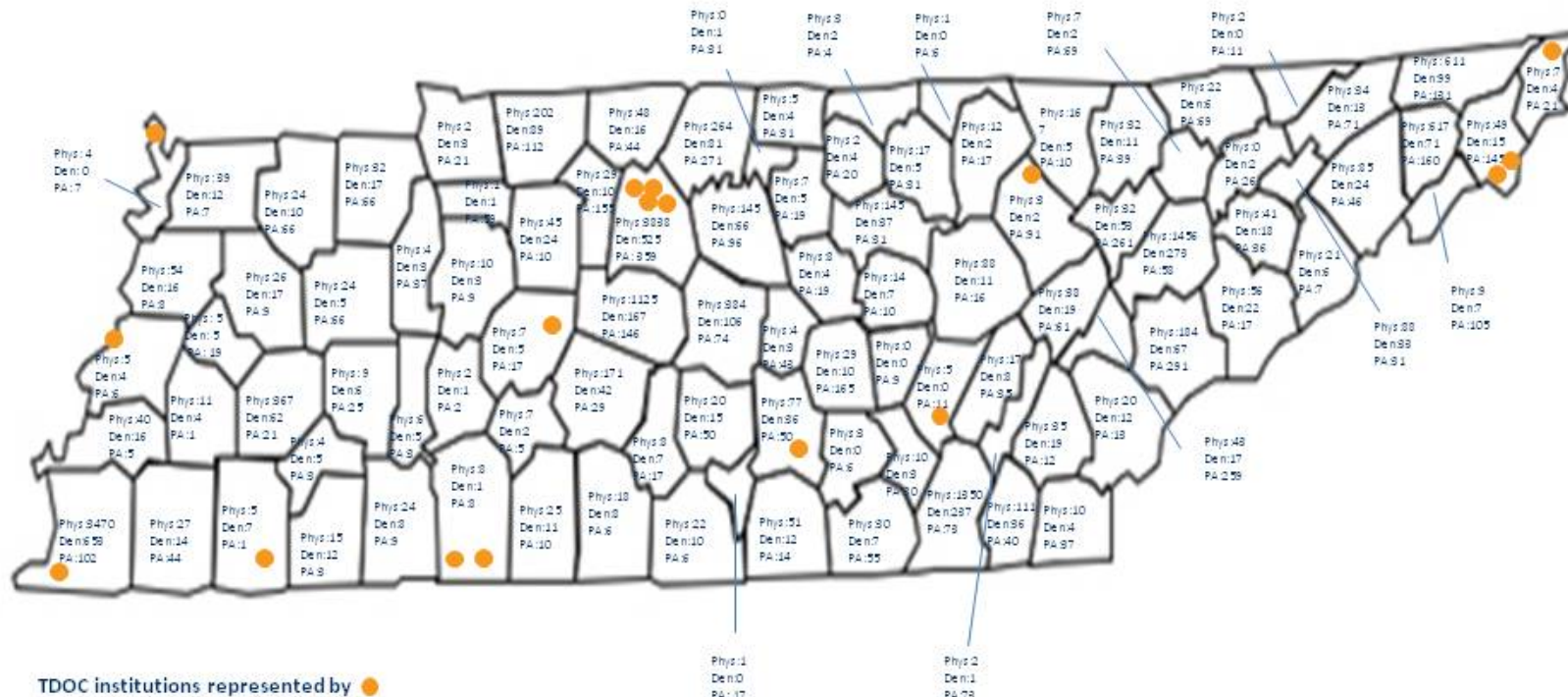
Corizon has and will continue to place added recruiting focus on the following counties. Each of the following counties houses a TDOC facility.

- Hardeman County (HCCF, WCFA): **24 Licensed Physicians**
- Lake County (NWCX): **4 Licensed Physicians**
- Lauderdale County (WTSP): **5 Licensed Physicians**
- Hickman County (TCIX): **7 Licensed Physicians**



- Wayne County (SCCF, TCIX): **8 Licensed Physicians**
- Morgan County (MCCX): **3 Licensed Physicians**
- Johnson County (NECX): **7 Licensed Physicians**
- Bledsoe County (STSRCF): **5 Licensed Physicians**

TN Healthcare Providers by County Physicians (Phys), Dentists (Den), Physician Assistants (PA)





Operations Management Recruiting – Looking Forward

Corizon's two full time management recruiters focus specifically on filling positions for Health Services Administrators, Regional Directors, Regional Medical Directors, Directors of Nursing and Vice Presidents of Operations. **Courtney Penning** and **Theresa Halsey** have over 15 years of combined health care experience and work diligently to find, screen, and recommend the most capable managers in the industry. Ms. Penning and Ms. Halsey also recruit for Corizon's Fast Track Management Program. The program is designed to attract seasoned, health care operations managers and rapidly prepare them for placement in Senior Management roles within the company. Candidates must be accepted into the program and complete a six to nine-month training period before being placed in a permanent senior leadership role.

Physician Recruiting

Corizon's six full-time physician recruiters work with field management to fill positions such as primary care physicians, dentists, and optometrists. Each physician recruiter works closely with field management to assess and anticipate the need for a physician. Our team of physician recruiters has more combined correctional physician recruitment experience than any other team in the industry. The services our physician recruiters offer field management include:

- Development and execution of tailored recruiting plans.
- Lead generation and initial screening of applicants.
- Facilitation of the entire recruiting process.

Corizon physicians will receive paid time off, access to 401K savings, life insurance, health care insurance and a wealth of additional Corizon benefits as outlined in our [Corizon Benefit Matrix](#) provided as **Appendix Q**. Based on our historical recruiting experience in Tennessee and some of the reasons provided by potential physician candidates that did not elect to work for Corizon, we anticipate this will significantly increase the pool of physician candidates interested in working for Corizon.

Health Care Professionals Recruiting

With nearly 60 years of combined experience, our three full-time health care recruiters have successfully placed thousands of skilled professionals in Corizon field sites throughout the country. These recruiters place professionals such as psychologists, mental health professionals, NPs, PAs, RNs, LPNs, CNAs, CMAs, administrative support personnel and others. Each recruiter is assigned a specific area and works with field management to ensure staffing needs are met.

The services our recruiters provide field management include:

- Innovative recruitment solutions;
- Lead generation and screening of applicants;
- Advertisement development and placement;
- Provision of recruitment training to site managers;

- Assistance with community awareness activities such as job fairs, open houses, and nursing school visits.

Corizon's Recruiting Program at TDOC

The narrative that follows provides an overview of our proposed TDOC recruiting program. This program will place an emphasis on retaining current healthcare employees as deemed acceptable by TDOC.

1. Plan to Retain Current Employees;
2. Site Specific Recruiting and Retention Plans;
3. Regionalized Recruiters Dedicated to the Tennessee Market;
4. Recruiting Technology and Aggressive Compensation Practices; and,
5. Applicant Tracking System

1. Plan to Retain Current Corizon Employees

As the incumbent contractor, Corizon proposes to maintain the current management structure that is in place at the TDOC facilities. To fill vacancies or in situations where additional staff are required, Corizon uses the extensive recruiting experiences of our Recruiting Department and the 11-person, full-time, professional recruiting staff to recruit on a national scale. In this way, Corizon is able to quickly obtain well-qualified personnel to fulfill staffing obligations.

In addition, we will launch a toll-free telephone line and a website dedicated solely to providing up-to-date information on the transition of behavioral health staff to Corizon. This website will include links to job positions/availability, employee benefits, information about Corizon, and other information pertinent to employment and the contract transition. These ***TDOC specific web pages and the toll-free line will be available throughout the contract transition*** as a primary tool for communicating the latest developments and information.

2. Site Specific Recruiting and Retention Plans

Corizon's human resources professionals develop site-specific innovative retention initiatives and incentives for our contracts that include:





- Competitive salaries and benefits based on ongoing review of the local labor market.
- Employment opportunities posted internally to enable qualified existing employees to apply for open positions.
- New hire survey to determine satisfaction level of employees conducted after 30 days of employment.
- Recognition of years of service – To show appreciation for loyalty and years of service to the company, employees receive a branded gift item at 1, 3, 5, 10, 20, 25, 30 and 35 years of service.
- Local recognition – All sites are encouraged to have their own recognition programs for employee of the month, quarter and year. Information is posted on Corizon’s internet site.
- Paid time off – A benefit providing paid time off from work, which provides employees the flexibility to schedule their time off, yet is sensitive to the required staffing needs of each TDOC facility.
- Pay for performance – Employees receive an annual performance evaluation on their anniversary date with wage increases based on performance.
- Exit interviews to learn more about employee experiences with Corizon and reasons for resignation.

Corizon uses creative recruiting techniques and technology to attract the best talent for our clients. In addition to sophisticated compensation practices, we also use the following recruiting guidelines to ensure our ability to effectively hire nurses, physicians, and ancillary healthcare professionals for our programs. The guidelines are as follows:

- Develop a recruiting plan for each position to be filled.
- Develop job specifications based on contract provisions and relevant licensing requirements.
- Where appropriate, consider existing Corizon or competitor health care staff for available positions.
- Generate a pool of applicants. Techniques may include, but will not be limited to:
 - Local advertising through printed publications and/or broadcast radio;
 - For key positions, notices in national and/or regional specialty publications;
 - Review of applications and pre-screened candidates on file at Corizon’s Human Resources Office;
 - Written and personal contacts with local and regional educational facilities;
 - Mass mailings;
 - Use of Corizon’s web site, and other healthcare web site job boards;
 - Open houses and job fairs; and,
 - Tele-recruiting.
- Pre-screen applicants verbally and perform a thorough review of credentials.
- Interview preferred candidates on-site.
- Verify references and current licensure by telephone, followed by written reference requests.
- Require all candidates to pass a background investigation coordinated with the client.



- Require all candidates to visit an institution to take a pre-employment drug screen prior to a formal employment decision.
- Establish a full credential file for each new hire with copies maintained onsite for line staff and at Corizon's Human Resources Office for management staff.

3. Regionalized Recruiters Dedicated to the Tennessee Market

Corizon's Human Resources Department is comprised of 11 recruiting professionals, each assigned to geographic sections of the United States. This allows each recruiter to become an expert in the state or area to which he/she is assigned, while drawing on a larger base of specialized experience in the recruitment of correctional healthcare professionals. By regionalizing our recruiting effort, our recruiters become thoroughly familiar with the employment conditions of their assigned state or region, the average wage ranges of the assigned area. By regionalizing our expertise, we better compete in those areas where nursing and physician shortages may affect our ability to staff our programs at the high level Corizon sets as our standard. The recruiters dedicated to Tennessee are **Erica Wood** (Physicians/Dentists) and **Ellen Anderson** (Healthcare Recruiter).

4. Recruiting Technology and Aggressive Compensation Practices

Corizon makes every effort to ensure a quality workforce of dedicated professionals. Our dedicated Regional Human Resources representative will have access to corporate resources and the creative recruiting techniques and technology necessary to attract and retain the best talent for TDOC. Sophisticated compensation practices are necessary to establish competitive wage and benefit strategies allowing our recruiting staff to effectively hire nurses, physicians, and ancillary healthcare professionals.

To achieve these results, our corporate recruiting process includes:

- A dedicated staff – three employee recruiters, six physician recruiters, and two management recruiters;
- Dedicated administrative resources – focused on credentialing and drug testing;
- Extensive online recruitment advertising – utilizing Corizon's proprietary internet site, health care niche sites, correctional health care association sites and general job sites such as Career Builder. All Corizon career opportunities are optimized on all major search engines to increase marketability and visibility;
- Salary surveys, conducted by our compensation department, to ensure competitive wages in the local market;
- Timely response to changing markets and seasonal and cyclical workforce demands by continuous review and planning; and,
- Frequent participation in local community and nationwide charitable events across the company.

5. Applicant Tracking System

Corizon corporate support includes the addition of **eRecruit**, a sophisticated Applicant Tracking System (ATS) where positions are posted and activity tracked in real time. Corizon’s management team for TDOC will continue to have access to the system for reporting purposes.

Responsibility for ATS data management lies with Corizon’s recruiting department, ensuring the appropriate positioning on the web and tracking of the responses to monitor and report best practices. The tracking system also allows our recruiters access to a database of new talent applicant flow and provides a stable and secure portal to ensure that all leads are thoroughly investigated and the results of the contact are reported.

Corizon has also developed a comprehensive on-boarding process for site administrators and nursing leadership which includes formal training sessions within the corporate and operational headquarters. This training, coupled with on-the-job training by their direct leadership team and a one-on-one mentoring program, has led to increases in incumbent job satisfaction and retention. With the use of **eRecruit**, we will make the transition of previous state employees and all other potential new candidates as seamless as possible while minimizing extraneous paperwork through implementation of an electronic application and on-boarding process.

A.10.a. Pre-Employment Screening *(pro forma Contract pg.18)*

When hiring personnel for our healthcare contracts, Corizon chooses only those candidates who possess the best qualifications for the job, seem the best fit for the correctional facility, and successfully pass a background investigation and pre-employment drug screen. Because of these interviewing and screening processes, Corizon feels our personnel are well equipped to provide excellent care for the TDOC, while observing contractual requirements and State regulations.

Corizon’s pre-employment screening for the TDOC includes, at minimum, the following:

- Current licensure/certification verification (unrestricted);
- Health screening to ensure absence of communicable disease; and
- Drug testing.

A.10.b. Background Investigations *(pro forma Contract pg.18)*

For the good of our clients and safety of our other personnel, Corizon performs extensive background investigations on prospective health staff prior to employment. This ensures all Corizon mental health professionals and ancillary staff members are in good standing and are qualified to perform the job for

Employer of Choice
What Our Team Is Saying.....

Corizon’s greatest asset is its employee focused approach. Corizon sincerely ensures that they are the employer of choice. Employees are compensated fairly, routinely promoted, and well taken care of within the company. Management consistently promotes a team approach, & makes all members feel valued.

–Natalie McDonald
RN, Nurse Administrator,
TCIX-Annex
Employee since 2010

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which they were hired. For the TDOC mental health services contract, Corizon will comply with all RFP and contract requirements concerning background investigations, including electronic fingerprinting in accordance with procedures established by the Commissioner.

Corizon will not hire ex-felons or relatives of currently incarcerated felons. Corizon's thorough criminal and employment histories for the TDOC will go back a minimum of five years, and will be available to the State upon request. A "Criminal History Request" from the National Crime Information Center (NCIC) will be immediately prompted and completed for each individual hired to work at a TDOC institution. In order to verify the Criminal History Request has been initiated, Corizon will forward this request to the State and process it in accordance with procedures established by the Commissioner of the TDOC.

Corizon understands that in no instance will an employee be allowed to begin work in a facility until the NCIC check has been completed; however, the employee may participate in pre-service training while the check is in process. A prospective Corizon/TDOC healthcare professional will not be further considered for employment at the TDOC until after the State has notified Corizon whether or not the employee is cleared. The criminal history obtained from NCIC or FBI will be used by Corizon solely for the purpose requested, and will not be disseminated outside the TDOC or the affected employee.

A.10.c. Personnel Files *(pro forma Contract pg.19)*

Personnel files of all Corizon employees and independent contractors will continue to be on file at the appropriate TDOC facility. The files will be available to the facility Warden or designee upon request and will include no less than the following:

- Recruiting/hiring:
 - ✓ Employment application
 - ✓ References in a sealed confidential envelope
 - ✓ License verification
 - ✓ Certificate verification
 - ✓ CPR certificate
 - ✓ Copy of the welcome/offer letter
- Site orientation:
 - ✓ Signed and dated job description
 - ✓ Time and attendance policy acknowledgement
 - ✓ PRN working agreement, if applicable
 - ✓ Federal withholding (W4) form
 - ✓ State withholding form, if applicable
 - ✓ Copy of the benefits enrollment form
 - ✓ Copy of the beneficiary enrollment form
- Annual information:



- ✓ Performance evaluation(s)
- ✓ License(s)/certification(s) verification

A.10.d. Bilingual Personnel (*pro forma Contract pg.19*)

Corizon is committed to meeting the needs of our clients by providing quality healthcare for all inmates. We realize our clients are oftentimes faced with the challenge of providing healthcare for ethnically diverse, multi-lingual prison populations. Because effective communication is essential during patient assessment, it is fundamental that healthcare personnel have access to language interpretation services to assist in the treatment of inmate patients whose command of English impedes genuine two-way communication. Although our goal is always to have bilingual staff onsite, when that is not possible, we employ the services of **Cyracom™**, an interpretation service. The interpretation capabilities of Cyracom allow Corizon staff members to effectively communicate with, diagnose, and treat offenders regardless of their native language. Many Corizon forms and educational handouts are provided in both English and Spanish.


A.10.e. Employee Uniforms (*pro forma Contract pg.19*)

All Corizon TDOC personnel are required to comply with TDOC uniform policy. Corizon will ensure all staff has appropriate uniforms based on this policy.

A.10.f.1-2. Approval of Key Staff (*pro forma Contract pg.19*)

Corizon understands that the State reserves the right to approve or disapprove individuals or business entities Corizon seeks to utilize. However, Corizon’s successful recruiting and extensive credentialing process will ensure the TDOC receives the healthcare expertise of highly qualified, compatible health staff. Our process will include interviews of key prospective Corizon/TDOC employees with the Director of Clinical Services prior to the employee’s contract assignment. We understand that written State approval for the following must be obtained prior to employee contract assignment:

- Our personnel with overall responsibility for this contract (Regional Vice President)
- Corizon will consult the State for input and recommendations before hiring, dismissing, or changing a location of a physician or site health administrator.



Employer of Choice
What Our Team Is Saying.....

There are several areas that set Corizon apart as the absolute best in class for provision of quality cost-effective healthcare to those in their chare. The orientation and training curriculum for every new employee encompasses Corizon’s, Vision, Mission and Values and provides opportunities for mentoring partnerships and shadowing experiences with those who perform and excel at their respective arenas.

–Helen Sneed
HSA, TPW
Employee since 2011

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A.10.g. Employee Orientation and Training *(pro forma Contract pg.19)*

- Corizon has created an extensive correctional healthcare orientation and training program that is unrivaled by any other correctional healthcare provider.
- Corizon has dedicated Training, Clinical Services, and Medical Affairs departments run by professionals who are recognized leaders in their fields, and as such, are frequently requested by national organizations to provide training or education specifically in correctional healthcare.

Corizon will continue to provide a comprehensive orientation program for new staff at TDOC. Our orientation includes a review of the policies and procedures, nursing encounter tools and manuals for TDOC, basics of working in a prison and review of the limits of the scope of responsibility based on competence and licensure/certification requirements.

In addition to Corizon's orientation and training programs, we will require all full-time employees to participate in the TDOC's pre-service training program regarding State policies and procedures, and security considerations as defined in TDOC policy. Corizon understands that TDOC employees who transition to Corizon and Corizon employees who transition to Corizon are exempt from this requirement providing the aforementioned transition takes place in the same institution where they are currently working.

Please refer to the following sections Corizon's written plan for orientation and staff development/training.

A.10.g.1. General Requirements *(pro forma Contract pg.19)*

Corizon believes strongly in the development of our staff in all facets of their responsibilities. As a result, job descriptions, roles, and accountability within the correctional health care setting are all discussed thoroughly with each newly hired staff member. Additionally, contractual obligations and security concerns are covered during our orientation programs. Our policies, procedures, and training materials will reference the guidelines, directives, and policies of NCCHC, ACA and the TDOC.

Corizon personnel receive a written plan for orientation and staff development/training customized to their position and scope of practice. Each employee is tracked through our Human Resources Information System (HRIS) to govern compliance with completing orientation programs and annual obligations of training. We also track and report monthly completion of employee participation in monthly in-service and training events. Evidence of the successful completion of competency training is accessible in the credentialing files of all licensed personnel and of all personnel working under the license of professional personnel.

Corizon has created an extensive correctional healthcare orientation and training program that is unrivaled by any other correctional healthcare provider. Corizon uses in-person training, web-based education, and written materials and manuals.



The following pages address, in detail, Corizon's approach to training and developing Corizon personnel. Our training efforts include the following program elements:

- Corizon Personnel Orientation (pages 183-184);
- Nurse Training and Education Program (pages 184-185);
- Staff Competency Verification (pages 185-186);
- Continuing Education (pages 186-187);
- B.A.S.I.C. Training Program for HSAs and DONs (pages 187-188);
- Corizon's Practitioner On-boarding Program (pages 188-189);
- On-line training (Corizon Learning Management System) (pages 189-190).

Contractor will continue to be responsible for salaries/wages and travel expenses of its employees while in training. Corizon understands that the State will waive orientation for the Corizon's employees who have completed TDOC's orientation within the preceding two years as TDOC employees or employees of a predecessor contractor and are assigned to the same institution. Each year thereafter, Corizon will provide a minimum of 40 additional hours of job-related training for all employees. The training will include, at a minimum, eight (8) hours of update training on TDOC policies and emergency response procedures/CPR.

Corizon Personnel Orientation

Corizon's orientation program begins with our extensive two-part New Employee Orientation (NEO) program. The orientation program includes: a review of Department Policies and Procedures (P&P) and how to access Department P&P manuals; Electronic Medical Record (EMR) Training; HIPAA / Confidentiality Training; CPR Training; a review of the basics of working in a jail setting; and a review of the limits of the scope of responsibility.

Part one of the Corizon orientation program is presented to **all employees**, and consists of institution and human resources issues (business conduct, sexual harassment, etc.), safety issues, and working in a corrections institution (handling inmate manipulation, professionalism, confidentiality, etc.)

Corizon requires that our *New Employee Orientation Manual I (NEO I)* be completed by all employees within 14 days of their employment start date. NEO I components include:

- Corizon Code of Conduct and Ethics
 - Confidentiality
 - Protection and use of company property
 - Compliance with rules, laws and regulations
- Emergency or unusual situations;
- Employee safety;
- Review of Corizon's Policy and Procedures Manual;



- EMR training, if applicable;
- HIPAA / confidentiality training;
- Hazardous communications;
- Human resources policies and procedures;
- Drug-Free Workplace training;
- Post-exposure prophylaxis; and
- Timekeeping.

Nurse Training and Education Program

Corizon understands the important role nursing plays in the correctional health care setting. Nurses are the eyes and ears of the program providing care around the clock on a daily basis. It is imperative that each nurse is properly selected, trained (initially and continually), and provided supervision and leadership during their daily activities.

Corizon has an established Corporate Nursing Department led by our Chief Nursing Officer, Becky Pinney. This department works with other Corizon departments to ensure sufficient and qualified nursing staff is in place to deliver services in each of our contracted facilities.

We believe the process of ensuring our nurses' qualifications begins at the time of recruitment and interviews. Efforts are made at the time of hire to provide sufficient information about correctional nursing to ensure the candidate fully understands the environment in which they will be working and that they have the proper credentials and clinical experience to be successful within our organization. We are fully aware that ineffective hiring practices result in increased turnover of nursing staff which affects the performance of the clinical program at the involved facility.

The Corizon nurse training program begins with the on-boarding process. The program focuses on the core competencies and skills necessary for success as a correctional nurse. Nurses are presented important information regarding their role in the correctional health care program and how to be successful in their new role. This information is presented in a carefully written program called our *New Employee Orientation Manual II (NEO II)*. This manual was developed for Corizon clinicians.

In addition to the NEO II program, nurses are provided an orientation program that focuses on key clinical skills and tasks such as physical assessment, medication administration and control, documentation and emergency response skills.

NEO II, structured for nursing and other clinical staff, consists of modules covering a comprehensive array of clinical topics, including:

- Ancillary Health Services
- Behavioral Health Services
- Chronic Illness
- Clinical Communications-SBAR

- Controlled Drug Documentation & Accountability
- Documentation & Medical Records
- Emergency Care
- Infirmity Care
- Intake Health Screening & Transfers
- Medication Administration & Documentation
- Nursing Assessment protocols
- Physical Exams & TB Skin Testing
- Segregation & Special Housing
- Sharps Safety
- Sick Call
- Situations Requiring Special Procedures
- Substance Abuse Withdrawal
- Suicide Prevention
- Tool & Sharp Control
- Utilization Management

For the clinical staff, there is a time limit of 30 days from the start of employment to complete their basic orientation and NEO II training manual. Full completion of a preceptor-guided orientation varies based on individual needs. There is a standard 90-day probationary period that can be extended to 150 days, if needed, to fully ensure a proper orientation and training of each new staff member.



Staff Competency Verification

To ensure each member of the nursing staff has the basic competencies required in a corrections environment, 11 core competencies have been identified by our nursing leadership. As a result, skills verification forms were developed by Clinical Education and Training. Annually, each RN or LPN must physically demonstrate his or her ability to appropriately carry out each of the 11 competencies and have that demonstration verified in writing by a subject matter expert (DON or designee). This documentation is maintained in the employee's training file and is also sent to Corizon's Senior Manager, Clinical Education and Training for centralized tracking. The competencies are:

- Obtaining a Blood Pressure Reading;
- Crutch Fitting and Crutch Walking;



- Placement and Management of IV Infusion;
- Obtaining a Peak Expiratory Flow Rate Measurement;
- Performing a Basic Respiratory Examination;
- Obtaining and Recoding a Snellen Chart for Visual Acuity;
- Placement of a Cervical Collar;
- Obtaining and Reporting an EKG;
- Placement and Management of Oxygen Therapy;
- Obtaining and Preparing Laboratory Samples; and
- Placing and Reading a TB Skin Test.

In addition to initial orientation, each nurse is provided on-going educational opportunities through a program planned and coordinated between the Corizon Nursing and Training Departments.

Training is developed based on the current body of nursing knowledge and information gathered through our Quality Improvement and Sentinel Event Programs. It is imperative that nursing leadership at each of our contracted sites is aware of nurse performance and clinical decision-making based on a review of their work through the Corizon Quality Improvement Program. This review quickly identifies performance needs as well as areas of best practice that can be shared with others at the facility.

Continuing Education

Monthly continuing education materials are provided for each nurse with topics focused on clinical issues commonly encountered in their daily work activities and those areas where focus is needed. Corizon's Clinical Education Council is accredited by the California Board of Nursing as an Approved Provider of Nursing Continuing Education programs. The Corizon CEU library includes training modules for the following topics:

- MRSA in Correctional Settings
- Nursing Documentation
- Corrections Nursing – The Corrections Environment
- Improving Interdisciplinary Clinical Communications – SBAR
- Nursing Emergency Care
- Red Flags of Neurology
- Corrections Nursing—What Makes Corrections Special
- Diabetes Update
- Managing Chest Pain
- Nursing Ethics and Corrections
- Corrections Nursing—Psychiatric Nursing Issues
- Dental Screening and Emergencies

In addition, on-site nurse managers receive training materials that can be used in daily encounters with staff through planned training sessions or as a part of staff meetings. These materials focus on emergency response situations and patient safety topics. Each nurse is also required to complete annual training on topics such as suicide prevention, employee safety, medication administration, narcotic control, infection control, HIPAA and corporate compliance and ethics.

Corizon's comprehensive monthly continuing education program allows nursing and provider staff to accrue CE contact hours toward re-licensing requirements at no charge. All Corizon staff is able to use the program to accrue training hours for accreditation requirements **with no out of pocket expense**. The program is tracked at the corporate level to verify participation.

B.A.S.I.C. Training Program for HSAs and DONs *(Behaviors, Accountabilities, Systems and Information for Corizon)*

Corizon knows that, ultimately, our success depends on the strength of our culture and our ability to hire, retain, and develop the best management talent. We have a vested interest in the success of our managers and support these individuals' efforts throughout their Corizon career.



Corizon is also committed to training and developing our front line operations leaders. All newly hired or promoted Health Services Administrators, and Directors of Nursing (as well as other key leaders) participate in our comprehensive Behaviors, Accountabilities, Systems and Information (B.A.S.I.C.) Training Program. This program focuses on three integral elements of the correctional health care management function:

1. Providing quality patient care;
2. Leading people effectively; and,
3. Managing costs appropriately.

The B.A.S.I.C. Training Program provides information critical to each Corizon team member's success through a variety of curricula using a blended learning approach. Corizon's instructors and mentors are committed to meeting the professional needs of the Corizon clinical management team by sharing their professional knowledge throughout the on-boarding process. This comprehensive learning approach includes:

- Manager guidance;
- Mentoring;
- Self-study;
- Online learning;
- WebEx instruction; and,
- Instructor-led training.



Our program is focused on four main areas:

- Leadership;
- Management;
- Technical; and,
- Clinical.

Corizon Practitioner On-boarding Program

Corizon has established industry standards in physician orientation and training. Our Practitioner On-boarding Program is specific to a number of physician leadership positions as well as full-time, part-time physicians and physician extenders. Corizon’s on-boarding program goals are in accordance with the mission of the **Centers for Medicaid and Medicare Innovation**:

- Better healthcare by improving all aspects of patient care, including Safety, Effectiveness, Patient-Centeredness, Timeliness, Efficiency, and Equity (the domains of quality in patient care as defined by the Institute of Medicine).
- Better health by encouraging healthier lifestyles in the entire population, including increased physical activity, better nutrition, avoidance of behavioral risks, and wider use of preventative care.
- Lower costs through improvement by promoting preventative medicine, improved coordination of healthcare services, and by reducing waste and inefficiencies. These efforts will reduce the national cost of healthcare and lower out-of-pocket expenses for all Medicare, Medicaid, and CHIP beneficiaries.

The following six goals are addressed in Corizon’s Practitioner On-boarding Program:

- Recruiting;
- Shaping the practice of Correctional Medicine (“Shape the Force”);
- Retention;
- Patient safety;
- The provision of quality care; and,
- The merits of expanding the practitioner pool.

Through the Practitioner On-boarding Program, Corizon aspires to develop staff into advocates for correctional medicine. Everyone becomes a mentor – but the practitioner cannot become a mentor until they have been mentored themselves. Our plan is to establish a well-codified network for mentoring, support and coaching within our TDOC contract.

The three stages of our on-boarding program for this contract will begin with recruiting and will carry forward for the first 90 days of employment with Corizon. After Stage Three, ongoing training and education will help us ensure consistent standardize practices.

Stage One: Prior to offer of employment – A checklist at the recruiter level is completed prior to the candidate being forwarded to the regional office for consideration.

Stage Two: Begins prior to final offer through beginning Point of Care practice.

Stage Three: Can begin during Phase Two and will be On-going through the first 90 days.

The Corizon LMS (Learning Management System)

- Corizon supports our TDOC contract with two distinct on-line learning management systems; our eLearning LMS and Field Management LMS.

Corizon also has an Internet program available for nurses, providers, dental staff, and pharmacy staff at www.corizonlms.com (screenshot below). These on-line courses are all accredited by nationally recognized organizations for CE credit. The program is provided at no cost to the staff and allows them to perform the course, complete their testing and print their certificate of completion on any Internet-capable computer. This program has a tracking capability that allows site management access to track completion of courses by their staff.



Corizon supports our on-site programs with a specifically designed and customized Learning Management System (LMS). The Corizon LMS ensures all staff members have complete access to the latest material necessary to be successful on the job 24 hours a day, seven days a week. With over 200 courses available, our on-site managers and field staff across the county have instant access to our New Employee Orientation I Program, Continuing Education (CE) Credits (over 100), and numerous software and proprietary applications training courses.

An industry first for private correctional health care providers, the Corizon LMS allows us to leverage the power of the Internet to deliver comprehensive professional development instruction to our management and field employees throughout the country.

Utilizing LMS technology, Corizon can connect, inform, and educate our geographically dispersed workforce using a single, integrated on-line training and communication platform. Through a partnership with leading e-learning provider, **Oracle** and their Learn Cloud Service, Corizon is able to provide a wealth of course material on topics such as Coaching, Communicating with Power, Leading Teams and Problem Solving Through Productive Thinking and more than 150 Microsoft Office application courses.

Corizon LMS users may take the courses at their own pace and at a time that is most convenient for them. Students are tested on their comprehension of many subjects, thus identifying precise strengths and areas for improvement. Managers can then track the completion and comprehension rates of learners and use such data to aid in the development of future training programs.



LMS Curriculum

Currently, over 300 different courses are available on a variety of professional development topics. In addition, this unique learning solution enables Corizon subject and instructional experts to create customized content unique to the correctional health care field and proprietary company technologies. Such topics have included our Business Management Application and Employee Safety in a Correctional Healthcare Setting. Our instructional designers continually monitor the evolving educational needs of our diverse workforce and will develop future study modules to best address these professional development areas.

All course content featured in this interactive learning system is designed to measure ability within four key areas:

1. Leadership and Influence,
2. Problem Solving and Planning,
3. Relationship Skills, and
4. Process and Outcome Management.

The Corizon LMS curriculum and customizable Learning Plans are designed to empower employees to take charge of their personal training programs. Each course is self-paced and can take from 30-120 minutes to complete. Students may start and stop the courses at any time, saving their place in the process. Employees can chart their progress in the system and view a record of courses completed, along with any applicable test scores.

Through our orientation programs, focused management, clinical curriculum and access to ongoing training/development, Corizon clearly demonstrates its commitment to providing employees with a work environment conducive to growth, development and well-being.

A.10.h.2. Staff Training Curriculum (*pro forma* Contract pg.19)

Corizon will submit our proposed training curriculum within the first 60 days of the new contract for approval by the State. A sample training scheduled has been provided below for the reader's review.



Sample Training Schedules

Although our training curriculum changes from year to year according to the developmental needs of staff and the ever-changing landscape of correctional healthcare, the following table provides an example of Corizon’s annual training schedule.

January	February	March	April
Medical	Medical	Medical	Medical
<i>Mandatory</i>	<i>Mandatory</i>	<i>Mandatory</i>	<i>Mandatory</i>
Controlled Substances Accountability	Sharps Safety Device Training	Hazardous Waste Disposal	Annual Emergency Preparedness Training including Equipment and Mock Drills
TDOC staff	TDOC staff	TDOC staff	TDOC staff
Intakes/Transfers	Site Need	Heat Illness/Heat Stroke	Burns/Treatment

MAY	JUNE	JULY	AUGUST
Medical	Medical	Medical	Medical
<i>Mandatory</i>	<i>Mandatory</i>	<i>Mandatory</i>	<i>Mandatory</i>
Employee Safety DVD	Medication Administration and Documentation	Corporate Compliance/Sexual and General Harassment	Annual Infection Control in-service to include BBP, TB, PEP, Sharps Safety
TDOC staff	TDOC staff	TDOC staff	TDOC staff
Safety in the Workplace	Safety/Sanitation Environmental Surveys	Hazardous Waste Disposal	HIV-BBP

SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER
Medical	Medical	Medical	Medical
<i>Mandatory</i>	<i>Mandatory</i>	<i>Mandatory</i>	<i>Mandatory</i>
Suicide Prevention	TB Video/Presentation	Recognizing Acute Manifestations of Chronic Disease	Substance Abuse/Stress Management
TDOC staff	TDOC staff	TDOC staff	TDOC staff
Suicide Prevention	TB Video/Presentation	Recognizing Acute Manifestations of Chronic Disease	Substance Abuse

Please note, “Medical” refers to Corizon onsite medical health clinical staff, and includes positions such as our Health Services Administrator, Director of Nursing, nursing personnel to include registered nurses, licensed practical nurses, nurse practitioners, etc. “TDOC” refers to TDOC security personnel.



A.10.h.3. In-Service Training (*pro forma* Contract pg.19)

Corizon’s in-service and continuing education training programs are continually refined to address the needs of the correctional healthcare professional. Corizon makes the following educational programs, at a minimum, available to healthcare personnel at each of our contracted facilities. Each of the following programs was developed by Corizon’s Talent Management/Organization Development Department. This department oversees the development and ongoing implementation of clinical staff and inmate education programming using accepted national and community standards.

Example Topics/Corizon’s In-service Education Program

- Communicable diseases including HIV/AIDS, hepatitis, MRSA, and tuberculosis
- Accurate and legal documentation
- AED use
- First aid, CPR, and use of emergency equipment
- Delegation
- Medication administration
- Intake Screening
- Response to healthcare emergency or disaster
- Standard Universal Precautions
- Recognition of the symptoms of mental illness and chemical dependency
- Suicide prevention and precautions
- Emergency medical treatment
- Keep-on-person (KOP) medication and medication administration guidelines
- Stress management techniques
- Handling inmate manipulation
- Infirmary Care
- Clinical communication

It is important to note that Corizon’s training curriculum changes from year-to-year according to the developmental needs of staff and the ever-changing landscape of correctional healthcare.

Medical Library

Corizon’s reference libraries consist of both hard copy and online reference materials. The literature available in the medical library at each center will include:

- **Drug Facts and Comparisons:** This book contains up-to-date, comprehensive information on over 22,000 Rx and almost 6,000 OTC items grouped by therapeutic category for ease of comparison. The book answers questions about; actions, indications and contraindications; warnings and precautions; interactions between drugs; adverse reactions; administration, dosage, and over-dosage. Comparisons are provided drug-to-drug; different dosage forms and name brands are compared to name brands and to generics.
- **ACA and NCCHC Standards Manual:** This manual outlines the NCCHC’s nationally recognized standards developed to provide guidance in establishing and maintaining constitutionally acceptable correctional health services systems. Compliance indicators articulate expected outcomes in nine areas: governance and administration, environmental safety, personnel and training, healthcare



services and support, offender care and treatment, health promotion, special health needs, health records and medical-legal issues.

- **Physicians Drug Reference:** This up-to-the minute reference book gives information on the latest remedies for arthritis, asthma, depression, diabetes, and more.
- **The Merck Manual:** The Merck Manual has been a standard medical reference source for over 100 years. A detailed table of contents list 25 sections divided into chapters. There are color diagrams of relevant anatomy as well as an eight-page insert of anatomical charts. A series of appendices contains information on weights and measures, common tests, generic and trade names of drugs, and resources for referrals.
- **Taber's Cyclopedic Medical Dictionary:** This manual provides students, nurses, and health professionals with the definitions and information they need to provide superior care for offenders.
- **Nursing Drug Handbook:** This reference manual has been the best-selling nursing drug handbook for 28 years. Organized by therapeutic class, Nursing 2010 Drug Handbook provides quick access to current, accurate information on over 1,000 generic and 3,500 brand-name drugs.
- **Saunders Manual of Medical Practice:** The new edition provides the latest, essential information on the symptoms, diseases, treatments, and procedures most commonly encountered in everyday practice. It features step-by-step clinical guidance for more than 320 common diseases and disorders, as well as explicit guidelines for over 60 office procedures. An organ-system organization, extensive alphabetical index, and cross references within the individual chapters make the information easy to find.
- **Games Criminals Play:** This resource exposes how criminals try to control the behavior of correctional personnel.
- **Nursing Interventions and Clinical Skills:** This text provides a complete coverage of basic, intermediate, and advanced skills in a streamlined, visually-oriented format.

In addition to hard copy resources, the Corizon Clinical Services Department houses a number of videos and DVDs available for checkout to all Corizon sites. The videos are an excellent source of additional training on such topics as: safety and security training, assessment skills, suicide prevention, MRSA, tuberculosis and many other topics related to the delivery of healthcare in the correctional environment. Corizon employees can conveniently check out these videos on-line from the Corizon Intranet under the Clinical Services Department web page. Examples of available videos are:

- Balancing Medical Issues and Security Needs
- Being Aware of the Con Game
- Security Issues for Non-Security Staff
- Offender Con Games: A New Look at an Old Problem
- Performing Head to Toe Assessment
- Performing Cardiac Assessment
- Preventing Medication Errors
- Tuberculosis: A Healthcare Challenge
- Antipsychotic Medications In Corrections

- Suicide Prevention: A Proactive Solution

A.10.h.4.a-g Training of Other Staff (*pro forma* Contract pg.20)

With the TDOC's approval, Corizon will deliver a training program at each institution for all non-healthcare staff; this training will consist of four hours of classroom time annually. Our training session will address a variety of topics necessary for the health and safety of the officers and prompt medical and mental health treatment of inmates. The goals of our Security Staff Education Program will be to train officers to:

- Identify inmates requiring immediate medical or mental health attention;
- Recognize symptoms of conditions requiring referral to medical or mental health professionals; and
- Take appropriate steps when triaging and obtaining medical or mental health services for an inmate in an urgent or emergent situation.


Our medical and mental health training for officers will encompass the following topics.

Safety and Healthy Lifestyle

- Administering First Aid;
- BLS/AED Resuscitation;
- Smoking Cessation;
- Stress Management;
- Communicable Disease Prevention; and
- Blood borne Pathogen Exposure Control (in compliance with the Blood Borne Pathogen Exposure Control Plan).

Mental Health Conditions

- Recognizing and Dealing with Signs and Symptoms of:
 - ✓ Mental Health Emergencies;
 - ✓ Mental Illness;
 - ✓ Chemical Dependency;
 - ✓ Mental Retardation;
 - ✓ Psychological Trauma; and
 - ✓ Acute and Chronic Serious Functional Impairments.
- Suicide Prevention and Management
 - ✓ Recognizing Suicidal Behavior; and
 - ✓ Policies and Protocols for Suicide Prevention.



Employer of Choice
*What Our Team Is
Saying.....*

I like working in the correctional environment because I believe holistically that we are serving an underserved population and providing, often times, the best healthcare to the patient's they have ever received.

–Helen Sneed
HSA, TPW
Employee since 2011

• • •

Medical Conditions


- Need for Emergency Treatment;
- Acute Manifestations of Chronic Illnesses;
 - ✓ Diabetes;
 - ✓ Cardiovascular Disease; and
 - ✓ Asthma.
- Chronic Medical and Disabling Conditions;
- Change in Mental Status; and
- Medication Administration and Side Effects.

Corizon will include any additional topics the TDOC deems appropriate and necessary.

Development of Correctional Officer Briefings (COBS)

To ensure our ability to provide our clients with the resources they need to support suicide prevention efforts, Corizon recently organized a task force for the purpose of developing educational tools and resources. The task force consisted of nurses, Health Service Administrators, psychiatrists, a Training and Education Director, a Chief Medical Director, and numerous Medical Directors. One of tools that resulted from this task force was our **Correctional Officer Briefings (COBS)**. COBSs are designed to help correctional officers identify offenders that may need to be referred to mental health as well as offer specific information about management strategies and the signs and symptoms of mental illness. Examples of COBS are as follows:

- Major Depression;
- Bipolar Disorder;
- Anxiety Disorder;
- Schizophrenia;
- Self-Injurious Behavior;
- Suicide Prevention; and,
- Anger Management.



Promote a Culture of Safety

OFFICER BRIEFINGS: RECOGNIZING SEIZURES

BASICS

- A seizure is a sudden surge of electrical activity in the brain that usually affects how a person feels or acts for a short time.
- Seizures are not a disease in themselves. Instead, they are a symptom of many different disorders that can affect the brain. Some seizures can hardly be noticed, while others are totally disabling.
- There are more than 20 different types of seizures. The kind of seizure a person has depends on which part of the brain has the electrical disturbance (where in the brain seizure starts and where it spreads).
 - Seizures may be the first sign of a problem in the brain (maybe cancer), it's important to see medical after a seizure.

RISK FACTORS

- Alcohol or drug withdrawal is a significant risk factor for seizures.
- History of head injury
- Family history of seizure
- May have no known reason

SYMPTOMS

- Symptoms may range from the whole body jerking, or one single jerk, to simply sitting and staring (may or may not be alert during that time).
 - Loss of consciousness, sudden falls, change in muscle activity, abnormal functioning of the five senses
 - Rapid heartbeat or breathing rate and/or affected perception and memory
 - Lip smacking, chewing, pacing, grunting, repetition of words or phrases
- Actions:
 - Contact Medical immediately
 - Cushion or protect the head
 - Remove eyeglasses (if applicable)
 - Loosen clothes around neck
 - Place on side, if possible
 - DO NOT PUT anything in the mough
 - Do not restrain or hold
 - Make note of symptoms and time the seizure. Inmates with seizures lasting more than 5 minutes should be prepared for transport to the Emergency Room
 - Oxygen may be given post seizure.

TAKE AWAY

- Know your inmates, and observe for unusual behaviors or repetitive actions
- Take note of what happens and how long the seizure lasts
- Let medical know about ALL seizures immediately
- Difficulty awakening, difficulty breathing or repeated seizure require immediate medical attention

X-1



Corizon considers the development of COBS an ongoing project. Our library of COBS will continue to grow as educational needs are identified and new information becomes available. Our clients have found COBS a valuable tool in support of our comprehensive suicide prevention program.

A.11. Medical Staff Credentialing *(pro forma Contract pg.20)*

Corizon has a written policy and procedure for the credentialing process. We will work with the State to refine our procedures for TDOC, and will submit them in writing to the State for approval within thirty (30) days of contract execution.

Corizon will provide the TDOC with access to and may copy the credentialing records. Upon expiration or termination of Corizon's contract with the TDOC, these credentialing files will become the property of the State. Corizon understands representatives of the State may conduct periodic audits of our credentialing files, which will be maintained in our Tennessee Regional Office. Each credential file will contain, at a minimum, the following documents:

- Copy of current Tennessee license to practice medicine or surgery;
- Copy of application for initial or renewal registration;
- Copy of Drug Enforcement Administration (DEA) registration;
- Evidence of malpractice insurance with claims and/or pending lawsuits;
- Copies of verified medical education including internship, residency and fellowship programs, and specialty certification(s);
- Copy of current BCLS or CPR certification (certification must be achieved prior to the individual providing services at any TDOC institution);
- Employment history;
- Evidence of reasonable inquiry into employment history with emphasis on assessment of clinical skills;
- Signed release of information form; and
- Information regarding any criminal proceedings.

The Corizon Approach to Credentialing

- Corizon will continue to employ only qualified, licensed professionals to deliver health care and professional services for our TDOC contract.
- We have, in place, a full credential file for each new hire with copies maintained onsite for line staff and at Corizon's corporate headquarters for management staff.
- We will continue to ensure that all personnel are licensed in the State of Tennessee as required by their job duties.



For our TDOC contract, Corizon will continue to only employ those persons who have appropriate full and unrestricted Tennessee licensure or certification in good standing and who have provided documentation of past health care experience to ***Corizon Credentialing professionals***.

Our recruiting and credentialing employees perform an initial credentialing process prior to hire, and routine maintenance updates and ongoing monitoring are performed to ensure continued compliance. Corizon employs only those persons maintaining the proper training, licenses, and registrations necessary to provide services in Tennessee.

All Corizon physicians must satisfy certain threshold indicators to be considered for hire. Our team approach to credentialing ensures a thorough review of each applicant. A Corizon Senior Credential Coordinator is responsible for reporting, compiling, and maintaining the credential information. ***Our TDOC Regional Medical Director is responsible for confirming the provider's credential suitability and the provider's eligibility for employment.***

Initial Credential Requirements

All physicians hired to provide clinical services at any facility under contract with Corizon must satisfy the threshold indicators below. Corizon must receive all applicable documentation. After these documents are obtained, Regional Medical Director attests to the physician's suitability by signing and submitting a Corizon "Credential Approval Document". Threshold indicators include:

- A completed Corizon Application and Consent for Release of Information form.
- Evidence of an active, unrestricted license to practice medicine in Tennessee.
- Evidence of an active, unrestricted Drug Enforcement Agency Certificate and a state controlled substance certificate where applicable.
- Copy of a degree from an accredited North American medical/professional school or a foreign medical/professional school accredited by the Educational Commission for Foreign Medical Graduates (ECFMG).
- A copy of Board Certification by an accredited certification board within the United States or two letters from practicing physicians in the applicant's specialty attesting to the applicant's clinical skills.
- Evidence of legal working status in the United States.
- A statement to Corizon from the applicant attesting to physical, mental, and emotional capability to provide healthcare services to inmates in correctional institutions.

After these credentials are obtained, the Senior Credential Coordinator obtains "Primary Source Verification" and queries hospitals in which the independent contractor has had active staff privileges in the past five years. Then, the Senior Credentialing Coordinator ensures that the provider has current certification in Basic Life Support/CPR. The provider obtains a self-query of the National Practitioner Data Bank (NPDB). This report must be submitted within 45 days of start date.

Physicians will not be hired to perform services if any of the following conditions exist:

- A previous felony conviction;



- History of any criminal or civil penalty for the following offenses:
 - ✓ Violent crime, sexual offense, or crime involving the use of a weapon; or
 - ✓ A crime involving the distribution, sale, or misuse/abuse of narcotics or controlled substances
- History within the last two years (applicant will be free of any offense listed for 731 days before starting clinical activities) of any of the following:
 - ✓ Any crime other than those listed above (excludes summary offenses and minor traffic violations);
 - ✓ Substance abuse or addiction;
 - ✓ Alcohol abuse or addiction;
 - ✓ Inability to practice medicine;
 - ✓ Loss of medical license or voluntary surrender under threat of suspension, revocation, or restriction;
 - ✓ Limitation of medical license;
 - ✓ Involuntary surrender of clinical privileges; and,
 - ✓ Inability to obtain professional liability insurance.

Provisional Credentialing (Fast Track)

Because of the nature of correctional medicine, it is at times not possible to make other arrangements in the event a provider resigns or is otherwise unavailable. Inmates patients cannot go elsewhere for care, as would be possible for members of a healthcare plan outside of the facility. Therefore, it is necessary and important for Corizon to provide a rapid method of temporary approval for services by selected applicants. Providers with clean records are eligible for **Fast Track credentialing** and may be approved for interim privileges for up to 60 days. Providers can only be considered for Fast Track credentialing when applying for the first time. To receive provisional credentials, a provider must present the following documentation:

- Completed, dated and signed Application for Corizon Affiliation;
- Completed Healthcare Practitioner Request for Privileges form;
- Copy of state-specific license to practice;
- Copy of DEA and state controlled substance license if required;
- Copy of current PLI or malpractice insurance certificate;
- Copy of CPR/ACLS certification; and,
- Original signed and dated application for PLI.

Our Credentialing Coordinator performs the following verifications:

- Perform telephone or internet verification of the license and determine if there are any sanctions;



- Determine if a physician's malpractice insurance is current and meets Corizon/ TDOC's policy limits;
- Forward the Corizon employee malpractice insurance application to Corizon's Legal Department;
- Verify that the DEA and State controlled substance license are current;
- Verify that the CPR/ACLS certificate is current and meets state contract requirements; and,
- Obtain an NPDB report.

Recredentialing

Every three years, in order for a practitioner to remain employed with Corizon, providers must submit or resubmit a **Recredentialing Application Packet**. This *Recredentialing Packet* will contain the provider's attestation that he or she has not been convicted of any crime in the past two years, has not been addicted to alcohol or controlled substances in the past two years, and has not been reported to the NPDB for any reportable incident.

The Credentialing Coordinator will submit the documentation to our contracted CVO to verify the following:

- Medical license(s) which are currently active;
- Federal DEA certificate and State controlled substance license;
- Claims history via the NPDB;
- Board certification;
- Work history (any gaps of three months or more since the last credentialing); and,
- Primary hospital affiliation.

Provider Files

Corizon will maintain a file for each provider containing the following information:

- Current unrestricted license in the State in which the provider will provide healthcare;
- Current controlled substance license;
- Current federal DEA certification;
- Current certification in Cardio Pulmonary Resuscitation (CPR);
- Renewal of board certification; and,
- Proof of initial and annual suicide prevention education.

Copies of all current nursing and provider licenses will be kept on file.



Ongoing Monitoring of Credentials

Monitoring the credentials and the clinical work of our providers is an ongoing process, not limited to initial and triennial review. Our providers are subject to peer review and are reminded routinely that they are required to report any of the following:

- Action to suspend or limit their license to practice medicine in any state; or to suspend or limit their federal DEA certificate, or state-controlled substance number (if applicable);
- Actions to revoke, suspend, or limit privileges at a hospital or any medical organization;
- Criminal conviction;
- Civil legal proceeding resulting in a penalty or an award of damages;
- Addiction to drugs, use of unprescribed narcotics, habitual or chronic use of any substance that may impair judgment;
- Addiction to alcohol or alcohol use which could impair judgment or interfere with clinical duties;
- Any situation that could reasonably be expected to hinder the provider's ability to perform contracted services in the correctional or clinical work environment; and/or
- Any incident reportable to the NPDB.

Corizon will also enroll each provider in the NPDB's Continuous Query. This keeps us informed 24 hours a day, 365 days a year about adverse licensure, privileging, Medicare/Medicaid exclusions, civil and criminal convictions, and medical malpractice payments of our practitioners. This will be done for the safety of our patients, TDOC, and Corizon.

A.12. Contract Management *(pro forma Contract pg.20)*

Corizon's experience as the healthcare provider to TDOC has allowed us to assemble a staff prepared by advanced education and experience, equipped to meet the specific needs of this program. Our onsite management team will continue to be supported through our regional and corporate management team, including **Senior Vice President Tom Voss, Vice President of Operations Dwayne Phillips, Regional Director Lynn Cole, Statewide Regional Medical Director Dr. Sylvia McQueen, MD, and Associate Regional Medical Director Dr. Glen Babich, MD.**

Corizon understands the State's recognition of the fact that service issues (facility specific or multiple facilities) may arise during the course of any contractual agreement. In order to properly facilitate the services required by the TDOC and to address any such issues

We have chosen key Corizon management personnel to oversee our TDOC contract. Corizon will maintain, at a minimum, the following personnel, as described in our staffing plan on page 234.



A.12.a. Administrators *(pro forma Contract pg.20)*

Corizon is pleased to propose the continuation of our **existing management team** for our program, including the following:

- **Dwayne Phillips, RN**, Vice President of Operations
- **Lynn Cole, BA, MHA**, Regional Director

Mr. Phillips and Ms. Cole will continue to be responsible for working with the State to execute the transition plan and manage daily operations as outlined in Corizon's proposal, as approved by the State Medical Director. Corizon agrees that the administrator(s) position is a full time position and a focus on this contract is the sole duty of this individual. In the event the administrator is absent, TDOC will be notified and receive notification of the individual who will perform these function until the administrator returns.

Please refer to the section titled "Qualification Summaries of Personnel Currently Dedicated to our TDOC Contract" on pages 50-54 for biographies for Mr. Phillips and Ms. Cole.

A.12.b. Contractor State Medical Director *(pro forma Contract pg.21)*

Dr. Sylvia McQueen, MD, CCHP will serve as Corizon's State Medical Director (Statewide Regional Medical Director) for our program at TDOC. Our Regional Medical Directors serve as the responsible health authority by national standards and provide overall supervision for clinical services for the site. Additionally, our medical directors serve as liaisons for clinical matters with medical providers outside the system and will be available to provide on call services as needed. Corizon's expectations for our medical directors are many. Each Regional Medical Director will:

- Serve as Chairman of the Medical Audit Committee
- Consult with medical providers in the community to resolve issues in delivering services to inmates
- Monitor referrals to outside healthcare facilities for appropriateness, quality, and continuity of care
- Supervise the clinical services provided by the professional and paraprofessional staff
- Annually review and approve clinical protocols, clinical policies and procedures, and medical disaster plan
- Assist with the development of medical audit criteria
- Provide direction and assistance to the onsite quality assurance program including review and action on inmate complaints, and infection control
- Serve as discussion leader for selected in-service training classes
- Attend Pharmacy Therapeutic Committee meetings and other meetings

Our Regional Medical Director will serve as the point of contact and has the authority and responsibility for resolving clinical issues and overseeing the utilization management and review program.

Additionally, this position will be responsible for assuring that all services covered in this RFP are delivered in a timely manner consistent with generally accepted standards of medical care with a focus towards improved outcome measures.



In coordination with the TDOC Medical Director, our Regional Medical Director will also be responsible for oversight of the state's medical peer review program. It is expected that this individual will visit all TDOC institutions and be available to individual institutions when issues arise pertaining to medical treatment by contract staff and communicate those issues to the TDOC Medical Director.

Additionally, the Regional Medical Director will review hospitalization and specialty consultation information as determined by and in conjunction with the TDOC Medical Director which may include a daily discussion of the status of inpatients, contract compliance with review, approval, denial, or alternative treatment recommendations for specialty consultations by institutional physicians.

Please refer to the section titled "Qualification Summaries of Personnel Currently Dedicated to our TDOC Contract" on pages 50-54 for a brief biography for Dr. McQueen.

A.12.c. Continuous Quality Improvement Coordinator *(pro forma Contract pg.21)*

Karen Mason, RN, CCHP will continue to serve as Corizon's full-time Continuous Quality Improvement Coordinator at the TDOC. Ms. Mason will continue to serve as the point of contact and have the authority and responsibility for developing and implementing the State's Continuous Quality Improvement program (CQI). She will also be responsible for overseeing the nursing orientation and training programs and will assist in the development of clinical guidelines, nursing protocols, and enhancing quality of the State's clinical operations. Ms. Mason will work closely with the TDOC Central Office and may be assigned to a work area and perform duties under the supervision of the TDOC Director of Nursing. This individual shall visit all facilities frequently to survey the CQI program to assure compliance with ACA Standards and TDOC policies.

Please refer to the section titled "Qualification Summaries of Personnel Currently Dedicated to our TDOC Contract" on pages 50-54 for a brief biography for Ms. Mason.

A.12.d. Infectious Disease Management Coordinator *(pro forma Contract pg.21)*

Tina Marcy, RN will continue to serve as Corizon's full-time Infectious Disease Management Coordinator at the TDOC responsible for tracking, monitoring, and reporting all data on infection control and diseases within all facilities. As the Infection Control Coordinator, Ms. Marcy is responsible for the following:

- Ensuring that staff is properly trained and that all federal and state regulations/ guidelines are maintained
- Working closely with the State's Health Departments and the TDOC Central Office to enhance the control of infectious diseases within TDOC facilities.
- Maintaining a close working relationship with the TDOC Medical Director to assure that Infectious Disease Management issues are brought to the attention of the Medical Director who is responsible for Infectious Disease Management and related activities within TDOC.



Additionally, Corizon understands that Ms. Marcy may be assigned to a work area and perform duties under the supervision of the TDOC Director of Nursing.

Please refer to the section titled “Qualification Summaries of Personnel Currently Dedicated to our TDOC Contract” on pages 50-54 for a brief biography for Ms. Marcy.

A.12.e. State Wide Health Educator *(pro forma Contract pg.21)*

Jeremy Chase, RN will continue to serve as Corizon’s full-time Statewide Health Educator assigned to work in the Central Office. As the Statewide Health Educator, Mr. Chase will continue to be responsible for the coordination of training for health professionals through direct training and/or identifying resources within TDOC or other State agencies as directed by the State Medical Director. Corizon understands that the Statewide Health Educator will be will be approved by the TDOC Medical Director and Director of Nursing.

Please refer to the section titled “Qualification Summaries of Personnel Currently Dedicated to our TDOC Contract” on pages 50-54 for a brief biography for Mr. Chase.

A.12.f. Case Manager *(pro forma Contract pg.21)*

Corizon will designate a full-time Case Manager who will be approved by the TDOC Director of Nursing. Corizon’s Case Manager will work in the TDOC Central Office and will serve as the coordinator for case management throughout TDOC in conjunction with the institutional case managers. This individual will be responsible for coordination of transitional services for those individuals leaving TDOC custody and those who will need clinical services upon release. In addition, this individual will assist with the furlough coordination for individuals who meet the criteria for furlough and who need an adequate home plan in order to receive the furlough.

A.12.g. Dental Consultant *(pro forma Contract pg.22)*

Helen Coleman, DDS will continue to serve as Corizon’s Regional Dental Director (Dental Consultant) assigned for the TDOC serving as the point of contact having the authority and responsibility of resolving dental issues. Dr. Coleman will continue to be responsible for assuring that all dental services covered in this RFP are delivered in a timely manner consistent with generally accepted standards of medical care. In coordination with the TDOC Medical Director, Dr. Coleman will also be responsible for oversight of the dental peer review program.

Please refer to the section titled “Qualification Summaries of Personnel Currently Dedicated to our TDOC Contract” on pages 50-54 for a brief biography for Dr. Coleman.



A.12.h. Facility Medical Directors (*pro forma* Contract pg.22)

Corizon has designated a Medical Director at each TDOC comprehensive site listed in the table below. These individuals serve as the points of contract, be responsible for, and have the authority to resolve issues that affect health care delivery, and will devote sufficient time to perform the administrative responsibilities necessary to deliver services under this contract. Administrative functions will continue to include, but are not limited to:

- Supervising primary care providers, identification and oversight of onsite specialty care clinics;
- Conducting weekly status meetings with the Health Administrators and staff;
- Providing clinical guidance in the development of policy and procedures;
- Consulting with the clinical staff on specific case management and treatment and overall care; and
- Participating in monthly continuous quality improvement (CQI) committee meetings.

Facility Medical Directors will participate in regularly scheduled discussions with the TDOC Medical Director which may be jointly held with the Contractor Medical Director. Additionally, Facility Medical Directors will bring to the attention of the TDOC Medical Director any issue related to their ability to provide appropriate medical treatment based on that individual’s clinical judgment.

Please refer to the following table for a list of Corizon’s Facility Medical Directors by TDOC facility.

Facility Medical Directors TDOC/Corizon Program	
Facility	Medical Director
Charles B. Bass Correctional Complex (CBCX)	Dr. Inocentes Sator
Lois M. DeBerry Special Needs Facility (DSNF)-Base and Inpatient	Dr. Roberta Burns
Morgan County Correctional Complex (MCCX)	Dr. Ronald Higgs Dr. Edmund Lane
Mark H. Luttrell Correctional Center (MLCC)	Dr. Richard Work
Northeast Correctional Complex (NECX)	Dr. David Moore
Northwest Correctional Complex (NWCX)	Dr. John Hochberg
Riverbend Maximum Security Institution (RMSI)	Dr. Paul Alexander
Southeastern Tennessee State Regional Correctional Facility (STSRCF)	Dr. Harold Macmanus
Turney Center Industrial Complex 1	Dr. Otis Campbell
Turney Center Industrial Annex	Dr. Otis Campbell
Tennessee Prison For Women (TPW)	Dr. Leslie Collins
West Tennessee State Penitentiary (WTSP)	Dr. Larry Anthony

A.12.i. Clinical Pharmacologist (*pro forma* Contract pg.22)

Tiffany Sarell, PharmD will continue to serve as Corizon’s Regional Clinical Pharmacist dedicated to the Tennessee contract and available by phone, e-mail, and on site visitation as indicated by TDOC. This individual will assist the TDOC Medical Director in the implementation and education of physicians to improve prescription patterns and additional activities as requested by the State.



Please refer to the section titled “Qualification Summaries of Personnel Currently Dedicated to our TDOC Contract” on pages 50-54 for a brief biography for Dr. Coleman.

A.12.j. Advanced Practice Nurse/Physician Assistant for Women’s Transition Center – Chattanooga *(pro forma Contract pg.22)*

Corizon will designate a medical provider in the Chattanooga area or a provider from outside of the area who is willing to go to the Transition Center to assess TDOC female inmates on an as needed basis within 24 hours of the request Monday through Friday. These individuals are medically cleared and need minimal medical treatment during their time there. Corizon understands that the purpose of this provider is to avoid transportation of inmates from Chattanooga to Nashville for outpatient treatment that can be handled locally. This individual will communicate with the Medical Director at the Tennessee Prison for Woman with the disposition. This provider can be a local physician or a midlevel provider who is supervised by one of the contractor’s physician staff.

A.13. Quality Improvement *(pro forma Contract pg.22)*

- Corizon will comply with the State’s quality improvement initiatives in accordance with TDOC policy.
- Corizon’s Comprehensive Quality Improvement Program (CQIP) at TDOC is an organization-wide clinical and information-driven review process.
- Our CQIP program is key to enabling us to **assess our systems, identify deficiencies/trends, and drive corrective action plans** for improving processes at the site level.
- Corizon’s CQIP program is provided in accordance with all TDOC policies and procedures.

CQIP - Process Focus

Corizon’s CQIP program at each TDOC facility is specially tailored to include the performance indicators identified by the Office of Health Services as important criteria requiring improvement; **these indicators serve as the foundation of our current program.**

Corizon is committed to CQIP as both a measure of performance, as well as a method to improve the quality of healthcare services delivered at the site, regional and corporate levels.

Corizon Survey

The Corizon Survey is a proprietary tool developed to evaluate high volume, high risk processes. Corizon administers this survey at all of our contracted facilities at least every two years, more often if a site achieves a score less than 90%. The scope of the Corizon Standards Survey includes the following healthcare functions:

- Unit inspection (OSHA, BBP);



- Infection Control and Safety;
- Administrative (Employee Training and Medical files);
- Access and Continuity of Care;
- Specialty Care;
- Chronic Illness/Disease Management;
- Sick Call (Nurse and Provider);
- Dental Services;
- Medication Management, MAR, Contraband and Controlled Substances;
- Infirmity Care; and,
- Interviews with Corizon and TDOC administration.

The Corizon Survey tool includes a review of the healthcare delivery system based on NCCHC standards, as well as other standards such as OSHA, infection control, and administrative requirements. These activities provide the TDOC confidence in Corizon's commitment to deliver a successful QCIP infrastructure that strengthens systems and processes and results in maintaining the overall health and wellness of the correctional population. The program we currently have in place at TDOC allows our health care professionals to plan, design, measure, assess, and improve processes at each TDOC facility related to the following organization-wide functions.

Patient-Focused Functions

- Patient rights and organizational ethics;
- Assessment of patients;
- Care of patients; and,
- Education; and continuum of care.

Organization Functions

- Improving organization performance;
- Leadership;
- Management of the environment of care;
- Management of human resources;
- Management of information; and,
- Surveillance, prevention, and control of infection.

Structures with Functions

- Governance;
- Management;
- Medical providers; and,

- Nursing.

Planned Quality Improvement Initiatives

Corizon Corporate Support for CQIP – PI/CQI Made Simple

- We fully support regular chart reviews of all programs, including outpatient services, inpatient units, and reception services, as a part of each institution’s program.

We devote corporate resources via the corporate CQIP Committee to organization-wide quality improvement efforts. Corizon has developed an extensive program of resources to develop staff understanding of a CQIP program. The Corizon “CQI Made Simple” manual provides a complete overview of the CQI program model. The “CQI Made Simple” Manual addresses the following:

- Purpose of CQI;
- Understanding the process;
- Getting started;
 - ✓ Developing the committee;
- Agenda samples;
- Meeting format;
- Planning a calendar of scheduled studies and reporting statistics;
- Assigning responsibilities;
 - ✓ Conducting study audits;
 - ✓ Reporting studies;
 - ✓ Reviewing study results;
 - ✓ Reporting monthly statistics;
 - ✓ Reviewing annual reports;
- Peer review;
- Disaster drill;
- Suicide prevention;
- Suicides and suicide attempts;
 - ✓ Critical incidents (sentinel events);
 - ✓ Documenting meeting minutes;
 - ✓ Action plans and follow-up;
 - ✓ How to complete a Root Cause Analysis; and
 - ✓ Implementing process changes.



Inclusive in the “PI/CQI Made Simple” manual are performance measurement study tools to monitor and assess the quality of health services provided across the continuum of care, from point of entry through release. The performance measures have been defined by standards and guidelines of the ACA, NCCHC, JCAHO, and community practices. The tools were developed for ease of use and with the capacity for modification based on contract specific measures. The study tools are designed to present a comprehensive PI/CQI format without taxing site staff with burdensome tasks. The tools contain all the requirements of an effective CQI study, including:

- Purpose of the study;
- Methodology for a random selection of a “targeted” process or population;
- Audit tool with defined performance measures;
- Automated scoring of results from audit;
- Analysis of each individual performance measure;
- Analysis of overall study performance; and,
- Performance improvement plan format for documenting action plan when indicated and plan for follow-up.

Corizon’s Continuous Quality Improvement Plan at TDOC includes regularly scheduled monthly audits.

A.13.a. Committees *(pro forma Contract pg.22)*

Corizon will continue to coordinate with the State on all committee meeting dates, times, locations, and recording of meeting minutes. At the comprehensive sites, site committees will be chaired by the Regional Manager in collaboration with the site medical directors and will have at least the following membership:

- Regional Manager
- TDOC Representative(s)
- Health Services Administrator
- Medical DON
- Mental Health Professional
- Medical Director
- Infection Control Nurse
- Dental Representative

Additionally, Corizon partnered with TDOC to revise the SCQI and Infection Control programs throughout the current contract including:

- Addition of Statewide Nurse Educator
- Nursing competency Skills Checklist and training
- Enhancement of the statewide statistical reporting system



- Assembly of the TDOC Quality Improvement Team

Corizon understands that some of the established TDOC committees include, but are not limited to:

- State Continuous Quality Improvement (CQI) Committee
- Infectious Disease Committee
- Pharmacy & Therapeutics Committee (P&T)
- Peer Review Committee

Please refer to the narrative in the following section for additional information.

A.13.a.1. State Continuous Quality Improvement (CQI) Committee *(pro forma Contract pg.22)*

In addition to each facility CQI Committee, Corizon has partnered with the TDOC to establish a Statewide Continuous Quality Improvement Committee for the provision of healthcare services within the TDOC system. Our Regional Medical Director will serve as co-chair on this committee, which will meet every other month at the TDOC Central Office, along with the TDOC Medical Director (or designee). Statewide quality improvement meetings will be held bi-monthly, or more frequently if requested by the TDOC. As needs arise, Corizon will continue to partner with TDOC to form SCQI sub committees to target specific developmental opportunities.

A.13.a.2. Infectious Disease Committee *(pro forma Contract pg.23)*

As required by the RFP, Corizon will maintain an Infectious Disease Committee consisting of the TDOC Medical Director, TDOC Statewide Director of Nursing, Statewide Infectious Disease Management Coordinator, Contactor's Statewide Medical Director, and others as designated. The Statewide Infectious Disease Management Coordinator will service as primary staff to committee members and coordinate meetings.

Corizon understands that the purpose of this committee is to establish an effective infectious disease management program which will meet the needs of inmates with HIV/AIDS, TB, MRSA, Hepatitis, and other infectious diseases.

The committee will also be responsible for establishing educational and training programs which are designed to enhance the knowledge of inmates and staff and thus prevent the spread of infectious diseases. These programs will be consistent with acceptable medical standards and the State's policy for communicable and infectious disease.

A.13.a.3. Pharmacy & Therapeutics Committee (P&T) *(pro forma Contract pg.23)*

Corizon will continue to work in cooperation the Chair of the Committee, the TDOC Medical Director, to coordinate a statewide P&T Committee. Committee members include the following:

- Marina Cadreche, Psy.D., Director of Clinical Services, TDOC



- Kenneth Williams, M.D., Medical Director, TDOC
- Wilma Taylor, TDOC Statewide DON
- Carolyn Gains, RN, TDOC
- Tom Voss, RN, Senior Vice President State Corrections, Corizon
- Dwayne Phillips, Vice President of Operations, Corizon
- Lynn Cole, Regional Director, Corizon
- Tiffany Sarell, Pharm.D., Pharmacist, PharmaCorr
- Sylvia McQueen, MD, Statewide Regional Medical Director, Corizon
- Glen Babich, M.D., Associate Regional Medical Director, Corizon
- Mark Fleming, (Mental Health) Regional Director
- Andrew Adler, Ed. D , Licensed Psychologist (Mental Health) Clinical Director
- Joe Pastor, M.D., Chief Mental Health Officer, Corizon

The purpose of the Committee is to discuss the development and review of the formulary and any recommended additions or deletion as recommended by the Corizon's Clinical Pharmacologist, the Pharmacy Vendor or TDOC. In addition any information related to specific medications such as a change in indications, drug-drug interactions, or warnings will be discussed. Corizon's Regional Clinical Consultant Pharmacist, Dr. Tiffany Sarell, Pharm.D, will continue to attend meetings and be responsible for discussing reports related to inmates on prescriptions, listing the most costly medications, as well as comparisons to other states based on other contracts of the vendor or research on medication costs for other DOC's.

A.13.a.4. Peer Review Committee *(pro forma Contract pg.23)*

As the current medical provider, Corizon is aware that the TDOC Medical Director will Chair the Physician Peer Review Committee for the purpose of reviewing the credentials and clinical performance of Physicians (to include Psychiatrists), Dentists and at the discretion of the Committee, Physician Assistants and Advance Practice Nurses. Corizon's membership on the Committee will continue to consist of Corizon's Medical Director and the Corizon's Regional Dental Director. The Committee will meet bimonthly or more often if a situation may arise that indicates a need to meet. A meeting maybe requested through the Chair by any member.

A.13.b. Peer Review *(pro forma Contract pg.23)*

- Each provider that is employed by Corizon is subjected to Corizon's Peer Review Clinical Enhancement Process annually.
- More frequent reviews are conducted as indicated.

The work of all Corizon physicians and dentists will continue to be annually reviewed jointly by Corizon and TDOC Medical Director. Corizon understands that in an effort to assure clinical performance



enhancement, Corizon will have a peer review program that is approved in writing by the TDOC Medical Director within 60 days of contract execution and annually thereafter. Corizon's program will meet or exceed the State's policy and CQI Charter for peer review. The State's Medical Director will be notified of all peer review actions, and the results of the peer review process will be shared with the State's Peer Review Chairperson. Corizon understands that the State will review the peer review reports and approve Corizon's plan of corrective action for peer review deficiencies.

Corizon's Peer Review Process

The purpose of Corizon's Peer Review Process is to enable both parties to enhance the healthcare that is provided to the inmate. Our Peer Review Process helps the reviewer to understand the processes, needs, and challenges with which the clinician must deal on a daily basis in a difficult jail or prison setting while providing the clinician with insight into his/her clinical skills and focused feedback regarding clinical outcomes. ***This is a fluid process performed together by the reviewer and the clinician through dialogue and conversation to enhance competence and focus resources on areas needing improvement.*** This process is not a performance review.

The process of assessing healthcare delivery of a physician or advanced practitioner employed by Corizon is uniformly performed utilizing procedural steps. Our program consists of at least four hours of on-site physician time every four months, three times a year to conduct chart reviews of each facility.

Peer reviews are completed by individuals with at least equal credentials and training. Corizon's Medical Directors are responsible for performing peer review for every physician and advanced practitioner within the region of their responsibility.

Corizon Credentials Committee

The Corizon Credentials Committee may request peer review information when re-credentialing physicians or may request additional peer review oversight by the Regional Medical Director as deemed appropriate in individual situations.

A.13.c. Reports (*pro forma* Contract pg.23)

Corizon will continue to prepare minutes of all committee meetings as designated by the State and will be responsible for ensuring that all necessary data and reports are completed and reported to the State within the designated timeframes in an effort to identify areas of opportunity for improvement in health care operations.

In accordance with the TDOC's policy, Corizon will continue to submit a monthly CQI report to the TDOC CQI Coordinator in a written or electronic form acceptable to the State, by the 15th day of each month.

At least annually, Corizon will provide each TDOC institution with documentation that peer review has been completed for each physician, dentist, and midlevel provider on staff at that institution.



A.14. Medical Supplies and Equipment *(pro forma Contract pg.24)*

A.14.a. Supplies *(pro forma Contract pg.24)*

Corizon will provide, during the contract term, all clinical, office and other supplies required for healthcare operations at the comprehensive sites. We understand the following supplies will be an exception to the TDOC's requirement of Corizon and will be provided by TDOC for all facilities:

- Field test kits for drug testing of new State employees;
- DNA testing kits; and
- Medical record folders and medical record forms as specified in TDOC policies.

Corizon will furnish and maintain first aid kits in designated areas and vehicles in accordance with TDOC policy required for operations at the comprehensive sites.

A.14.b. Equipment *(pro forma Contract pg.24)*

We understand Corizon is responsible for the procurement of minor equipment required for operations. Whenever possible and appropriate, Corizon will utilize existing State-owned equipment. Corizon will be responsible for the actual cost of purchasing computers as well as the network charges and will work with the TDOC Information Technology Division who will supply the appropriate computer specifications. Corizon will send the computers to the TDOC for imaging prior to them going onto the network.

Corizon will be responsible for preventive maintenance on equipment approved and purchased by the State, servicing, and repair of all State-owned equipment used in the delivery of health services at the comprehensive sites.

Corizon will perform an equipment needs analysis and provide the State with a procurement plan for approval within the first 60 days of contract execution. This analysis will include computer terminals required for administrative purposes at the comprehensive site institutions. Corizon understands that any computer terminals with State access will be furnished by the State.

Corizon acknowledges that for a contract resulting from this RFP, that a single piece of equipment that costs \$5,000 or more will be considered capital equipment.

If, during the contract, Corizon deems a need for a capital equipment purchase, we will send a written request and justification to the TDOC Director of Clinical Services and the Deputy Commissioner of Administrative Services. Corizon understands that upon approval by the State, the State will purchase the equipment.



A.14.c. Supplies and Equipment Inventory *(pro forma Contract pg.24)*

Within five days of service commencement, and annually thereafter, Corizon will perform a physical inventory of the following:

- Clinical supplies and equipment;
- Pharmaceutical supplies and equipment;
- Office supplies and equipment; and
- Other supplies and equipment on hand in health services facilities and intended for use by the Corizon's providers and employees.

This inventory will be conducted jointly with each institution's Warden (or designee) and Corizon's designee.

Consumable supplies will be valued at cost and inventory value will be agreed to by both Corizon and TDOC. Equipment will be valued at the lower of cost or market, based upon physical condition, suitability for use, and other pertinent factors. Upon expiration or other termination of the Contract, another physical inventory will be conducted, and all remaining supplies and equipment will be converted to the State's inventory. Each institution will provide the State's Assistant Commissioner of Administrative Services with a copy of the inventory report on or before the seventh business day of the contract start date. We understand the beginning and ending inventories will be compared and any difference will result in an adjustment of the payments by the State to Corizon.

A.14.d. Telephones and Telephone Lines *(pro forma Contract pg.24)*

Corizon will maintain responsibility for cost and installation of any special lines required for equipment, such as EKG and facsimile.

A.15. Telemedicine *(pro forma Contract pg.24)*

Corizon's Experience with Telemedicine

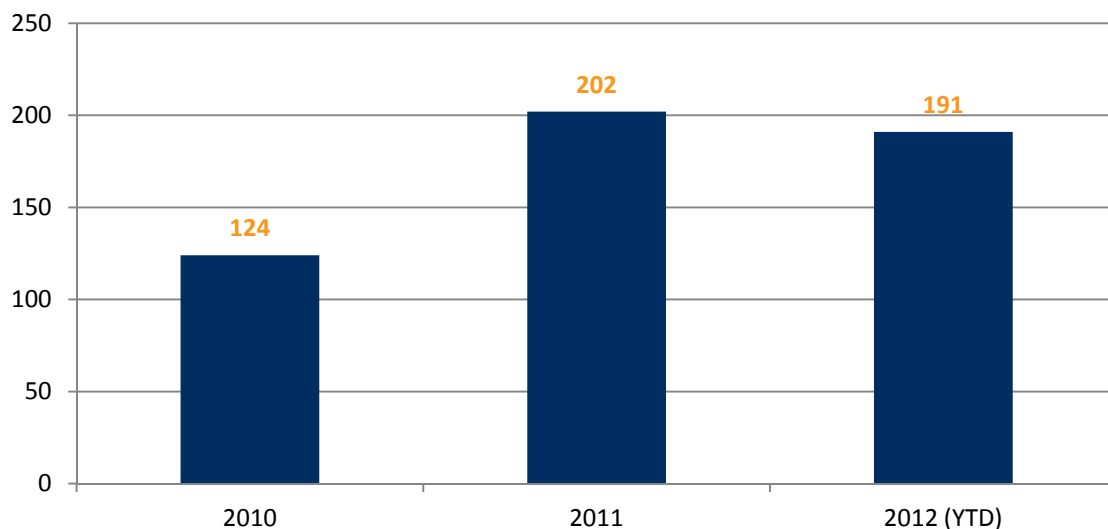
Corizon is the most experienced correctional healthcare services contractor in the nation and our ability to implement effective telehealth programs is proven.

Corizon fully supports the TOC's desire to fully maximize the use of telemedicine equipment to reduce the need for offsite consultations and specialty consultations. The narrative that follows outlines both our proven experience using telehealth in the correctional environment and our proposed expansion **for the current TDOC program.**

Corizon's use of telehealth at TDOC increased substantially in 2012 by 54%. The expansion we are proposing in the pages that follow will build on that and greatly expand our reach. Our expansion will be implemented following the best practices we have utilized in other statewide contracts.



Corizon TDOC Telemedicine Encounters 2010-2012 (YTD)

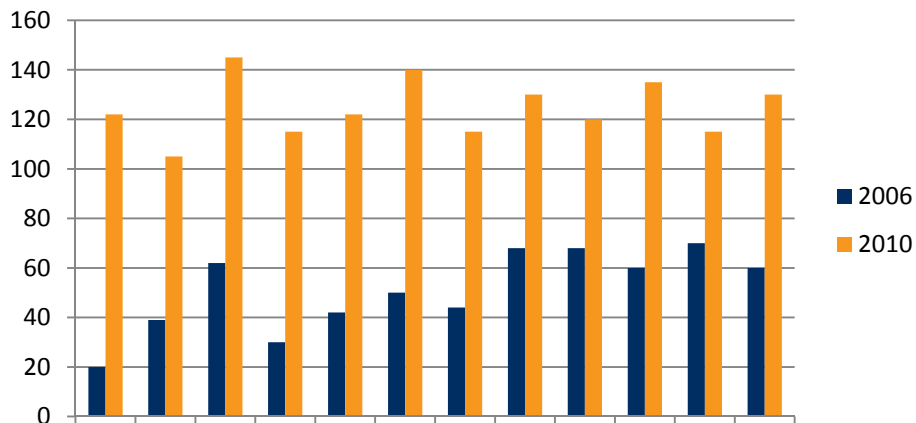


Demonstrated Telehealth Experience - Pennsylvania Department of Corrections

Corizon Health, Corizon, Inc's sister operating entity utilizes telehealth to support our contract at PA DOC to provide quality care while, at the same time, decreasing security costs for offsite escorts. **For example, in 2010, Corizon Health completed over 4,400 telehealth consultations to support our healthcare program; a significant savings for the PA DOC.**

In addition, Corizon Health has effectively driven an increase in the use of telehealth at PA DOC since the onset of our last contract renewal with the state. The graph that follows compares telehealth utilization in 2006 with usage in 2010. Please note that this table excludes infectious disease and telepsychiatry encounters to emphasize the increase in all other encounters. Psychiatry and Infectious Disease contacts account for a large number of telehealth encounters for the PA DOC contract.

2006/2010 Telemedicine Specialties (excluding Infectious Disease and Psychiatry)





Corizon monitors the use of telemedicine on a monthly basis for each of our contracts. We monitor the number of consultations completed and how many hours were used for *televideo training*. Analysis of month-by-month data allows us to increase the use of telehealth for each of our contracts; bringing in new providers and/or new specialties as appropriate to decrease the number of offsite trips for our clients.

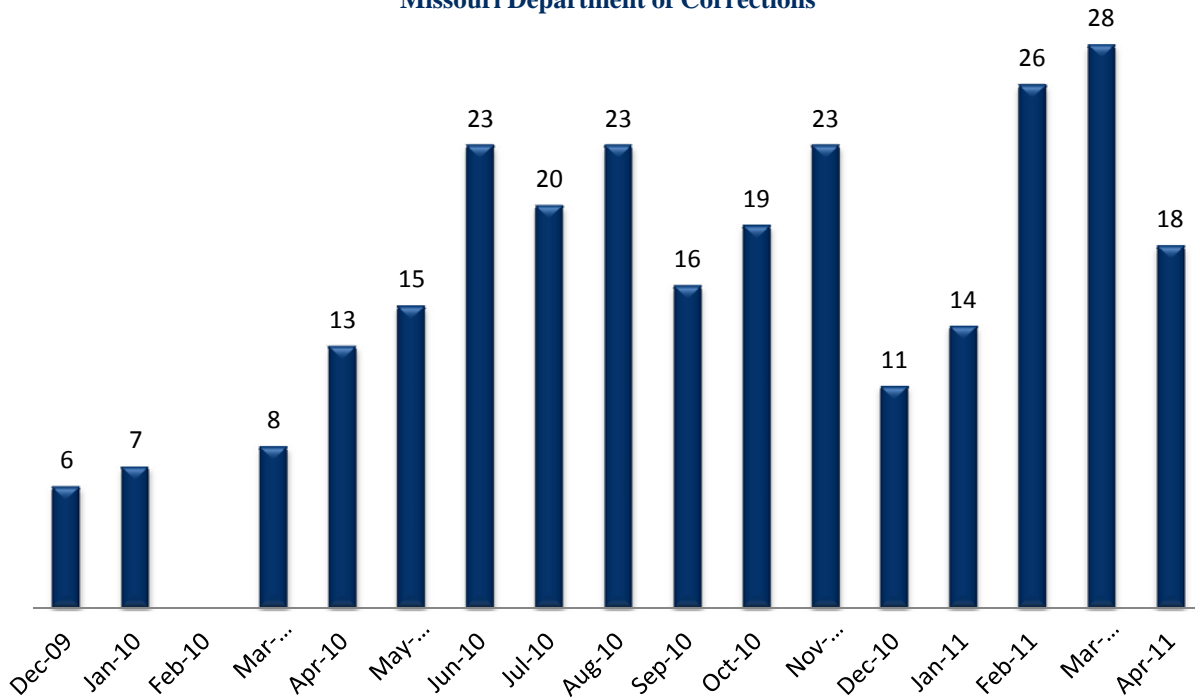
Demonstrated Telehealth Experience – Missouri Department of Corrections

Corizon has demonstrated experience to work in partnership with our clients to design and tailor a telehealth program to the needs of clients, prisoner/residents, and facilities. Our client partnerships have also maximized the benefits of the program resulting in increased quality and consistency of healthcare and significant cost savings. As a testament to our proven ability to work with hospitals and providers to provide effective telehealth programs, we have provided letters of support from both Capital Region Medical Center and Saint Luke's Health System as **Appendix R**.

Corizon is currently involved in a statewide conversion to telehealth at 15 Missouri facilities. Corizon's specially designed carts with various peripherals allow connectivity between the sites in addition to various hospitals and their providers as well as private physicians. Our network is private, thus allowing for maximum use of the network and services when we need it at the site versus asking for time from other sources for scheduling.

In addition, Corizon staff members in Missouri are members of the **State Task Force for Telehealth Services** comprised of several major hospitals and the **University of Missouri**. We are proud of our membership and efforts of leading the State of Missouri in their telehealth efforts. In addition, the Missouri Department of Corrections, Division of Offender Rehabilitative **Services has identified Corizon's Telehealth Initiatives as their "Best in Business" practices for 2010**. We continue to partner with our MDOC client to introduce as many innovative business and medical applications as possible to the state. To ensure the greatest benefit to our MDOC client, we will attempt to increase our reach through telehealth each month as the following bar graph reflects.

**Telemedicine Encounters by Month
December 2009 Through April 2011
Missouri Department of Corrections**



Increasing the Number of Telemedicine Clinics

Corizon 2013 Initiative

Immediately upon contract award, Corizon will deploy our corporate provider/network contracting resources and operational leaders to expand the telemedicine services of current providers **and add new providers to the provider network in order to expand our current telehealth reach.** Corizon will have the ability to leverage our experience in other contracts where we provide telemedicine services to facilitate adoption of this technology by offsite providers.



TDOC Core Need:



Enhanced Telemedicine

To avoid inmate transport, Corizon will continue to provide telehealth services at all sites. It will be our priority **increase the utilization** for the following subspecialties in:

- Cardiology
- Dermatology
- Endocrinology
- ENT
- GI



- Infectious Disease
- Neurology

Further, Corizon will evaluate the utility of providing our on-call providers with “take home” technology that will allow them to access patients remotely during off hours, from any location, in an effort to dovetail into the SBAR program and each provider to talk and view patients directly. This tool will assist the provider in the clinical evaluation and will facilitate a more informed decision regarding the need for offsite transport. Using this technology, it will be Corizon’s goal to eliminate all *but emergency* transports after hours and on weekends.

Corizon’s Regional Medical Director and Associate Regional Medical Director will continue to review all consults submitted for approval to ensure telemedicine is identified, when appropriate, to conduct the consult. Corizon will continue to coordinate all scheduling and overseeing the logistics between the sites and providers for all telemedicine schedules.

Primary Care Services

Corizon views telehealth as an extension of a specialist’s office, where they clearly transmit a clinical situation, include clinical information of diagnostic quality, and communicate to a clinician located remotely at the point of care. Telemedicine, when implemented in a correctional setting, offers the following features and benefits:

- Quality of care – Increases prisoner/resident accessibility to specialty care and provides a more focused level of service. Facilitates collaboration of clinical findings between the specialist and site physician.
- Decreased transportation cost – Decreases travel for specialty consultative services, resulting in direct savings in transportation, mechanical, fuel, insurance and other related costs.
- Treatment efficiency – Utilizes specialists sensitive to resource management including formulary choices and imaging.
- Reduced redundancy – Reduces redundant unnecessary testing maximizes value for clients through facilitation of clinical/treatment efficiencies.
- Personnel cost – Decreases needs for off-site visits, eliminating unnecessary security personnel costs for transports.
- Standardized treatment – Improves utilization management results; decreases unnecessary surgeries and other expensive treatments.
- Facilitates appointments – Increases kept-appointments—minimizing risk potential for adverse outcomes due to delayed treatment.
- Real-time access – Enables prompt contact with highly qualified health care professionals, reducing the likelihood of illness progression.
- Meetings – Facilitates site and multi-facility training, staff meetings and ad-hoc communications – saving time and money through reduced travel.



- Staff training – Creates a technology-based delivery mechanism to train and update staff on the latest treatments. On-site staff training through tele-resources decreases client costs by reducing time off for continuing education requirements.
- Prisoner/Patient Education- Provides a forum for efficient dissemination of information on a wide variety of topics such as: signs, symptoms and intervention strategies for anxiety, depression, and ADHD; stress management strategies; and non-medical interventions for sleep-related difficulties.
- Innovative tele-mental health therapy including expanded behavioral interventions, provided in both group and individual formats, that are evidence based:
 - ✓ Aggression Replacement Therapy;
 - ✓ Trauma-and Gender Focused Cognitive Behavioral Treatment;
 - ✓ Sexual Behavior Treatment;
 - ✓ Behavioral Modification Techniques; and,
 - ✓ Integrated Dual Diagnosis Treatment.

A.16. Health Information Management *(pro forma Contract pg.25)*

A.16.a. Medical Records *(pro forma Contract pg.25)*

Corizon will create and/or maintain a current, up-to-date health record for each TDOC inmate received and/or housed at the comprehensive sites and it will be in the problem-oriented format utilized by TDOC and Corizon, known as SOAP formatting.

Maintenance of all health records will be in compliance with TDOC policies and all patient records, including patient records created pursuant to subcontracts approved pursuant to TDOC RFP Section A.17.a, are the property of the State. The health record will accompany the inmate at all onsite health encounters and will be forwarded to the appropriate facility upon the transfer of an inmate. All specialty consultations and diagnostic reports will be dictated and typed for placement in the health record. Any necessary transcription services will be the responsibility of Corizon and the health record forms and folders will be provided by the State.

All inmate medical records will be maintained separately from the TDOC confinement records and each record will be maintained in accordance with NCCHC and ACA standards, on health record forms and folders provided by the State. All medical records will be kept in a secure area, maintaining strict confidentiality, and will accompany the inmate at all onsite health encounters. All records will be forwarded to the appropriate facility upon the transfer of an inmate. Inmates will not have access to medical records.

Corizon knows that it is vital that each medical record is complete, filed promptly, and most importantly, contains accurate entries. Since this record may be the only source of accurate medical information available, Corizon ensures the completeness, accuracy, and accessibility of this document.



Medical records, at a minimum, will contain the following information:

- The completed receiving screening form
- Health examination data forms
- All findings, diagnoses, treatments, dispositions
- Prescribed medications and their administration
- Laboratory, X-ray, and diagnostic studies
- Notes concerning patient education
- Records and written reports concerning injuries sustained prior to admission
- Signature and title of provider
- Consent and refusal forms
- Release of information forms
- Place, date, and time of health encounters
- Name stamp with credentials denoted and signature for all entries
- Discharge summary of hospitalizations
- Health service reports, i.e. dental, psychiatric, and other consultations
- Problem list
- Medical classification transfer sheet
- Treatment plans
- Specialized needs and chronic care plans

All specialty care consultations and diagnostic reports are dictated and typed for placement in the inmate's health record. For the benefit of the TDOC and Corizon, we will provide transcription services for onsite specialty clinics during the contract term.

Corizon will adhere to the following requirements throughout the duration of the contract:

- Documentation of all orders will occur as soon as medically necessary to provide appropriate follow up from the encounter.
- Order notation will be accomplished by a licensed nurse and will be completed within 24 hours of all routine encounters.
- Routine infirmary orders will be noted within eight hours of the written order.
- STAT orders shall be noted immediately.

Corizon will provide records clerks at the four comprehensive sites to perform the following records-related duties:

- Retrieve, store, and transfer medical records in a timely manner.
- Collect and maintain statistical data.



- File all reports and notes within the medical record quickly and accurately.
- Schedule patients for clinics.
- Assist with the quality improvement program.
- Assist in conducting chart audits.
- Assist with the medical audit process.

Informed consent standards apply to all examinations, treatments, and procedures with the exception of emergency situations and the treatment of communicable diseases. Forms for consent and refusal of treatment are provided (when necessary), the signature of the patient obtained, and the forms placed in the patient's medical record.

A.16.b. Privacy of Health Information *(pro forma Contract pg.25)*

Corizon understands the need for security and confidentiality of medical records. Medical records are maintained in a locked, secure location with access restricted to Corizon personnel and separate from security records. When necessary for information to be shared, it is kept to the minimum amount necessary to provide care and specific to information requested. When non-healthcare providers transport medical record information, this information is contained in a sealed envelope clearly marked "confidential health information". Because Corizon is committed to the maintaining medical record confidentiality, **Corizon's Officer Briefings** series (described further on pages 195-196) includes a "Medical Information Confidentiality" module for security staff. Corizon will continue to comply with all applicable laws, rules, and professional standards regarding the protection of patient privacy rights.

A.16.c. Data Management Automation *(pro forma Contract pg.25)*

Corizon understands that it is the intent of the State to acquire an Electronic Health Record (EHR) System in the future. Corizon currently provides our healthcare services program in numerous states that utilize an EHR system and will bring this experience to TDOC if chosen to once again partner with the State.

When the State converts to an EHR system, Corizon's subcontractors will be required to link to the State automated hardware/software. Corizon understands that the State's Management Information System (MIS) and Office of Information Resources (OIR) divisions will handle coordination for compatibility.

A.17. Additional Provisions *(pro forma Contract pg.25)*

A.17.a. Subcontractor Agreements *(pro forma Contract pg.25)*

Corizon understands that, in accordance with section D.5 of the contract, the TDOC will require that the Corizon establish written agreements with its subcontractor vendors, and such subcontractor agreements will additionally specify that the State has a property right in all patient records developed in furtherance of the contract and such subcontractor agreement. Corizon will make every effort to



complete all hospital, ancillary, and specialty contracts within 60 days of the contract start date. Further, we understand that Corizon is responsible for notifying the TDOC in writing of any pending contracts not finalized within 60 days and must include an estimated completion date in this notification. We understand that within two weeks of the subcontract's effective start date, a copy of the subcontracts must be provided to the Warden at the appropriate facility(s) and the TDOC Director of Health Services. We understand that a refusal to pay subcontractors for contractual services will likely result in a claim against our performance bond.

A.17.b.1-6. Health Care Delivery Costs & Statistics *(pro forma Contract pg.25)*

Corizon believes in providing correctional healthcare services using taxpayer dollars in as transparent manner as possible. As such, we will maintain accountability and share information with the TDOC using our comprehensive data collection and reporting system.

Corizon will keep statistical data related to inmate healthcare delivery which will include utilization of service statistics and other areas that Corizon and TDOC agree would be useful to evaluate healthcare delivery and anticipate future needs. Corizon will prepare **statistical reports** on a monthly basis. Corizon will also provide a narrative **monthly report** delineating the status of the healthcare program, which also identifies potential problems and discusses their resolution. A complete **annual report** of utilization statistics and narrative summary delineating accomplishments of Corizon will also be provided on an annual basis.

Management Information System

Corizon will use a management information system that will provide necessary cost and statistical information on a statewide and institutional basis for the TDOC to monitor performance. Corizon understands that the system to include licensed reference materials, software, personnel and their functions will be reviewed with and approved by the TDOC Medical Director or Designee within 30 days from the start of the contract.

Corizon will, at a minimum, provide upon request detailed reports on contract costs and program statistics, including but not limited to:

- Hospital admissions by diagnosis;
- Hospital length of stay;
- Avoidable hospital days by root cause;
- ER visits;
- Ambulance transports;
- Pharmacy statistics;
- infectious disease tracking;
- Utilization review;
- Outpatient procedures (by type);



- Peer review;
- Staffing reports (month-to-date vs. year-to-date); and
- Employee compensation rates and training plans.

Preferred Provider Network

Corizon agrees to bring our preferred provider network to the TDOC and direct all non-emergent care to these providers. Corizon will establish a standard evaluation that should be completed by the Facility Physician prior to referral for specialty care through discussion with specialty providers. Please refer to the section titled “Corizon’s Current Local Tennessee Infrastructure” on pages 138-141 for a high level list of the preferred provider network that Corizon already has in place to support our TDOC program.

Decrease Emergency Room Visits

Corizon agrees to continue to decrease emergency room visits per 1000 inmates by 20% from previous calendar year by developing opportunities for onsite care. Corizon will provide the plan for approval to the TDOC Medical Director. Please refer to the section titled “Emergency Response Procedures” on pages 95-98 for the plan that Corizon currently has in place to reduce unnecessary, unplanned trips to the hospital related to emergent patient complaints.

Non-Formulary Prescriptions and Decrease in Average Number of Prescriptions

Corizon stands ready to partner with the TDOC Medical Director to reduce both formulary and non-formulary medication utilization.

Corizon’s Clinical and Operations leadership has developed a strategic and tactical approach to prescriptive optimization. Corizon’s campaign will focus on prescriptive optimization for **safety** and **efficacy**.

We are using the principles, concepts and tools of the three vetted programs in the commercial world: **STOPP**, **START**, and **ARMOR**.

STOPP

Potentially Inappropriate Medicines (PIMs) have been associated with avoidable Adverse Drug Events (ADEs). The literature supports the use of STOPP (Screening Tool of Older Persons’ potentially inappropriate Prescriptions) criteria to reduce ADEs in older people with acute illness. Corizon believes that these criteria can apply not only to the elderly population, but to chronologically younger inmate patients with the chronic disease burden we experience in correctional health care.



START

START is an acronym for Screening Tool to Alert doctors to the Right Treatment. It is an evidence-based screening tool to detect prescribing omissions in elderly patients. Inappropriate prescribing encompasses acts of commission i.e. giving drugs that are contraindicated or unsuitable, and acts of omission i.e. failure to prescribe drugs when indicated due to ignorance of evidence base or other irrational basis. In a study published recently using the START list, one or more prescribing omissions were found in 57.9% of patients of elderly patients admitted to the hospital. Similar to STOPP, Corizon is currently deploying the START criteria to the inmate patient population in an effort to optimize medication management.

ARMOR

The ARMOR tool (Assess, Review, Minimize, Optimize, Reassess) is an attempt, based evidence-based practice, to approach polypharmacy in a systematic and organized fashion.

Step 1: A = ASSESS the individual for total number of medication and for certain groups of medications that have potential for adverse outcome.

Step 2: R = REVIEW for possible drug-drug interactions and drug-disease interactions.

Step 3: M = MINIMIZE non-essential medications.

Step 4: O = OPTIMIZE by addressing duplication and redundancy.

Step 5: R = REASSESS heart rate, blood pressure (postural), oxygen saturation rate (.92%) at REST and ACTIVITY.

Experience in the elderly population has shown a clear and consistent decline in the use of nine or more medications, a reduction in falls, and the number of hospital admissions. Corizon believes this methodology has application in correctional healthcare.

Formulary

We will continue to leverage the power of the formulary to reduce variability and to reduce polypharmacy. In the third quarter of 2012, Corizon updated its formulary deleting over 100 medications we believed to be non-essential, if not redundant, and which contributed to polypharmacy.

Business Intelligence

Corizon is currently updating its proprietary Business Intelligence tool, **InGauge™** (pages 160-162), to provide contact and facility-specific reports that will benchmark and track polypharmacy.

Practitioner On Boarding Program

We have also updated our **Practitioner On Boarding Program (POP)** (pages 188-189) with an intensified process for education all prescribers on the dangers of inappropriate prescribing.



Specialty Panel of Physicians

Corizon will leverage our Specialty Panel of Physicians (page 138) to assist in disease management clinical pathways which will include a focus on prescriptive optimization so that adherence will be improved. It is reported in the civilian world that 20-30% of chronic care prescriptions are never filled and that adherence to chronic care medication is a paltry 50%.

Reduce Average Number of Prescriptions Per Inmate

Please refer to the section above for Corizon's response to this requirement.

Hospital Providers

Corizon continues to partner with *Nashville Metro General Hospital* for our TDOC contract. Corizon will transfer all inmates admitted on an emergency basis to other hospitals to one of these two institutions as soon as the inmates is clinically stable for transfer. In every case of admission to hospitals other than the preferred two hospitals, Corizon's Statewide Medical Director will contact the TDOC Medical Director on a daily basis regarding the status of the inmate and an anticipated date of transfer. Corizon will also provide a point of contact for the TDOC Medical Director at the hospital for use if the TDOC Medical Director desires to make direct contact. Please refer to the section titled "Hospital Services" on page 143 for additional information.

A.17.c. Monthly Operating Reports *(pro forma Contract pg.26)*

Within the first 60 days of the effective start date of the contract, Corizon work with the State to design a monthly reporting template which will be most useful to the State. Beginning in the third month of the contract, the Contractor shall provide a monthly narrative report delineating the status of the health care operations occurring in the prior month.

Monthly Operating Report

Corizon will provide a monthly narrative report on the 15th business day of the following month, which also identified potential problems and discusses their resolution. At a minimum, the monthly report will include:

- Utilization Review, Utilization management/case management
- Infectious disease and chronic disease statistics
- Staffing levels including shortfalls and unfilled positions
- Ancillary statistics
- Hospital/emergency services statistics
- Incident reports
- Pharmacy statistics



- Committee reports
- All other monthly reporting requirements delineated under the scope of services of this contract or required by TDOC policy
- Ad hoc reports, as requested

A.17.d. Annual Review *(pro forma Contract pg.26)*

In February of each year, Corizon will complete and present an annual report of utilization statistics and narrative summary delineating accomplishments, barriers to improvement, and recommendations.

Annual Statistical Report

Regional management will provide TDOC an annual report each year through written documentation and an oral presentation. This annual statistical report may contain, but will not be limited to, information regarding the following topics:

- Joint Operational Accomplishments (TDOC /Corizon)
- Client Satisfaction Survey Results
- Healthcare Services
- Value Added Services
- Staffing and Recruiting
- Subcontractors
- PI/CQI
- Disease Management
- Training Management for the Year
- Inmate Education
- Infectious Disease Program
- Innovative Technological Initiatives
- Accreditation Status
- Offsite Services – Collaborative Initiatives
- Pharmacy Services
- Grievances
- Goals for the Upcoming Year/Action Plan

This detailed annual report, built on Corizon’s monthly reports, will inform TDOC officials of the overall operation of the healthcare units and significant achievements affecting our comprehensive healthcare program. In addition, we will consistently look to the future and will regularly inform TDOC officials of anticipated trends and potential healthcare needs of TDOC’s inmate population. This will enable the TDOC to be proactive in anticipating future needs of the Department.

A.17.e. Litigation Issues *(pro forma Contract pg.26)*

With our current contractual relationship with TDOC, Corizon has agreed to cooperate with the TDOC and the State in all litigious matters arising from our delivery of healthcare services pursuant to the current contract. We will cooperate in this same manner during the term of the contract that results from this procurement.

As necessary and requested, Corizon will furnish evidence, and provide general and expert testimony in connection with inmate litigation. Corizon will notify the State whenever an agent, affiliate, independent subcontractor, or any person performing services under this contract is asked to testify or provide an opinion or evidence in any litigation involving the TDOC, its staff, or any inmate.

A.17.f. Inmate Co-Pay *(pro forma Contract pg.27)*

As the current health care services provider, Corizon is aware that the TDOC has instituted a fee for service for inmate health care, which is payable to the State. Corizon will comply with the reporting standards of the TDOC's Inmate Co-Payment for Health Service Policy.

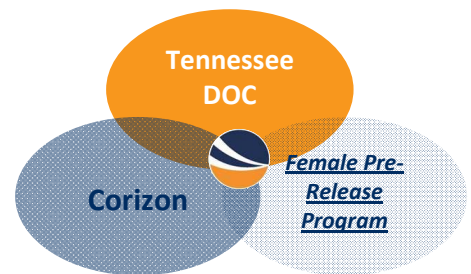
A.17.g. Pre-Release Planning & Transitional Services *(pro forma Contract pg.27)*

Corizon has remained committed to supporting the TDOC goal of further developing the offender re-entry program prior to their release back into the Tennessee communities. Corizon has coordinated with the TDOC and TPW leaders, BOPP, The Next Door, TPW mental health providers along with TDOC transportation and classification staff to coordinate the medical and mental health review of eligible candidates for the program. The dedicated efforts of all involved in this partnership have resulted in 67 TDOC female offenders participating in the program during 2011.

Female Offender Pre-Release Program

Corizon/TDOC Process Improvement

During our Client Expectations meeting with the TDOC on August 12, 2010, Corizon learned of TDOC's intention to establish a female pre-release program through their agreement with *The Next Door*. On the following day, Corizon's executive and regional leadership attended a planning session related to this program. The intent of this program was to establish a community based re-entry program that would ensure inmates receive onsite counseling, support and obtain an offsite job similar to a work release setting; thereby allowing them to gradually transition back into society. This is a program that is primarily aimed at reducing recidivism.



Corizon participated in numerous planning sessions and meetings with the TDOC leadership until the program was ready to be implemented. The first inmates were transferred to the facility in May of 2011 and the site has been operational since that time. It is important to note that no additional staff were added through this process. The primary actions/support that we provide includes the following:

- Initial evaluation and clearance of all eligible candidates;
- Maintaining medication supplies and forwarding them to the site;
- Facilitating ongoing chronic care disease management, sick call and needed outpatient care as needed by arranging temporary transport of the inmates back to TPW;

- Providing 24 hour on call assistance through the TPW staff related to medical concerns or questions; and
- Facilitating an agreement with a local hospital and EMS service should one of these inmates need hospitalization or emergency care.

Tennessee Re-entry Web Site

Corizon 2013 Initiative

One of the goals for the next contract term is to finalize the implementation of a Re-entry website to support the TDOC's current re-entry program in Tennessee. The website is currently in the



TDOC Core Need



Re-Entry Web-Site

development stage and is expected to be fully functional in the first quarter of 2013. This website will be hosted by Corizon and will, once live, serve as an access point for both recently released inmates and their families during their transition process back to Tennessee communities. This website will be modeled after the website Corizon recently "piloted" for our client in Missouri (see screen shots that follow). The website for TDOC will be developed to facilitate easy access to several areas integral to an inmate's successful reintegration to society.

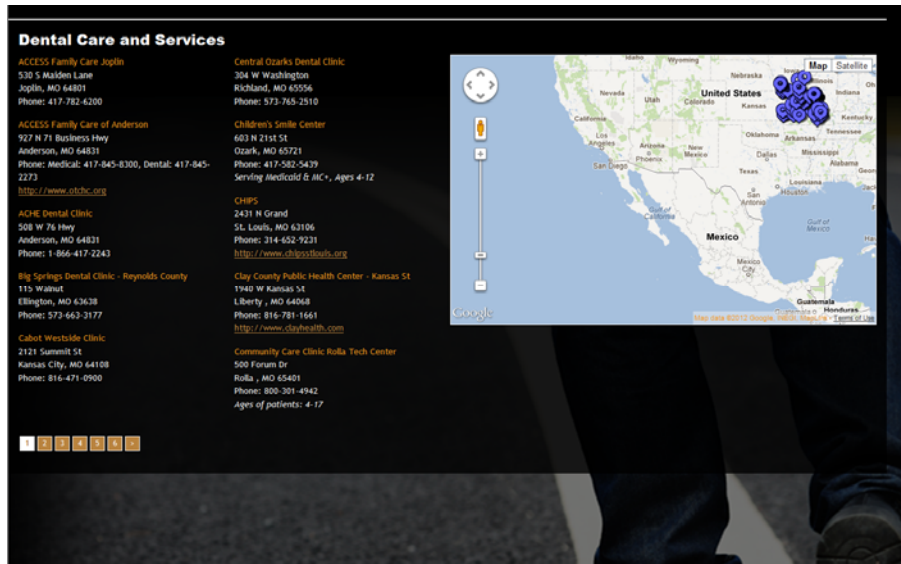
- Medical Care and Services;
- Dental Care and Services;
- Mental Health Services;
- Crisis Counseling Services;
- Employment Resources;
- Housing/Shelter;
- Food and Clothing;
- Educational and Vocational Training;
- Veterans Services;
- Faith Based Organizations; and,
- Medicare and Medicaid.



Each area on the homepage designated by an **individual icon** serves as a link to a depth of resources. For example, when the user clicks the “Dental Care and Services Icon” they are linked to a page that allows them to click the Missouri County that they are interested in.



Once the user’s county has been chosen, a map appears that highlights each resource available in that county.



It is important to note that resources provided on the Tennessee re-entry website will only be those who have been ***vetted as providers with an interest in accommodating low-income and underserved individuals.***

Corizon will work closely with TDOC's current re-entry staff as we recognize that there are links to selected resources currently housed on the TDOC's website. ***We will rely on the expertise of TDOC's re-entry staff to ensure that our enhanced offering addresses all of the needs of released Tennessee inmates.***

Corizon's Discharge Planning/Re-Entry Program

Corizon recognizes that one of the most significant challenges our communities face today is the vast amount of individuals who are leaving prisons and jails to return "home." Those individuals with serious mental illness are especially susceptible to re-arrest, yet too often they are released with no more than a bus ticket and the address of a mental health center. A research study conducted by the Department of Justice found that discharge planning was the weakest element of programming for the mentally disordered. The Department of Justice/Office of Justice Programs states: "The mentally disturbed jail inmate must be viewed as a community issue."

Society, lawmakers and politicians now realize that effective discharge planning must occur for patients with mental illness transitioning from prison/jail to community-based treatment programs. Successful discharge planning can help reduce an inmate patient's risk for recidivism.

Corizon understands that community safety makes the development of effective intervention programs imperative. The primary goal of discharge planning programs is to assist the ex-inmate to successfully reintegrate into the community and avoid criminal behavior. Corizon fully understands that it is necessary to begin with an accurate diagnosis of the inmate patient and the development of appropriate treatment plans in and out of the correctional environment.

Discharge Planning Goals

The fundamental goals of the Corizon discharge planning process:

- To help increase public safety
- To help reduce recidivism
- To assist the inmate patient in acquiring life skills they need to succeed in their community
- To increase the mentally ill inmate patient's awareness of the symptoms of their illness
- To increase the mentally ill inmate patient's awareness of how to care for/manage their illness and to maintain their highest level of functioning after release
- To increase the inmate's knowledge of the community resources available
- To direct the inmate patient in ways to avoid breaking the law

Corizon believes that a successful discharge planning/reentry program will need to consistently complete the following for each individual they are attempting to reintegrate into the community:

- Accurately assess the inmate patient's needs, using a multidisciplinary team approach
- Objectively assess the risks of the inmate patient's return to the community
- Develop a plan for the treatment required to address the inmate patient's needs
- Identify community programs available to address the inmate patient's identified needs
- Coordinate a transitional plan with the community-based program prior to release

Community-based Treatment Model

Corizon develops strategies that effectively communicate and build relationships with the local mental health and community providers. Corizon understands the need for community providers to be an active member in the inmate's reentry process. The unique challenges faced by the mentally ill inmate upon release require the development of a community-based treatment model of continuing care to address the risks, needs and vulnerabilities of the inmate. Research has identified **continuity of care** as an essential component of effective treatment and re-entry.

Core Components of Intervention

Forensic mental health professionals have identified core components of any intervention to assist the mentally ill inmate to re-enter his community:

- Diagnostic accuracy
- Focusing on stabilizing symptoms of the illness
- Enhance their independent living skills

- Strategies to minimize the likelihood they will act violently and commit new offenses
- Establishing a liaison between treatment staff and the justice system, probation and parole
- Providing structure in the inmate's daily life
- Managing the inmate's violent or aggressive impulses
- Integrating treatment and case management
- Obtaining therapeutic living arrangements
- Working with the inmate's family and determining if they are a reliable source of support

Elements of Successful Re-entry Programs

Corizon recognizes that successful re-entry programs have a number of essential elements in common. A successful re-entry program:

1. Focuses on a particular group of inmates along with their specific challenges
2. Utilizes sound and consistent methods for assessing the needs and risks of the inmate
3. Holds the inmate accountable for his own actions and choices
4. Begins at the time the inmate is in confinement and continues throughout the inmate's transition to the community
5. Offers assistance in an integrated manner to address the many interrelated challenges faced by inmates
6. Will be supported by sound case management strategies and adequate information management systems
7. Engages the community in both the planning and the delivery of the intervention and encourages strong community ownership
8. Features an evaluation component

Effective Re-entry Programs Behind Bars

Research has shown that effective programs behind bars typically share certain features:

- They use behavioral approaches
- They are intensive enough to be effective
- They have some kind of reward for pro-social behavior
- They target high-risk inmates with poor self-management skills
- They match the learning capabilities of the inmate
- They have an assessment process that should guide the type and duration of services needed by the inmate. Information needed for this process includes:



Employer of Choice
What Our Team Is
Saying.....

Corizon is a great company to work for because they have been in the business of correctional health care for a long time. As a result, they are stable, well organized and they provide their employees with stability in employment and the opportunity for promotion and advancement.

—Kevin Rea
HSA, Turney Center
Employee since 1994





1. Physical history
2. Mental health history
3. Criminal history and current charge
4. Attitudes and beliefs
5. Criminal associates
6. Family history and dysfunctions
7. Addiction history
8. Education and employment history

Assessments allow treatment providers to screen inmates' motivation, personality and intelligence, which can impact how well inmates will respond to certain programs. Ideally, services will be geared toward the inmate's intellectual functioning.

Community Collaboration

Corizon supports the belief that community collaboration is a key component for successful re-entry programs. Re-entry involves the participation of many community-based social service agencies working together with the jails and prisons to provide services to help transition inmates to the community.

1. **Provide the inmate links.** A list of appropriate community resources will be provided to the inmate for the discharge planning process.
2. **Develop relationships with local community resources.** There are often local chapters in the community that in many cases are more than willing to assign a liaison to communicate and assist with inmates returning to the community.
3. **Prioritize.** Identify which inmates will require certain available community resources. Triaging should include evaluation for illness(s), severity of illness(s), diagnostic information, and specifics regarding the current treatment plan. Determine if the resources available for that inmate are suitable and have the potential to be successful.
4. **Transitional Management Strategies.** To assist inmates with reintegration and reentry Corizon will use an integrated team approach to develop strategies to prepare for reintegration. There will be a procedure in place where correctional, medical, and mental health staff work in a coordinated effort to identify and communicate cases in which re-entry programs might be considered.
5. **Utilize family contacts when appropriate.** Families are sometimes willing to help the inmate transition back into the home and community. Corizon is aware that appropriate circumstances (per site procedure) must apply and signed consent forms must be in place.
6. **Educate.** Provide inmates with educational material, posters, or videos on disease management, stress reduction, behavioral management, building coping skills, etc. We have found that many community resources have posters and brochures available for use in facilities. Corizon also has a substantial library of Patient Information Fact Sheets (PIFS) available in English, Spanish and Creole. The fact sheets are designed to help patients understand and manage their disease during and following their incarceration. Family education, as deemed appropriate, is also an important aspect to address in order to help the family prepare for the mentally ill inmate to return home.



7. **Continue medication.** Corizon will make provisions for 30 days of medication upon release.
8. **Reminders.** If an inmate has been selected for a program or has an appointment scheduled post-incarceration, there will be a procedure in place where the information including name of establishment, address, phone number(s) and date of appointment is given to the inmate as a reminder.
9. **Seamless Re-entry:** Requested medical records, lab reports, medication lists, etc., will be provided in a timely fashion to the community provider that will be overseeing the re-entry program. It is also helpful to provide the inmate's discharge summary that chronicles the history and treatment services provided along with recommendations of the inmate's further needs.
10. **Provide assistance:** Provide assistance to inmates with limited reading and writing skills in the treatment and discharge planning process.

Careful evaluation of the criminogenic needs of inmates is the key to effective correctional programming. Programs need to develop clear goals, objectives, a system for classification, and a plan of action to be successful. Placing the "right" inmates in the "right" programs facilitate their success. Corizon believes this practice applies to any discharge planning program.

Even though institutions face many challenges that can make it difficult to form intra- and interagency relationships, research increasingly emphasizes the importance of embracing the principles of integrated care. Corizon understands that this is the foundation of successful re-entry. The successful reintegration process begins when the inmate walks through the doors of the facility. Corizon faces this challenge head on and looks forward to continue to work collaboratively with the TDOC.

A.18.a-h. Contract Monitoring *(pro forma Contract pg.27)*

Corizon read and understands all areas as detailed in this section of the RFP. We are aware of and respect the role of the TDOC's contract monitors.

A.19.a-e. The TDOC's Responsibilities *(pro forma Contract pg.27)*

Corizon has read, understands, and agrees with all areas as detailed in this section of the RFP. We are aware of the TDOC's responsibilities as outlined in the section of the RFP.

A.20. Employee Transition Process *(pro forma Contract pg.28)*

A.20.a. State Employees *(pro forma Contract pg.28)*

Corizon has read, understands and agrees to comply with this section of the RFP.



A.20.b. Positions Required by the Contractor *(pro forma Contract pg.28)*

Corizon has read, understands and agrees to comply with this section of the RFP.

A.20.c. Maximum Liability *(pro forma Contract pg.28)*

Corizon has read, understands and agrees to comply with this section of the RFP.

A.20.d. Employees Who Remain with TDOC *(pro forma Contract pg.28)*

Corizon has read, understands and agrees to comply with this section of the RFP.

A.20.e. Vacant State Health Positions *(pro forma Contract pg.28)*

Corizon has read, understands and agrees to comply with this section of the RFP.

C.4. Staffing Plans

Staff and staffing is critical to the success of Corizon, therefore, we work diligently to provide competent staff at the appropriate levels throughout the contract. Corizon utilizes local, regional and corporate strategies to recruit and retain staff for the provision of health care services. Corizon has a proven track record of providing appropriate, cost effective staffing for our healthcare operations based on patient needs and client requirements.

Corizon's bid has been based on the provision of a sufficient number of staff necessary to enable Corizon to continue to perform the required services according to applicable standards. Corizon has developed our staffing levels based on our current experience providing healthcare for TDOC, our experience in the market place, as well as the description of facilities provided in the RFP, information reported at the bid meeting, information provided in the amendments, responses to the questions and availability of RNs and LPNs in pivotal Tennessee counties. The following minimum staffing plans represent Corizon's offer as the final staffing to be incorporated into the contract document.



Charles B. Bass Correctional Complex (CBCX) – Comprehensive Clinical Staffing

Operational Capacity: 1,099 Reception Center / Annex
 3 Clinic Examination Rooms All Custody Levels

The Proposer shall include all FTEs necessary to provide an on-site primary care physician and mid-level services, 24/7 RN coverage, dentistry, clerical/medical records support, optometry, and all ancillary support at both the main facility as well as the annex.

CBCX	TITLE	Hours	Hours	Hours	Hours	Hours	Hours	Hours	TOTAL	TOTAL
		Sun	Mon	Tues	Wed	Thur	Fri	Sat	Hours	FTEs
	Administrative/Misc									
	Health Service Administrator		8	8	8	8	8		40	1.00
	Medical Director		8	8	8	8	8		40	1.00
	PA/NP		12	12	12	12	12		60	1.50
	Director of Nursing		8	8	8	8	8		40	1.00
	RN - CQI Coordinator		8	8	8	8	8		40	1.00
	RN Infection Control Coor		8	8	8	8	8		40	1.00
	Administrative Assistant		8	8	8	8	8		40	1.00
	Secretary Appointment Clerk		8	8	8	8	8		40	1.00
	Dentist		8	8	8	8	8		40	1.00
	Dental Assistant		8	8	8	8	8		40	1.00
	Dental Hygienist					8	8		16	0.40
	Optometrist (8 hrs/mo)								2	0.05
	Case Manager		8	8	8	8	8		40	1.00
	Days									
	RN Charge/Infirmiry	8	8	8	8	8	8	8	56	1.40
	LPN (Annex) - Diversion	8	8	8	8	8	8	8	56	1.40
	RN sick call		8	8	8	8	8		40	1.00
	LPN	8	16	16	16	16	16	8	96	2.40
	Pharmacy Tech or LPN	8	8	8	8	8	8	8	56	1.40
	Medical Records Clerk		16	16	16	16	16		80	2.00
	Records supervisor		8	8	8	8	8		40	1.00
	MH RN	8	8	8	8	8	8	8	56	1.40
	MH LPN	16	16	16	16	16	16	16	112	2.80
	Evenings									
	RN Charge	8	8	8	8	8	8	8	56	1.40
	LPN		8	8	8	8	8		40	1.00
	LPN	8	8	8	8	8	8	8	56	1.40
	Medical Records Clerk		8	8	8	8	8		40	1.00
	MH RN	8	8	8	8	8	8	8	56	1.40
	MH LPN	16	16	16	16	16	16	16	112	2.80
	Nights									
	RN Charge	8	8	8	8	8	8	8	56	1.40
	LPN	16	16	16	16	16	16	16	112	2.80
	MH RN	8	8	8	8	8	8	8	56	1.40



Lois M. DeBerry Special Needs Facility (DSNF)

Operational Capacity: 736 Medical Transit Unit
 Sheltered Living Unit Extended Care Health Center
 On-site Specialty Clinics* 4 Isolation Rooms
 II Custody Levels Rehab Unit

The Proposer shall include all FTEs necessary to provide an on-site primary care physician, dentistry services, and specialty clinics.

DSNF	TITLE	Hours	Hours	Hours	Hours	Hours	Hours	Hours	TOTAL	TOTAL
		Sun	Mon	Tues	Wed	Thur	Fri	Sat	Hours	FTEs
	Medical Director		8	8	8	8	8		40	1.00
	Nurse Manager		8	8	8	8	8		40	1.00
	Case Manager		8	8	8	8	8		40	1.00
	Physicians		24	24	24	24	24		120	3.00
	Dentist		8	8	8	8	8		40	1.00
	Dental Assistant		8	8	8	8	8		40	1.00
	*PA/APN		8	8	8	8	8		40	1.00
	Registered Dietitian		8	8	8	8	8		40	1.00
	Administrative Assistant		8	8	8	8	8		40	1.00
	Unit Clerical staff+		32	32	32	32	32		160	4.00

*PA/APN scheduling is flexible to provide needed coverage to minimize emergency travel outside of the institution during evenings, nights, and weekends.

+ Unit Clerical staff – recommended assignment: 1 FTE for skill 1 & admin; 1 FTE for skills 2&3

***Specialty Clinics**

Audiometric	3 hours per month	Oral Surgeon	4 hours per month
Cardiology	16 hours per month	Orthopedics	6 hours per month
ENTCNT	4 hours per month	Podiatry	8 hours per month
GI	4 hours per month	PT	6 hours per month
GSG	10 hours per month	PT Asst (certified)	12 hours per month
Inf. Disease	12 hours per month		
Mobile CT procedures)	10 hours per month	Surgery	6 hrs per month (minor
Mobile MRI hrs)	10 hours per month	Ultrasound	(2) 4 hour days per month (8
Nephrology	4 hours per month	Urology	4 hours per month
Oncology	8 hours per month		
Oncology Treatment Nurse	8 hours per week		
Optometry	40 hours per month		

Time for clinics may require adjustment based on changes in demand.



Morgan County Correctional Complex (MCCX)

Operational Capacity: 2,417 Reception Center Annex Boot Camp Program
 12-Bed Infirmary (Including 2 Negative Pressure Rooms)
 4 Clinic Examination Rooms; Special Procedures Room; Emergency Room
 All Custody Levels

The Proposer shall include all FTEs necessary to provide an on-site primary care physician, dentistry services, optometry, and x-ray technician at the main compound and annex.

MCCX	TITLE	Hours Sun	Hours Mon	Hours Tues	Hours Wed	Hours Thur	Hours Fri	Hours Sat	TOTAL Hours	TOTAL FTEs
	Administrative / Misc									
	Medical Director		8	8	8	8	8		40	1.00
	Physician		8	8	8	8	8		40	1.00
	Dentist		16	16	16	16	16		80	2.00
	Dental Assistant		16	16	16	16	16		80	2.00
	Dental Hygienist (flexible)		8	8					16	0.40
	Optometrist (28 hrs/mo)								7	0.18
	*PA/APN		24	24	24	24	24		120	3.00
	Case Manager		8	8	8	8	8		40	1.00
	Administrative Assistant		8	8	8	8	8		40	1.00
	Health Services Administrator		8	8	8	8	8		40	1.00
	Administrative Assistant		8	8	8	8	8		40	1.00
	RN Director of Nursing		8	8	8	8	8		40	1.00
	RN - Inf Control Coor		8	8	8	8	8		40	1.00
	RN - CQI Coor		8	8	8	8	8		40	1.00
	Days									
	RN	24	48	48	48	48	48	24	288	7.20
	LPN	24	40	40	40	40	40	24	248	6.20
	LPN Pharmacy	8	8	8	8	8	8	8	56	1.40
	CNT	8	16	16	16	16	16	8	96	2.40
	MH RN	16	16	16	16	16	16	16	112	2.80
	MH LPN	24	24	24	24	24	24	24	168	4.20
	Medical Records Clerk	8	16	16	16	16	16	8	96	2.40
	Evenings									
	RN	24	32	32	32	32	32	24	208	5.20
	LPN	24	32	32	32	32	32	24	208	5.20
	LPN Pharmacy	16	16	16	16	16	16	16	112	2.80
	CNT	8	8	8	8	8	8	8	56	1.40
	MH RN	16	16	16	16	16	16	16	112	2.80
	MH LPN	24	24	24	24	24	24	24	168	4.20
	Medical Records Clerk	8	16	16	16	16	16	8	96	2.40
	Nights									
	RN	16	16	16	16	16	16	16	112	2.80
	LPN	16	16	16	16	16	16	16	112	2.80
	CNT	8	8	8	8	8	8	8	56	1.40
	MH RN	8	8	8	8	8	8	8	56	1.40
	MH LPN	8	8	8	8	8	8	8	56	1.40
	Medical Records Clerk		8	8	8	8	8		40	1.00

Assistant living facility staff will come on-board as warranted by the availability of living quarters

MCCX	TITLE	Hours Sun	Hours Mon	Hours Tues	Hours Wed	Hours Thur	Hours Fri	Hours Sat	TOTAL Hours	TOTAL FTEs
	RN Charge	8	8	8	8	8	8	8	56	1.40
	LPN (1) 1st Shift	16	16	16	16	16	16	16	112	2.80
	CNT (4) all shifts	96	96	96	96	96	96	96	672	16.80
	Medical Records Clerk		8	8	8	8	8		40	1.00



Mark H. Luttrell Correctional Center (MLCC)

Operational Capacity: 436

Female Facility

Annex

2 Clinic Examination Rooms

2-Bed Infirmery

The Proposer shall include all FTEs necessary to provide an on-site primary care physician, dentistry services, optometry, and gynecologist services. *When a holiday occurs on a Monday, the Medical Director, Dentist and x-ray technician will substitute another weekday for the holiday to assure a consistent level of care is available each week. This exchange will be scheduled at least two weeks prior to occurrence.

MLCC Women	TITLE	Hours Sun	Hours Mon	Hours Tues	Hours Wed	Hours Thur	Hours Fri	Hours Sat	TOTAL Hours	TOTAL FTEs
	Administrative/Misc									
	Medical Director		8*	8			8		24	0.60
	OBGYN				8	8			16	0.40
	Dentist		8*	8		8			24	0.60
	Optometrist 8 hrs/mo)								2	0.05
Days										
	Health Service Administrator		8	8	8	8	8		40	1.00
	PA/APN		8	8	8	8	8		40	1.00
	DON - RN		8	8	8	8	8		40	1.00
	RN	8	8	8	8	8	8	8	56	1.40
	RN CQI		8	8	8	8	8		40	1.00
	LPN	16	16	16	16	16	16	16	112	2.80
	LPN Pharmacy	8	8	8	8	8	8	8	56	1.40
	Dental Assistant		8	8		8			24	0.60
	Secretary		8	8	8	8	8		40	1.00
	Medical Records Clerk	8	8	8	8	8	8	8	56	1.40
Evenings										
	RN Charge	8	8	8	8	8	8	8	56	1.40
	LPN	16	16	16	16	16	16	16	112	2.80
	LPN Pharmacy	8	8	8	8	8	8	8	56	1.40
	Medical Records Clerk		8	8	8	8	8		40	1.00
Nights										
	RN Charge	8	8	8	8	8	8	8	56	1.40
	LPN	8	8	8	8	8	8	8	56	1.40
	LPN/Pharmacy Tech	8	8	8	8	8	8	8	56	1.40
	Medical Records Clerk		8	8	8	8	8		40	1.00



Northeast Correctional Complex (NECX)

Operational Capacity: 1,819

Annex (Carter County)

Time Building Institution

3 Clinic Examination Rooms

10-Bed Infirmary

All Custody

Levels

The Proposer shall include all FTEs necessary to provide an on-site primary care physician, dentistry services, and optometry.

NECX	TITLE	Hours	Hours	Hours	Hours	Hours	Hours	Hours	TOTAL	TOTAL
		Sun	Mon	Tues	Wed	Thur	Fri	Sat	Hours	FTEs
	Administrative/Misc									
	Health Service Administrator		8	8	8	8	8		40	1.00
	Medical Director		8	8	8	8	8		40	1.00
	Dentist		8	8	8	8	8		40	1.00
	Optometrist (20 hrs/mo)								5	0.13
	PA/APN		16	16	16	16	16		80	2.00
	Administrative Assistant		8	8	8	8	8		40	1.00
	Days									
	RN - DON		8	8	8	8	8		40	1.00
	RN	16	16	16	16	16	16	16	112	2.80
	RN Carter County	8	8	8	8	8	8	8	56	1.40
	LPN Carter County		8	8	8	8	8		40	1.00
	LPN	24	32	32	32	32	32	24	208	5.20
	RN CQI		8	8	8	8	8		40	1.00
	RN Infection Control		8	8	8	8	8		40	1.00
	Case Manager		8	8	8	8	8		40	1.00
	Secretary		8	8	8	8	8		40	1.00
	LPN/Pharmacy Tech	16	16	16	16	16	16	16	112	2.80
	Dental Asst		8	8	8	8	8		40	1.00
	CNT		8	8	8	8	8		40	1.00
	Medical Records Clerk	8	16	16	16	16	16	8	96	2.40
	Evenings									
	RN - Charge	8	8	8	8	8	8	8	56	1.40
	RN	8	8	8	8	8	8	8	56	1.40
	RN Carter County	8	8	8	8	8	8	8	56	1.40
	LPN	24	24	24	24	24	24	24	168	4.20
	LPN/Pharmacy Tech	16	16	16	16	16	16	16	112	2.80
	CNT		8	8	8	8	8		40	1.00
	Medical Records Clerk	8	8	8	8	8	8	8	56	1.40
	Nights									
	RN Charge	8	8	8	8	8	8	8	56	1.40
	RN	8	8	8	8	8	8	8	56	1.40
	LPN	16	16	16	16	16	16	16	112	2.80
	Medical Records Clerk		8	8	8	8	8		40	1.00

Can contract for mobile x-rays/diagnostics in lieu of hiring technician



Northwest Correctional Complex (NWCX)

Operational Capacity: 2,377

2 Sites

3 Clinic Examination Rooms

8-Bed Infirmary

All Custody Levels

The Proposer shall include all FTEs necessary to provide an on-site primary care physician, dentistry services, and optometry.

NWCX	TITLE	Hours Sun	Hours Mon	Hours Tues	Hours Wed	Hours Thur	Hours Fri	Hours Sat	TOTAL Hours	TOTAL FTEs
	Administrative/Misc									
	Health Service Administrator		8	8	8	8	8		40	1.00
	Administrative Assistant		8	8	8	8	8		40	1.00
	Director of Nursing		8	8	8	8	8		40	1.00
	Medical Director		8	8	8	8	8		40	1.00
	PA/APN		16	16	16	16	16		80	2.00
	Dentist		16	16	16	16	16		80	2.00
	Dental Assistant		16	16	16	16	16		80	2.00
	Dental Hygienist		8	8					16	0.40
	Optometrist (20 hrs/mo)								5	0.13
Days										
	RN Charge	8	8	8	8	8	8	8	56	1.40
	RN	16	16	16	16	16	16	16	112	2.80
	RN Infection Control Coor		8	8	8	8	8		40	1.00
	RN CQI Coordinator		8	8	8	8	8		40	1.00
	Pharmacy LPN	16	16	16	16	16	16	16	112	2.80
	LPN	24	40	40	40	40	40	24	248	6.20
	CNT		8	8	8	8	8		40	1.00
	Administrative Assistant		8	8	8	8	8		40	1.00
	Case Manager		8	8	8	8	8		40	1.00
	Medical Records Clerk	8	16	16	16	16	16	8	96	2.40
Evenings										
	RN Charge	8	8	8	8	8	8	8	56	1.40
	RN	16	16	16	16	16	16	16	112	2.80
	LPN	24	32	32	32	32	32	24	208	5.20
	Pharmacy LPN	8	8	8	8	8	8	8	56	1.40
	CNT		8	8	8	8	8		40	1.00
	Medical Records Clerk		8	8	8	8	8		40	1.00
Nights										
	RN Charge	8	8	8	8	8	8	8	56	1.40
	RN	16	16	16	16	16	16	16	112	2.80
	LPN	16	16	16	16	16	16	16	112	2.80
	CNT		8	8	8	8	8		40	1.00
	Medical Records Clerk		8	8	8	8	8		40	1.00



Riverbend Maximum Security Institution (RMSI) – Comprehensive Clinical Staffing

Operational Capacity: 714
 2 Clinic Examination Rooms
 12-Bed Infirmary
 MAXIMUM Custody Level

RMSI	TITLE	Hours Sun	Hours Mon	Hours Tues	Hours Wed	Hours Thur	Hours Fri	Hours Sat	TOTAL Hours	TOTAL FTEs
	Administrative/Misc									
	Health Service Administrator		8	8	8	8	8		40	1.00
	Director of Nursing		8	8	8	8	8		40	1.00
	Medical Director		8	8	8	8	8		40	1.00
	PA/NP	8	12	12	12	12	12	8	76	1.90
	Administrative Assistant		8	8	8	8	8		40	1.00
	Dentist		8	8	8	8	8		40	1.00
	Dental Assistant		8	8	8	8	8		40	1.00
	Optometrist (8 hrs/mo)								2	0.05
	Case Manager		8	8	8	8	8		40	1.00
Days										
	RN Charge/Infirmary	8	8	8	8	8	8	8	56	1.40
	RN	16	16	16	16	16	16	16	112	2.80
	RN Infection Control Coor		8	8	8	8	8		40	1.00
	RN CQI Coordinator		8	8	8	8	8		40	1.00
	LPN	16	16	16	16	16	16	16	112	2.80
	LPN/Pharmacy Tech	16	16	16	16	16	16	16	112	2.80
	Medical Records Clerk	8	8	8	8	8	8	8	56	1.40
	MH RN	8	8	8	8	8	8	8	56	1.40
	MH LPN	8	8	8	8	8	8	8	56	1.40
Evenings										
	RN Charge	8	8	8	8	8	8	8	56	1.40
	RN	8	8	8	8	8	8	8	56	1.40
	LPN	16	16	16	16	16	16	16	112	2.80
	LPN/Pharmacy Tech	8	8	8	8	8	8	8	56	1.40
	Medical Records Clerk	8	8	8	8	8	8	8	56	1.40
	MH RN	8	8	8	8	8	8	8	56	1.40
	MH LPN	8	8	8	8	8	8	8	56	1.40
Nights										
	RN Charge	8	8	8	8	8	8	8	56	1.40
	LPN	8	8	8	8	8	8	8	56	1.40
	Medical Records Clerk		8	8	8	8	8		40	1.00
	MH LPN	8	8	8	8	8	8	8	56	1.40



Bledsoe County Correctional Complex (BCCX)

Site 1 – Southeastern Tennessee State Regional Correctional Facility (STSRCF)

Operational Capacity: 1,444 Time Building Institution (Site 1)
 3 Clinic Examination Rooms Medium Security Custody Level

The Proposer shall include all FTEs necessary to provide an on-site primary care physician, dentistry services, and optometry.

STSRCF	TITLE	Hours Sun	Hours Mon	Hours Tues	Hours Wed	Hours Thur	Hours Fri	Hours Sat	TOTAL Hours	TOTAL FTEs
	Administrative/Misc									
	Health Service Administrator		8	8	8	8	8		40	1.00
	Administrative Assistant		8	8	8	8	8		40	1.00
	RN - DON		8	8	8	8	8		40	1.00
	RN CQI		8	8	8	8	8		40	1.00
	RN Infection Control Coor		8	8	8	8	8		40	1.00
	Medical Director		6	6	6	6	6		30	0.75
	Dentist (time divided as needed)		10	10	10	10	10		50	1.25
	Dental Assistant		10	10	10	10	10		50	1.25
	PA/APN		8	8	8	8	8		40	1.00
Days										
	RN Charge	8	8	8	8	8	8	8	56	1.40
	RN	8	16	16	16	16	16	8	96	2.40
	LPN	16	32	32	32	32	32	16	192	4.80
	Pharmacy LPN	16	16	16	16	16	16	16	112	2.80
	CNT		8	8	8	8	8		40	1.00
	Medical Records Clerk	8	8	8	8	8	8	8	56	1.40
Evenings										
	RN Charge	8	8	8	8	8	8	8	56	1.40
	RN	8	16	16	16	16	16	8	96	2.40
	LPN	16	16	16	16	16	16	16	112	2.80
	LPN/Pharmacy Tech	16	16	16	16	16	16	16	112	2.80
	CNT		8	8	8	8	8		40	1.00
	Medical Records Clerk	8	8	8	8	8	8	8	56	1.40
Nights										
	RN Charge	8	8	8	8	8	8	8	56	1.40
	Medical Records Clerk		8	8	8	8	8		40	1.00
	LPN	24	24	24	24	24	24	24	168	4.20



Bledsoe County Correctional Complex (BCCX)

Site 2 – Bledsoe County Facility

Presently under construction, anticipated opening early 2013.

The Proposer shall include all FTEs necessary to provide an on-site primary care physician, dentistry services, and optometry.

BCCX Site 2	TITLE	Hours Sun	Hours Mon	Hours Tues	Hours Wed	Hours Thur	Hours Fri	Hours Sat	TOTAL Hours	TOTAL FTEs
	Administrative/Misc									
	Administrative Assistant		8	8	8	8	8		40	1.00
	Medical Director		6	6	6	6	6		30	0.75
	Dentist (time divided as needed)		10	10	10	10	10		50	1.25
	Dental Assistant		10	10	10	10	10		50	1.25
	PA/APN		24	24	24	24	24		120	3.00
Days										
	CNT	8	8	8	8	8	8	8	56	1.40
	Medical Records Clerk	8	16	16	16	16	16	8	96	2.40
	RN Charge	8	8	8	8	8	8	8	56	1.40
	RN	16	16	16	16	16	16	16	112	2.80
	LPN	16	24	24	24	24	24	16	152	3.80
	RN (CQI/IC)		8	8	8	8	8	8	48	1.20
	LPN/Pharmacy Tech	16	16	16	16	16	16	16	112	2.80
	DC		24	24	16	16	16		96	2.40
	Administrative Assistant		8	8	8	8	8		40	1.00
Evenings										
	Medical Records Clerk	8	16	16	16	16	16	16	104	2.60
	CNT	8	8	8	8	8	8	8	56	1.40
	RN Charge	8	8	8	8	8	8	8	56	1.40
	RN		8	8	8	8	8		40	1.00
	LPN	24	24	24	24	24	24	24	168	4.20
Nights										
	CNT	8	8	8	8	8	8	8	56	1.40
	RN	8	8	8	8	8	8	8	56	1.40
	LPN	16	16	16	16	16	16	16	112	2.80
	Medical Records Clerk		8	8	8	8	8		40	1.00



Turner Center Industrial Complex (TCIX) Site 1, and Site 2 - Comprehensive Clinical Staffing

Site 1 – Located in Hickman County, Only, TN

- Operational Capacity: 1,541
- Time Building Institution
- 1 On-Site Annex; 1 Off-Site Annex (TCIX – Site 2)
- 2 Clinic Examination Rooms
- 2-Bed Infirmery
- Medium Custody Levels

The Proposer shall include all FTEs necessary to provide an on-site primary care physician and mid-level services, 24/7 RN coverage, dentistry, clerical/ medical records support, optometry, and all ancillary support at both the main facility as well as the annex.

TCIX SITE 1	TITLE	Hours Sun	Hours Mon	Hours Tues	Hours Wed	Hours Thur	Hours Fri	Hours Sat	TOTAL Hours	TOTAL FTEs
	Administrative/Misc									
	Health Service Administrator		8	8	8	8	8		40	1.00
	Director of Nursing		8	8	8	8	8		40	1.00
	Medical Director		8	8	8	8	8		40	1.00
	PA/NP		8	8	8	8	8		40	1.00
	Administrative Assistant		8	8	8	8	8		40	1.00
	Dentist		8	8	8	8	8		40	1.00
	Dental Assistant		8	8	8	8	8		40	1.00
	Optometrist (16 hrs/mo)								4	0.10
Days										
	RN Charge	8	8	8	8	8	8	8	56	1.40
	RN	8	8	8	8	8	8	8	56	1.40
	RN CQI		8	8	8	8	8		40	1.00
	RN Infection Control Coor		8	8	8	8	8		40	1.00
	LPN	16	24	24	24	24	24	16	152	3.80
	LPN/Pharmacy Tech	8	8	8	8	8	8	8	56	1.40
	Medical Records Clerk		16	16	16	16	16		80	2.00
Evenings										
	RN Charge	8	8	8	8	8	8	8	56	1.40
	LPN	16	16	16	16	16	16	16	112	2.80
	Medical Records Clerk		8	8	8	8	8		40	1.00
	LPN/Pharmacy Tech		8	8	8	8	8		40	1.00
Nights										
	RN Charge	8	8	8	8	8	8	8	56	1.40
	LPN	16	16	16	16	16	16	16	112	2.80
	Medical Records Clerk		8	8	8	8	8		40	1.00



Turner Center Industrial Complex (TCIX) Site 1, and Site 2 - Comprehensive Clinical Staffing

Site 2 – Located in Wayne County, Clifton, TN

Operational Capacity: 450
 1 Clinic Examination Room

The Proposer shall include all FTEs necessary to provide an on-site primary care physician, dentistry services, and optometry. The TCIX Health Administrator is responsible of oversight of operations at both Site 1 and Site 2.

TCIX SITE 2	TITLE	Hours Sun	Hours Mon	Hours Tues	Hours Wed	Hours Thur	Hours Fri	Hours Sat	TOTAL Hours	TOTAL FTEs
	Administrative/Misc									
	Nurse Administrator		8	8	8	8	8		40	1.00
	PA/APN		8	8	8	8	8		40	1.00
	Dentist		8		8		8		24	0.60
	Dental Assistant		8		8		8		24	0.60
	Optometrist (8 hrs/mo)								2	0.05
	RN Infection Control Coor		8	8	8	8	8		40	1.00
	Administrative Assistant		8	8	8	8	8		40	1.00
Days										
	RN Charge	8	8	8	8	8	8	8	56	1.40
	LPN	16	16	16	16	16	16	16	112	2.80
	Medical Records Clerk		8	8	8	8	8		40	1.00
Evenings										
	RN	8	8	8	8	8	8	8	56	1.40
	LPN	8	8	8	8	8	8	8	56	1.40
	Medical Records Clerk		8	8	8	8	8		40	1.00
Nights										
	RN	8	8	8	8	8	8	8	56	1.40



Tennessee Prison for Women (TPW) – Comprehensive Clinical Staffing

Operational Capacity: 744 Reception Center Female Specialty Clinics
 Annex 3 Clinic Examination rooms 10-Bed Infirmary
 2 Negative Pressure Rooms All Custody Levels

The Proposer shall include all FTEs necessary to provide an on-site primary care physician and mid-level services, 24/7 RN coverage, dentistry, clerical/medical records support, optometry, and all ancillary support at both the main facility as well as the annex.

TPW	TITLE	Hours Sun	Hours Mon	Hours Tues	Hours Wed	Hours Thur	Hours Fri	Hours Sat	TOTAL Hours	TOTAL FTEs
	Administrative/Misc									
	Health Service Administrator		8	8	8	8	8		40	1.00
	Director of Nursing		8	8	8	8	8		40	1.00
	Medical Director		8	8	8	8	8		40	1.00
	OB/GYN Physician		8		8		8		24	0.60
	PA/NP		16	16	16	16	16		80	2.00
	RN IC Coordinator		8	8	8	8	8		40	1.00
	RN CQI Coordinator		8	8	8	8	8		40	1.00
	Administrative Assistant		8	8	8	8	8		40	1.00
	Dentist		8	8	8	8	8		40	1.00
	Dental Assistant		8	8	8	8	8		40	1.00
	Optometrist (16 hrs/mo)								4	0.10
Days										
	RN Charge	8	8	8	8	8	8	8	56	1.40
	RN	16	16	16	16	16	16	16	112	2.80
	LPN	24	24	24	24	24	24	24	168	4.20
	CNA/CNT	8	8	8	8	8	8	8	56	1.40
	LPN/Pharmacy Tech	16	16	16	16	16	16	16	112	2.80
	MH RN	8	8	8	8	8	8	8	56	1.40
	MN LPN	16	16	16	16	16	16	16	112	2.80
	Clinical Clerical Asst		8	8	8	8	8		40	1.00
	Medical Records Clerk	8	16	16	16	16	16	8	96	2.40
	Case Manager		8	8	8	8	8		40	1.00
Evenings										
	RN Charge	8	8	8	8	8	8	8	56	1.40
	RN	8	8	8	8	8	8	8	56	1.40
	LPN	16	16	16	16	16	16	16	112	2.80
	LPN/Pharmacy Tech	8	8	8	8	8	8	8	56	1.40
	CNA/CNT	8	8	8	8	8	8	8	56	1.40
	Medical Records Clerk	8	16	16	16	16	16	8	96	2.40
	MH RN	8	8	8	8	8	8	8	56	1.40
	MH LPN	16	16	16	16	16	16	16	112	2.80
Nights										
	RN Charge	8	8	8	8	8	8	8	56	1.40
	Medical Records Clerk		8	8	8	8	8	8	48	1.20
	LPN	16	16	16	16	16	16	16	112	2.80
	MH RN	8	8	8	8	8	8	8	56	1.40
	MH LPN	8	8	8	8	8	8	8	56	1.40
	PA/APN Chattanooga (4 hrs/week & prn)								4	0.10

TPW serves as the state wide hub site for treatment of women with serious medical and mentally ill inmates. This institution is the institution of record for women housed in the Transition Center in Chattanooga, TN. There are currently 30 transitional beds in this center. The Contractor should arrange for on-call medical coverage either by a Physician or Advanced Practice nurse to assess inmates as needed to avoid unnecessary travel to a local emergency room or the need to transport inmates back to the Tennessee Prison for Women evaluation.



West Tennessee State Penitentiary (WTSP)

Operational Capacity: 2,505

Reception Center

3 Sites

6 Clinic Examination Rooms

20-Bed Infirmary

The Proposer shall include all FTEs necessary to provide an on-site primary care physician, dentistry services, and optometry.

WTSP	TITLE	Hours Sun	Hours Mon	Hours Tues	Hours Wed	Hours Thur	Hours Fri	Hours Sat	TOTAL Hours	TOTAL FTEs
	Administrative/Misc									
	Medical Director		8	8	8	8	8		40	1.00
	Physician		8	8	8	8	8		40	1.00
	Dentist		16	16	16	16	16		80	2.00
	Dental Assistant		16	16	16	16	16		80	2.00
	Optometrist (32 hrs./mo.)								8	0.20
	Health Services Admin		8	8	8	8	8		40	1.00
	Administrative Assistant		8	8	8	8	8		40	1.00
	Administrative Assistant		8	8	8	8	8		40	1.00
	DON		8	8	8	8	8		40	1.00
	RN - Inf. Cont. Coord.		8	8	8	8	8		40	1.00
	RN - CQI Coord.		8	8	8	8	8		40	1.00
	PA/APN		24	24	24	24	24		120	3.00
	Case Manager		8	8	8	8	8		40	1.00
	Days									
	RN	24	48	48	48	48	48	24	288	7.20
	LPN	24	40	40	40	40	40	24	248	6.20
	LPN/Pharmacy Tech	8	16	16	16	16	16	8	96	2.40
	CNT	8	16	16	16	16	16	8	96	2.40
	MH RN	16	16	16	16	16	16	16	112	2.80
	MH LPN	16	16	16	16	16	16	16	112	2.80
	Medical Records Clerk	8	16	16	16	16	16	8	96	2.40
	Evenings									
	RN	24	32	32	32	32	32	24	208	5.20
	LPN	24	32	32	32	32	32	24	208	5.20
	LPN/Pharmacy Tech	8	8	8	8	8	8	8	56	1.40
	CNT	8	8	8	8	8	8	8	56	1.40
	MH RN	16	16	16	16	16	16	16	112	2.80
	MH LPN	16	16	16	16	16	16	16	112	2.80
	Medical Records Clerk	8	16	16	16	16	16	8	96	2.40
	Nights									
	RN	16	16	16	16	16	16	16	112	2.80
	LPN	16	24	24	24	24	24	16	152	3.80
	CNT	8	8	8	8	8	8	8	56	1.40
	MH RN	8	8	8	8	8	8	8	56	1.40
	MH LPN	16	16	16	16	16	16	16	112	2.80
	Medical Records Clerk		8	8	8	8	8		40	1.00

WTSP is a maximum security unit, level III Mental Health Unit, 3 clinics areas, and will have an active infirmary.

Appendix A





TENNESSEE DEPARTMENT OF CORRECTION

Corizon, Inc.
Client Since: 2010

Number of Years Providing These Services: Corizon, Inc. provided services to the Tennessee Department of Correction (TDOC) from July 2001 through December 2005, providing quality health services to inmates in the custody of the TDOC. During this four and a half year partnership, the TDOC and Corizon, Inc. accomplished many objectives and worked diligently toward our common goal of bringing a quality correctional healthcare program to the TDOC based on community standards of care. After experiencing services through another vendor, Corizon, Inc. was once again awarded the TDOC contract in January 2010 to provide comprehensive medical, dental and pharmacy services to adult male and female inmates.

2010 – 2012 Accomplishments

- Met and exceeded all TDOC client expectations 2012 (YTD).
- Successfully maintained the DSNF transit unit without any bed space shortage.
- Implemented the statewide nursing skills and competency training.
- Successfully continued bundling of the specialty clinics.
- Partnered with TDOC to establish a reverse distributor for controlled substance destruction.
- Supplemented the contract with an Assistant Regional Medical Director focused on Utilization Management and reduced patient days and length of stay in community hospitals.
- Supplemented the contract with a Nurse Trainer and implemented Nurse Competency evaluations and supplemental training for all nursing staff.
- Partnered with the client in developing a disease trend tracking process to monitor specific disease indices and improve care.
- Partnered with the client in revising and expanding the CQI program at all sites.
- Partnered with the client in revising the Departmental Infection Control Program.
- Worked with outside specialty providers to bundle inmate clinics to facilitate transportation in an efficient and cost effective manner.
- Revised the automated patient appointment and tracking program for on site and off site specialty medical care services.
- Expanded Telemedicine services from three to seven specialty services, reducing off site transportations.
- Introduce digital radiology services to all sites.
- Expanded Mobile Ultrasound services to all sites.
- Implemented on site sleep studies.
- Implemented on site Holter cardiac monitoring studies.
- Provide staffing support to the client for conducting annual TDOC site audits.



- Initiated onsite CT and MRI diagnostic testing at the Tennessee Prison for Women.
- Attained ACA re-accreditation at two sites.
- Expanded dialysis services to six days weekly to adjust for increased caseload.
- Implementation of the Corizon Diabetic Initiative that focuses on disease management including HgbA1c, a long-term measurement of the blood sugar with results exceeding those of the medical community.
- Implemented the Corizon Cardiac Initiative that focuses on cardiovascular disease management measured by various diagnostic tests with results exceeding those of the medical community.
- Built a positive relationship with Mental Health Management, the mental healthcare provider, by working together with them to provide better outcomes.
- Retained 99% of all staff working for previous vendor and have maintained staffing levels above 90%.
- Transitioned and maintained offsite medical specialty services without interruption.
- Completed orientation of all transition and new hire employees and independent contractors within 30 days of the contract start-up.
- Developed an extensive community specialty care provider list for all facilities.
- Focused attention on the utilization of offsite medical services and in particular, emergency room utilization. Corizon, Inc. achieved a 28% reduction in emergency room utilization.
- Employed a consultant pharmacist to oversee the pharmaceutical program. A consultant pharmacist makes monthly site visits to each facility providing a written report of each quality assurance review to the TDOC Administration.
- TDOC leadership procured and installed a telehealth network in all facilities, which Corizon, Inc. has used to expand telehealth programs for dermatology, neurology, and ENT in addition to the existing infectious disease and psychiatry services as well as providing the opportunity for expansion of telehealth services into areas such as internal medicine and cardiology and other sub-specialty services within our network.

Appendix B



Global Commercial Banking

October 26, 2012

Department of Corrections
State of Tennessee
3rd Floor, Rachel Jackson Building
320 Sixth Avenue North
Nashville, TN 37243-0465

To the State of Tennessee Department of Corrections:

We understand that you require a bank reference for Corizon, Inc. (the "Company"). Valitas Health Services LLC all of the capital stock of the Company.

Valitas Health Services LLC has maintained a banking relationship with us since 2000 through various subsidiaries. It is well known to us and has maintained its relationship with us in a satisfactory manner.

In addition, Bank of America, N.A. is a participant lender for a secured credit facility in the range of \$75 million provided to the Company by a group of lenders (the "Credit Facility"). There are currently no amounts currently outstanding under the Credit Facility. The availability of funds under the Credit Facility is subject to the conditions that (a) the Company not be in default under the terms of the Credit Facility and (b) the Company's representations and warranties contained in the agreement governing the Credit Facility be true and correct in all material respects as of the date of the borrowing.

Please note that the information set forth in this letter is subject to change without notice, and is provided in strict confidence, without any responsibility or liability on the part of Bank of America, N.A., its affiliates or any of its or its affiliates' directors, officers or employees. Bank of America, N.A. undertakes no responsibility to update the information set forth in this letter.

Very truly yours,

BANK OF AMERICA, N.A.

By: 

Name: Rusty Miller
Title: Vice President

Appendix C





Credit Reference Requests

Reference Check on:

__ Corizon _____

__ 105 Westpark Dr, Ste 200_

__ Brentwood, TN 37027 _____

Dear Representative:

The company above has provided us your name as a credit reference. We would appreciate you providing us with your experience with them. Be assured that all information will be held in the strictest of confidence.

Thank you,

Date Account Opened: __ 10/26/2007 _____

Date of Last Invoice: _____ 29-SEP-2012 _____

Terms : _____ 30 _____

Highest Balance: _____ 149,052.31 _____

Current Balance: __ 105.13 _____

IPA Average: _____ 40 _____

Comments: _____

Year to Date Sales: \$ 289,451.49

Prepared by: Carmen Clements _____ Title: __ Credit CSR Supervisor _____

Sincerely,

CreditReference@staples.com

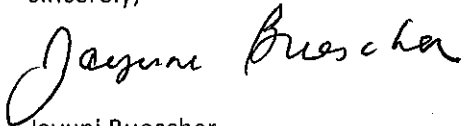
P (888) 753-4107

October 25, 2012

To Whom It May Concern,

This letter is to inform you that Corizon, Inc. has been doing business with our organization for over 10 years. Their accounts have been in good standing and their payments have been timely and reliable. Should you require any further assistance, please contact me at 314-576-6800.

Sincerely,



Jayuni Buescher
Accounting Manager

Appendix D





Corizon, Inc. DUNS: 60-608-4705

Dashboard

Company Info

12647 Olive Blvd Ste 400
Saint Louis, MO 63141

Phone: (314) 919-8501

URL: www.cmsstl.com

Scores

Paydex	Commercial Credit		Financial Stress		Supplier Eval. Risk Rating	Credit Limit Rec.	DandB Rating
Score	Score	Class	Score	Class	Rating	Recommendation	Rating
77 ▲	509 ▲	1	1481 ▲	3	4 ▼	\$250K	1R3

Recent Alerts

SCORE 10/08/12 **Paydex Score Improved**

INQUIRY 10/07/12
1 New Inquiry

INQUIRY 09/27/12 **3 New Inquiries**

INQUIRY 09/23/12
1 New Inquiry

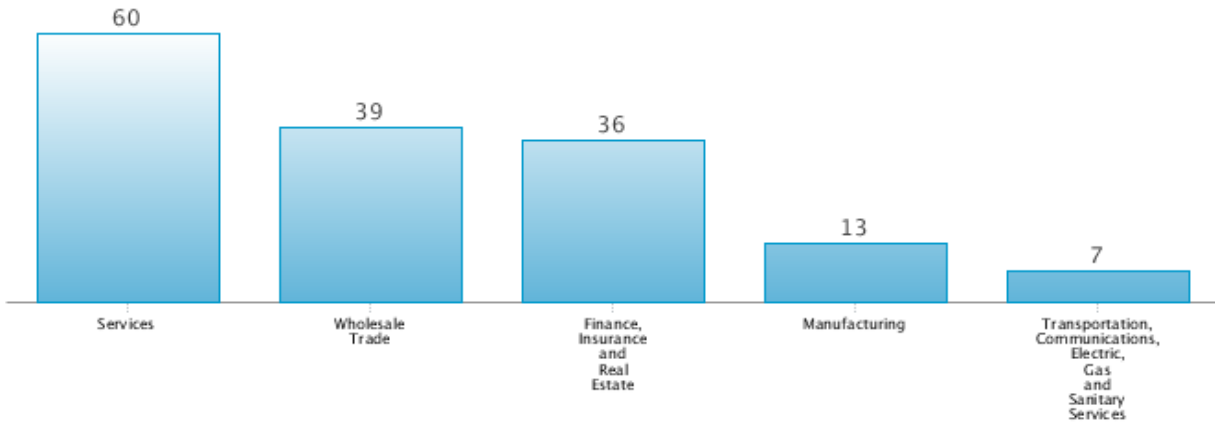
Inquiries

Most Recent

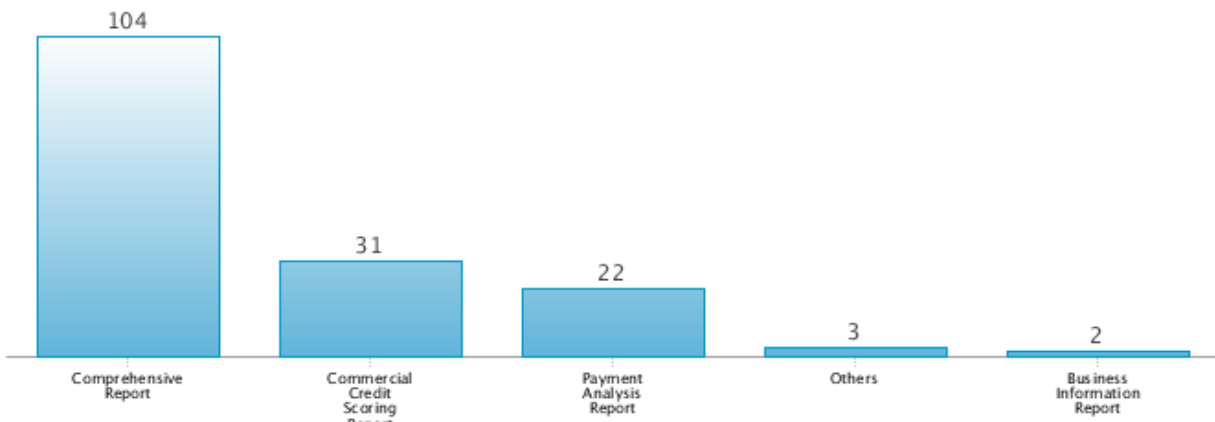
Date	SIC / Sector	Report type
10/04/12	Public Administration	Commercial Credit Scoring Report
09/25/12	Finance, Insurance and Real Estate	Commercial Credit Scoring Report
09/25/12	Wholesale Trade	Comprehensive Report
09/25/12	Wholesale Trade	Comprehensive Report
09/21/12	Wholesale Trade	Comprehensive Report

Top 5 Inquiries by SIC / Sector (12 Months)

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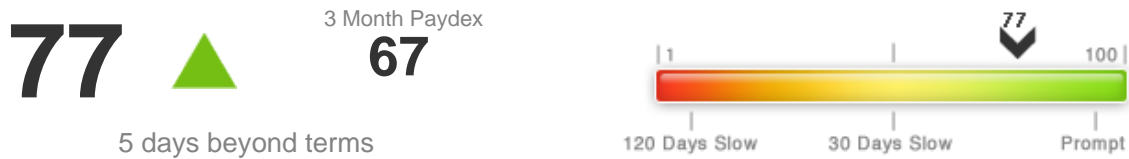


Top 5 Inquiries by Report Type (12 Months)



Scores

Paydex



Understanding My Score

The D&B PAYDEX is a unique, dollar weighted indicator of payment performance based on payment experiences as reported to D&B by trade references.

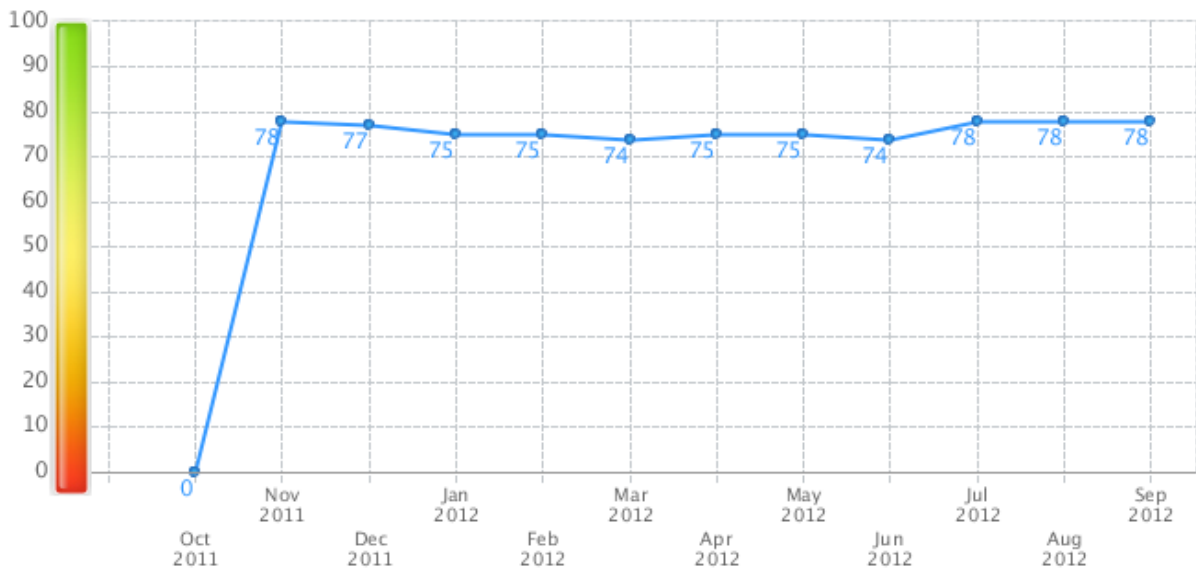
Recent Payments

Total (Last 12 Months): 80

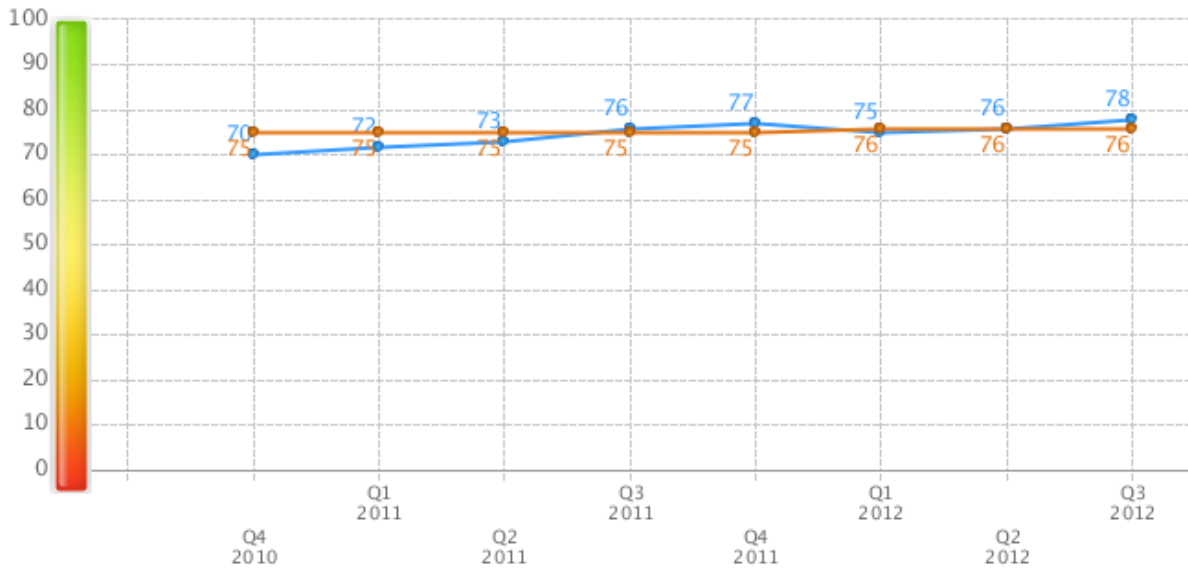
Date	Paying Record	High Credit	Now Owes	Past Due	Selling Terms	Last sale w/f (Mo.)
10/2012	Disc-Ppt	\$0	\$0	\$0	--	6-12 mos
10/2012	Ppt	\$1,000	\$0	\$0	N30	2-3 mos
10/2012	Ppt	\$250	\$0	\$0	N30	4-5 mos
10/2012	Ppt-Slow 60	\$750	\$0	\$0	N30	4-5 mos
09/2012	Ppt	\$0	\$0	\$0	--	6-12 mos

Key			
Paydex	Payment Practices	Paydex	Payment Practices
100	Anticipate	40	60 Days Beyond Terms
90	Discount	30	90 Days Beyond Terms
80	Prompt	20	120 Days Beyond Terms
70	15 Days Beyond	1-19	Over 120 Days Beyond Terms
60	22 Days Beyond Terms	UN	Unavailable
50	30 Days Beyond Terms		

Trends



Industry Comparison



- My Company (77)
- Industry Median: (76)

Based on payments collected over the last 4 quarters.

- Current PAYDEX for this business is 77, or equal to 5 days beyond terms
- The present industry median score is 76, or equal to 6 days beyond terms.

Commercial Credit Score

Score **509** ▲ Class **1** Percentile **98%**



Low risk of severe payment delinquency over next 12 months

Understanding My Score

The Commercial Credit Score predicts the likelihood that a company will pay its bills in a severely delinquent manner (90 days or more past terms), obtain legal relief from creditors or cease operations without paying all creditors in full over the next 12 months. Scores are calculated using a statistically valid model derived from D&B's extensive data files.

Incidence of Delinquent Payment:

Among Companies with this Classification: **6.00%**

Factors Affecting Your Score:

Insufficient number of payment experiences.

Composite credit appraisal is rated fair.

Most recent amount past due.

Low proportion of satisfactory payment experiences to total payment experiences.

High proportion of past due balances to total amount owing.

Key

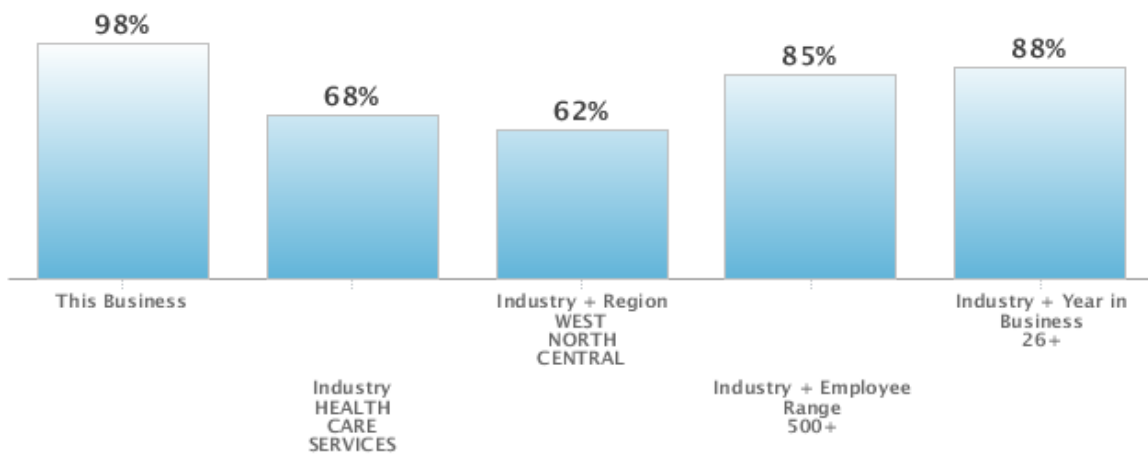
Score	Class	Percentile	Incidence of Delinquency
482 - 670	1	91 - 100	6.0%
451 - 481	2	71-90	10.6%
404-450	3	31-70	18.4%
351-403	4	11-30	31.5%
1-350	5	1-10	70.0%

Trends - Scores, 12 Month



• My Company (509)

Industry Comparison



This business has a Credit Score Percentile that shows:

- Lower risk than other companies in the same region.
- Lower risk than other companies in the same industry.
- Lower risk than other companies in the same employee size range.
- Lower risk than other companies with a comparable number of years in business.

Score **1481** ▲ Class **3** Nat'l % **54%**



Moderate risk of severe financial stress, such as a bankruptcy, over the next 12 months

Understanding My Score

Incidence of Financial Stress:

Among Companies with this Classification: **0.24** (84 per 10000)

Factors Affecting Your Score:

Low proportion of satisfactory payment experiences to total payment experiences.

UCC Filings reported.

Evidence of open suits.

High proportion of slow payment experiences to total number of payment experiences.

High number of inquiries to D & B over last 12 months.

Evidence of open liens.

- The Financial Stress Class Summary Model predicts the likelihood of a firm ceasing business without paying all creditors in full, or reorganization or obtaining relief from creditors under state/federal law over the next 12 months. Scores were calculated using a statistically valid model derived from D&B's extensive data files.

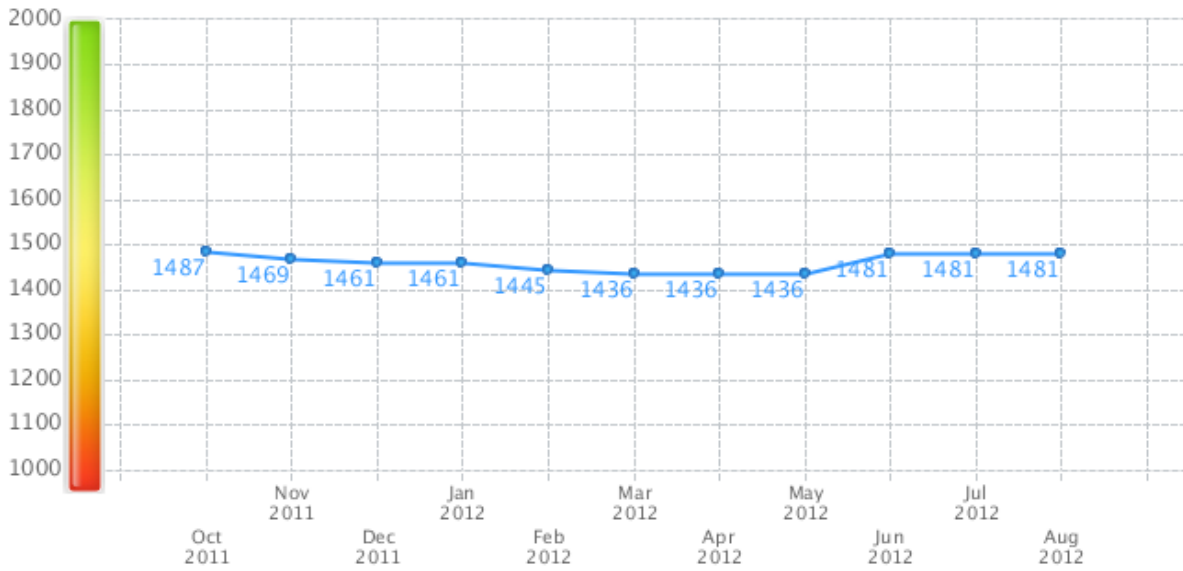
Notes:

- The Financial Stress Class indicates that this firm shares some of the same business and financial characteristics of other companies with this classification. It does not mean the firm will necessarily experience financial stress.
- The Incidence of Financial Stress shows the percentage of firms in a given Class that discontinued operations over the past year with loss to creditors. The Incidence of Financial Stress - National Average represents the national failure rate and is provided for comparative purposes.
- The Financial Stress National Percentile reflects the relative ranking of a company among all scorable companies in D&B's file.
- The Financial Stress Score offers a more precise measure of the level of risk than the Class and Percentile. It is especially helpful to customers using a scorecard approach to determining overall business performance.
- All Financial Stress Class, Percentile, Score and Incidence statistics are based on sample data from

Key

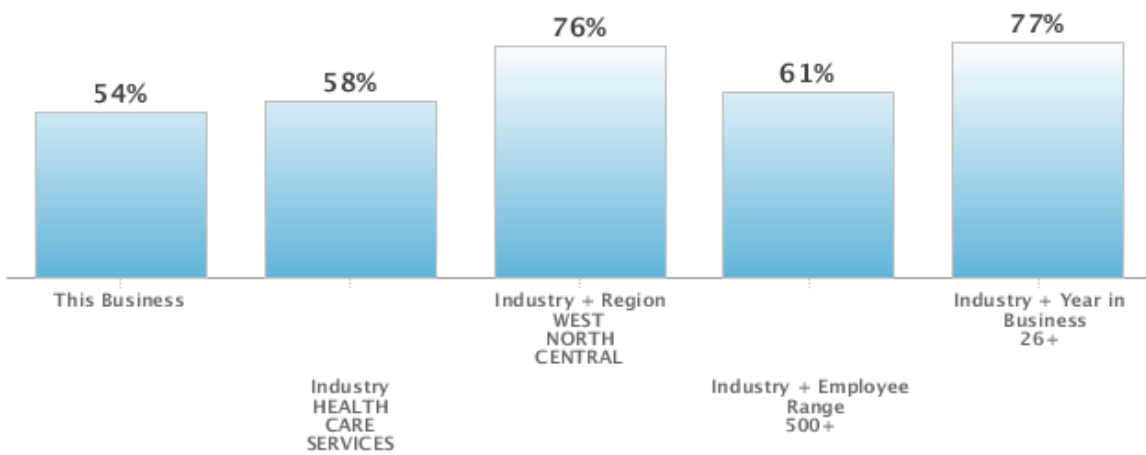
Score	Class	Percentile	Incidence of Financial Stress
1570-1875	1	95-100	6.0%
1510-1569	2	69-94	10.6%
1450-1509	3	34-68	18.4%
1340-1449	4	2-33	31.5%
1001-1339	5	1	70.0%

Trends - Scores, 12 Month



• My Company (1,481)

Industry Comparison



Based on payments collected over the last 4 quarters.

- Higher risk than other companies in the same region.
- Higher risk than other companies in the same industry.
- Higher risk than other companies in the same employee size range.
- Higher risk than other companies with a comparable number of years in business.

Supplier Evaluation Risk Rating

4 ▼



Moderate risk of supplier experiencing severe financial stress over the next 12 months.

Understanding My Score

The Supplier Evaluation Risk Rating 1-9 segmentation derived from the Financial Stress Score that

predicts the likelihood of supplier failure over the next 12 months. The SER Rating is derived from D&B's Financial Stress Score, which is calculated using a statistically valid model derived from D&B's extensive data files.

Factors Affecting This Company's Score:

Suits, Liens, and/or Judgments are present - see PUBLIC FILINGS section.

Average Payments are 5 day(s) beyond terms.

Average Industry Payments are 8 day(s) beyond terms.

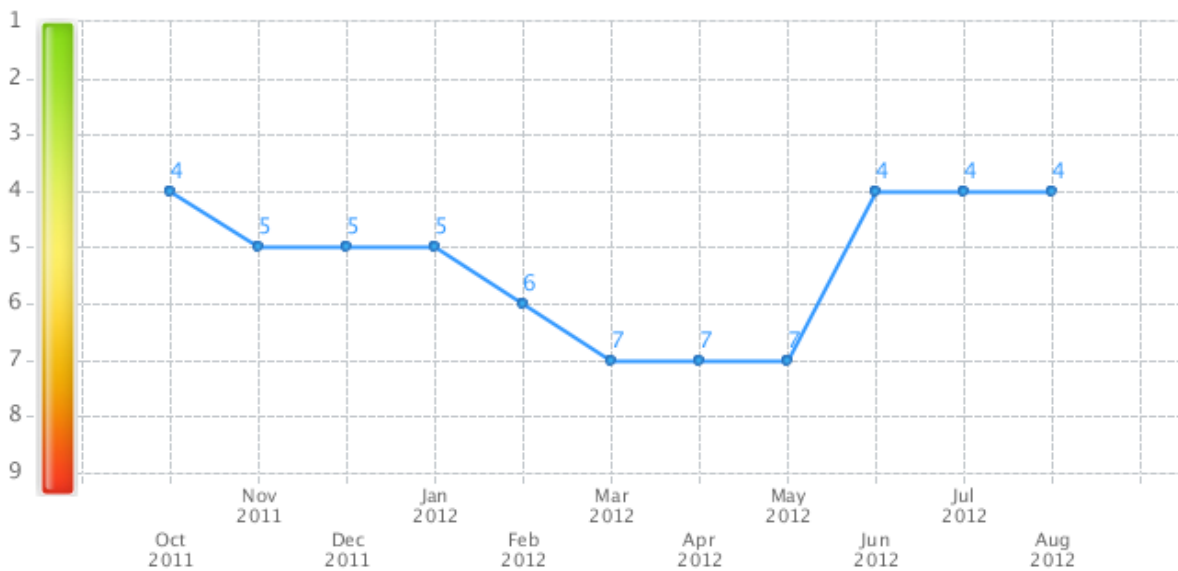
Change in control reported - see SPECIAL EVENTS and HISTORY sections.

Special events have been reported.

UCC Filings present - See PUBLIC FILINGS section.

Under present management control 30 years.

Trends



• My Company (4)

Credit Limit Recommendation

Risk Category

1

Low

Conservative Credit Limit

\$250k

Aggressive Credit Limit

\$500k



Understanding My Score

D&B's Credit Limit Recommendation is intended to help you more easily manage your credit decisions. It provides two recommended dollar guidelines:

A conservative limit, which suggests a dollar benchmark if your policy is to extend less credit to minimize risk.

An aggressive limit, which suggests a dollar benchmark if your policy is to extend more credit with potentially more risk.

The dollar guideline amounts are based on a historical analysis of credit demand of customers in D&B's U.S. payments database which have a similar profile to your business.

D&B Rating®

Rating
1R3

Number of employees: **1R** indicates 10 or more employees
Composite Credit Appraisal: **3** is fair

D&B Rating	Date Applied
1R3	2012-05-21

Understanding My Score

Factors Affecting Your Score

of Employees Total: **6,000 (230 here)**

Sales: **\$730,000,000.00**

Payment Activity (based on 111 experiences):

Average High Credit: **\$33,729**

Highest Credit: **\$1,000,000**

Total Highest Credit: **\$2,721,000**

Note: The Worth amount in this section may have been adjusted by D&B to reflect typical deductions, such as certain intangible assets.

Inquiries

12 Month Summary

Over the past 12 months ending 10-2012, 162 individual requests for information on your company were received; this represents a 69.14% decrease over the prior 12 month period. The 162 inquiries were made by 53 unique companies indicating that some companies have inquired on your business multiple times and may be monitoring you. Of the total products purchased, 60, or 37.04% came from the Services sector; 39, or 24.07% came from the Wholesale Trade sector; 36, or 22.22% came from the Finance, Insurance and Real Estate sector.

12 Mo. Total: 162

12 Mo. Unique Companies: 53

Date ▼	Report type	SIC / Sector
10/04/12	Commercial Credit Scoring Report	Public Administration
09/25/12	Commercial Credit Scoring Report	Finance, Insurance and Real Estate
09/25/12	Comprehensive Report	Wholesale Trade
09/25/12	Comprehensive Report	Wholesale Trade
09/21/12	Comprehensive Report	Wholesale Trade
09/18/12	Commercial Credit Scoring Report	Finance, Insurance and Real Estate
09/06/12	Comprehensive Report	Services
08/31/12	Comprehensive Report	Services

Appendix E





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
12/29/2011

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 1-800-222-9044 Arthur J. Gallagher Risk Management Services, Inc. Gallagher Healthcare 1900 W. Loop South Suite 1600 Houston, TX 77027 Michael O. Arnold	CONTACT NAME: Sharon McLaughlin PHONE (A/C, No. Ext): 713-358-7884 E-MAIL ADDRESS: sharon_mclaughlin@ajg.com	FAX (A/C, No):
INSURED Corizon, Inc. Valitas Health Services, Inc. 105 Westpark Drive, Suite 200 Brentwood, TN 37027	INSURER(S) AFFORDING COVERAGE	
	INSURER A: INSURANCE CO OF THE STATE OF PA	NAIC # 19429
	INSURER B: NEW HAMPSHIRE INS CO	23841
	INSURER C:	
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES

CERTIFICATE NUMBER: 24777244

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
	GENERAL LIABILITY						EACH OCCURRENCE	\$	
	<input type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$	
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						MED EXP (Any one person)	\$	
	<input type="checkbox"/> _____						PERSONAL & ADV INJURY	\$	
	<input type="checkbox"/> _____						GENERAL AGGREGATE	\$	
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG	\$	
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							\$	
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)	\$	
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	\$	
	<input type="checkbox"/> ALL OWNED AUTOS	<input type="checkbox"/>	<input type="checkbox"/>				BODILY INJURY (Per accident)	\$	
	<input type="checkbox"/> HIRED AUTOS	<input type="checkbox"/>	<input type="checkbox"/>				PROPERTY DAMAGE (Per accident)	\$	
	<input type="checkbox"/> _____							\$	
	UMBRELLA LIAB						EACH OCCURRENCE	\$	
	<input type="checkbox"/> EXCESS LIAB						AGGREGATE	\$	
	<input type="checkbox"/> OCCUR							\$	
	<input type="checkbox"/> CLAIMS-MADE							\$	
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$							\$	
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			015684265 - AOS	01/01/12	01/01/13	<input checked="" type="checkbox"/> WC STATUTORY LIMITS	<input type="checkbox"/> OTH-ER	
B	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>	N/A	015684268 (CA)	01/01/12	01/01/13	E.L. EACH ACCIDENT		\$ 1,000,000
B	If yes, describe under DESCRIPTION OF OPERATIONS below			015684267 (FL)	01/01/12	01/01/13	E.L. DISEASE - EA EMPLOYEE		\$ 1,000,000
							E.L. DISEASE - POLICY LIMIT		\$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
WC - Covered states: AL, AR, AZ, CA, CO, FL, GA, IA, IL, IN, KS, MD, ME, MI, MN, MO, NC, NJ, NM, NV, NY, OK, OR, PA, TN, TX, VA and VT. With regard to Workers' Compensation Blanket Waiver of Subrogation as required by written contract.

CERTIFICATE HOLDER**CANCELLATION**

Tennessee Department of Correction 6th Floor, Rachel Jackson Building 320 6th Avenue North Nashville, TN 37243 USA	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
--	---

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CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
12/28/2011

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 Aon Risk Services Central, Inc. St. Louis MO Office 8182 Maryland Avenue St Louis MO 63105 USA	CONTACT NAME: PHONE (A/C. No. Ext): (866) 283-7122 FAX (A/C. No.): (847) 953-5390	
	E-MAIL ADDRESS:	
INSURED Correctional Medical Services, Inc. 12647 Olive Blvd. St. Louis MO 63141 USA	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Hartford Fire Insurance Co. NAIC # 19582	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES **CERTIFICATE NUMBER:** 570044880281 **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. Limits shown are as requested

INSR LTR	TYPE OF INSURANCE	ADDITIONAL INSURER	SUBROGATION WAIVED	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS			84 UEN RY4947 K3	01/01/2012	01/01/2013	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) Collision Deductible \$1,000
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION						EACH OCCURRENCE AGGREGATE
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in MO) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A				WC STATUTORY LIMITS OTH-ER E.L. EACH ACCIDENT E.L. DISEASE-EA EMPLOYEE E.L. DISEASE-POLICY LIMIT

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

CERTIFICATE HOLDER Tennessee Department of Correction 6th floor, Rachel Jackson Building 320 6th Avenue North Nashville, TN 37243-0465 USA	CANCELLATION 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 <i>Aon Risk Services Central Inc</i>

Holder Identifier :

Certificate No. : 570044880281

ACORD_{TM} CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
12/29/2011

PRODUCER
DENISE D. BARNES
HEALTHCARE LIABILITY SOLUTIONS, INC.
840 GESSNER, SUITE 500
HOUSTON, TX 77024
PH: 800-732-8619 FAX: 713-343-5025

INSURED
VALITAS HEALTH SERVICES, INC.
CORIZON, INC.
CORRECTIONAL MEDICAL SERVICES, INC.
105 WESTPARK DRIVE, SUITE 200
BRENTWOOD, TN 37027

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: LEXINGTON INSURANCE COMPANY	19437
INSURER B:	
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADDL LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS								
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	N/A	N/A	N/A	EACH OCCURRENCE \$ N/A DAMAGE TO RENTED PREMISES (EA. OCCURRENCE) \$ N/A MED EXP (Any one person) \$ N/A PERSONAL & ADV INJURY \$ N/A GENERAL AGGREGATE \$ N/A PRODUCTS - COMP/DP AGG \$ N/A								
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	N/A	N/A	N/A	COMBINED SINGLE LIMIT (Ea accident) \$ N/A BODILY INJURY (Per person) \$ N/A BODILY INJURY (Per accident) \$ N/A PROPERTY DAMAGE (Per accident) \$ N/A								
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO	N/A	N/A	N/A	AUTO ONLY - EA ACCIDENT \$ N/A OTHER THAN AUTO ONLY: EA ACC \$ N/A AGG \$ N/A								
	EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION	N/A	N/A	N/A	EACH OCCURRENCE \$ N/A AGGREGATE \$ N/A \$ N/A \$ N/A \$ N/A								
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	N/A	N/A	N/A	<table border="1"> <tr> <td>WC STATU-TORY LIMITS</td> <td>OTH-ER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$ N/A</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$ N/A</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$ N/A</td> </tr> </table>	WC STATU-TORY LIMITS	OTH-ER	E.L. EACH ACCIDENT	\$ N/A	E.L. DISEASE - EA EMPLOYEE	\$ N/A	E.L. DISEASE - POLICY LIMIT	\$ N/A
WC STATU-TORY LIMITS	OTH-ER												
E.L. EACH ACCIDENT	\$ N/A												
E.L. DISEASE - EA EMPLOYEE	\$ N/A												
E.L. DISEASE - POLICY LIMIT	\$ N/A												
A	OTHER PRIMARY MEDICAL PROFESSIONAL LIABILITY - OCCURRENCE	6797138	01/01/12	01/01/13	SEE BELOW								

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 \$1,000,000 PER LOSS EVENT PER CONTRACTOR INSURED/\$3,000,000 ANNUAL AGGREGATE PER CONTRACTOR INSURED
 \$1,000,000 PER LOSS EVENT CORPORATE LIMIT/\$10,000,000 ANNUAL AGGREGATE CORPORATE LIMIT
 \$35,000,000 POLICY AGGREGATE
 LIMITS INCLUDE ALL SELF-INSURED PORTIONS OF THE LIMITS OF LIABILITY

CERTIFICATE HOLDER

TENNESSEE DEPARTMENT OF CORRECTION
 6TH FLOOR, RACHEL JACKSON BUILDING
 320 6TH AVENUE NORTH
 NASHVILLE, TN 37243

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



ACORD, CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
1/7/2012

PRODUCER
DENISE D. BARNES
HEALTHCARE LIABILITY SOLUTIONS, INC.
840 GESSNER, SUITE 500
HOUSTON, TX 77024
PH: 800-732-8619 FAX: 713-343-5025

INSURED
VALITAS HEALTH SERVICES, INC.
CORIZON, INC.
CORRECTIONAL MEDICAL SERVICES, INC.
105 WESTPARK DRIVE, SUITE 200
BRENTWOOD, TN 37027

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INSURER A: LEXINGTON INSURANCE COMPANY	19437
INSURER B:	
INSURER C:	
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INSURER E:	

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INSR LTR	ADDL INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS								
A		GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	6797142	01/01/12	01/01/13	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$500,000* MED EXP (Any one person) \$ N/A PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$6,000,000 PRODUCTS - COMPOP AGG \$ N/A COMPLETED OPERATIONS \$1,000,000								
		AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS	N/A	N/A	N/A	COMBINED SINGLE LIMIT (Ea accident) \$ N/A BODILY INJURY (Per person) \$ N/A BODILY INJURY (Per accident) \$ N/A PROPERTY DAMAGE (Per accident) \$ N/A								
		GARAGE LIABILITY <input type="checkbox"/> ANY AUTO	N/A	N/A	N/A	AUTO ONLY - EA ACCIDENT \$ N/A OTHER THAN AUTO ONLY: EA ACC \$ N/A AGG \$ N/A								
		EXCESS/UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE DEDUCTIBLE RETENTION	N/A	N/A	N/A	EACH OCCURRENCE \$ N/A AGGREGATE \$ N/A \$ N/A \$ N/A \$ N/A								
		WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? If yes, describe under SPECIAL PROVISIONS below	N/A	N/A	N/A	<table border="1"> <tr> <td>WC STATU-TORY LIMITS</td> <td>OTH-ER</td> </tr> <tr> <td>E.L. EACH ACCIDENT</td> <td>\$ N/A</td> </tr> <tr> <td>E.L. DISEASE - EA EMPLOYEE</td> <td>\$ N/A</td> </tr> <tr> <td>E.L. DISEASE - POLICY LIMIT</td> <td>\$ N/A</td> </tr> </table>	WC STATU-TORY LIMITS	OTH-ER	E.L. EACH ACCIDENT	\$ N/A	E.L. DISEASE - EA EMPLOYEE	\$ N/A	E.L. DISEASE - POLICY LIMIT	\$ N/A
WC STATU-TORY LIMITS	OTH-ER													
E.L. EACH ACCIDENT	\$ N/A													
E.L. DISEASE - EA EMPLOYEE	\$ N/A													
E.L. DISEASE - POLICY LIMIT	\$ N/A													
		OTHER	N/A	N/A	N/A	N/A								

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS
 LIMITS INCLUDE ALL SELF-INSURED PORTIONS OF THE LIMITS OF LIABILITY
 THIS CERTIFICATE OF INSURANCE REPLACES AND SUPERCEDES THE CERTIFICATE PREVIOUSLY ISSUED ON 12/29/2011 FOR THE POLICY PERIOD ABOVE.

CERTIFICATE HOLDER

TENNESSEE DEPARTMENT OF CORRECTION
 6TH FLOOR, RACHEL JACKSON BUILDING
 320 6TH AVENUE NORTH
 NASHVILLE, TN 37243

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE



Appendix F



Corizon, Inc. and Subsidiaries
Consolidated Balance Sheet
(In Thousands) (Unaudited)

	December 31, 2011
Assets	
Current assets:	
Cash and cash equivalents	\$ 10,051
Accounts receivable: healthcare and other, less allowances	60,675
Inventories	5,904
Prepaid expenses and other current assets	17,639
Current deferred tax assets	4,547
Total current assets	98,816
Property and equipment, net	13,163
Goodwill	273,070
Customer contracts and relationships, net	43,817
Other intangibles, net	20,750
Other assets, net	49,925
Total assets	\$ 499,541
Liabilities and shareholder's equity	
Current liabilities:	
Current maturities of long-term debt and other note payable	\$ -
Accounts payable	13,394
Accrued medical claims liability	28,924
Accrued expenses	40,121
Deferred revenue	465
Total current liabilities	82,904
Noncurrent portion of accrued expenses	65,702
Noncurrent deferred tax liabilities	19,231
Long-term debt, less current maturities	-
Total liabilities	167,837
Intercompany payable	140,062
Total shareholder's equity	191,642
Total liabilities and shareholder's equity	\$ 499,541

This information is proprietary and confidential. It is not to be distributed without the written consent of Corizon, Inc.

Corizon, Inc. and Subsidiaries
Consolidated Statement of Operations
(In Thousands) (Unaudited)

	<u>Year Ended</u> <u>December 31, 2011</u>
Health care revenues	\$ 726,118
Operating costs and expenses:	
Health care expenses	637,317
Selling, general, and administrative expenses	34,902
Depreciation	5,269
Amortization	<u>23,549</u>
	<u>701,037</u>
Operating income	25,081
Interest expense, net	<u>(20,938)</u>
Income (loss) before income taxes	<u>4,143</u>
Income tax provision (benefit)	<u>527</u>
Net income (loss)	<u><u>\$ 3,616</u></u>

This information is proprietary and confidential. It is not to be distributed without the written consent of Corizon, Inc.

Confidential and Proprietary -
Not For Distribution

CONSOLIDATED FINANCIAL STATEMENTS

Valitas Health Services, Inc. and Subsidiaries
Years Ended December 31, 2011 and 2010
With Report of Independent Auditors

Ernst & Young LLP



Valit s Health Services, Inc. and Subsidiaries

Consolidated Financial Statements

Years Ended December 31, 2011 and 2010

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Consolidated Financial Statements

Consolidated Balance Sheets2

Consolidated Statements of Operations3

Consolidated Statements of Changes in Shareholder’s Equity4

Consolidated Statements of Cash Flows5

Notes to Consolidated Financial Statements.....6

Financial Statement Schedule (Unaudited)

Proforma Consolidated Statements of Operations (Unaudited).....33

Report of Independent Auditors

The Board of Directors
Valit s Health Services, Inc. and Subsidiaries

We have audited the accompanying consolidated balance sheets of Valit s Health Services, Inc. and subsidiaries (collectively, the Company) as of December 31, 2011 and 2010, and the related consolidated statements of operations, changes in shareholder's equity, and cash flows for the years then ended. These financial statements are the responsibility of the Company's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. We were not engaged to perform an audit of the Company's internal control over financial reporting. Our audits included consideration of internal control over financial reporting as a basis for designing audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Company's internal control over financial reporting. Accordingly, we express no such opinion. An audit also includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements, assessing the accounting principles used and significant estimates made by management, and evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

In our opinion, the financial statements referred to above present fairly, in all material respects, the consolidated financial position of Valit s Health Services, Inc. and subsidiaries at December 31, 2011 and 2010, and the consolidated results of their operations and their cash flows for the years then ended, in conformity with accounting principles generally accepted in the United States.

As disclosed in Note 2 to the consolidated financial statements, the Company changed its presentation of insurance claims and related insurance recoveries as a result of the adoption of the amendments to the FASB Accounting Standards Codification resulting from Accounting Standards Update No. 2010-24, "Presentation of Insurance Claims and Related Insurance Recoveries."

Ernst & Young LLP

February 29, 2012

Valitás Health Services, Inc. and Subsidiaries

Consolidated Balance Sheets
(In Thousands)

	December 31	
	2011	2010
Assets		
Current assets:		
Cash and cash equivalents	\$ 10,051	\$ 33,158
Accounts receivable: healthcare and other, less allowances of	114,267	51,099
Inventories	8,368	6,760
Prepaid expenses and other current assets	31,456	3,701
Current deferred tax assets	11,347	4,907
Total current assets	175,489	99,625
Property and equipment, net	23,142	14,145
Goodwill	442,600	271,917
Customer contracts and relationships, net	133,754	58,295
Other intangibles, net	25,376	29,748
Other assets, net	76,725	14,913
Total assets	<u>\$ 877,086</u>	<u>\$ 488,643</u>
Liabilities and shareholder's equity		
Current liabilities:		
Current maturities of long-term debt and other note payable	\$ 2,850	\$ 9,256
Accounts payable	18,578	18,550
Accrued medical claims liability	42,223	22,511
Accrued expenses	92,371	32,557
Deferred revenue	9,541	1,225
Total current liabilities	165,563	84,099
Noncurrent portion of accrued expenses	112,158	26,607
Noncurrent deferred tax liabilities	43,251	26,889
Long-term debt, less current maturities	381,907	166,825
Total liabilities	702,879	304,420
Shareholder's equity:		
Common stock, par value \$0.001 per share; 1,000 shares authorized, issued, and outstanding at December 31, 2011 and 2010	—	—
Paid-in capital	168,958	163,860
Accumulated other comprehensive loss	(590)	(1,396)
Retained earnings	5,839	21,759
Total shareholder's equity	174,207	184,223
Total liabilities and shareholder's equity	<u>\$ 877,086</u>	<u>\$ 488,643</u>

See accompanying notes.

Valitas Health Services, Inc. and Subsidiaries

Consolidated Statements of Operations
(In Thousands)

	Year Ended December 31	
	2011	2010
Health care revenues	\$ 1,063,369	\$ 749,533
Operating costs and expenses:		
Health care expenses	938,819	663,655
Selling, general, and administrative expenses	49,977	33,822
Depreciation and amortization	37,196	21,131
Merger expenses	17,126	—
Customer contracts and other intangible impairment	—	250
	<u>1,043,118</u>	<u>718,858</u>
Operating income	20,251	30,675
Interest expense, net	(31,971)	(18,067)
Income (loss) before income taxes	<u>(11,720)</u>	<u>12,608</u>
Income tax provision (benefit)	(1,492)	4,478
Net income (loss)	<u>\$ (10,228)</u>	<u>\$ 8,130</u>

See accompanying notes.

Valitás Health Services, Inc. and Subsidiaries

Consolidated Statements of Changes in Shareholder's Equity
(In Thousands)

	Common Stock	Paid-In Capital	Retained Earnings	Accumulated Other Comprehensive Income (Loss)	Total Shareholder's Equity
Balance, December 31, 2009	\$ —	\$ 162,008	\$ 13,673	\$ (1,931)	\$ 173,750
Net income	—	—	8,130	—	8,130
Change in fair value of cash flow hedges, net of tax effect of \$350	—	—	—	535	535
Total comprehensive income	—	—	—	—	8,665
Contribution from parent	—	1,000	—	—	1,000
Dividends paid to LLC	—	—	(44)	—	(44)
Unit compensation	—	852	—	—	852
Balance, December 31, 2010	—	163,860	21,759	(1,396)	184,223
Net loss	—	—	(10,228)	—	(10,228)
Other comprehensive income amortization net of tax effect of \$403	—	—	—	806	806
Total comprehensive loss	—	—	—	—	(9,422)
Contribution from parent	—	3,446	—	—	3,446
Dividends paid to LLC	—	—	(5,692)	—	(5,692)
Unit compensation	—	1,652	—	—	1,652
Balance, December 31, 2011	\$ —	\$ 168,958	\$ 5,839	\$ (590)	\$ 174,207

See accompanying notes.

Valitás Health Services, Inc. and Subsidiaries

Consolidated Statements of Cash Flows
(In Thousands)

	Year Ended December 31	
	2011	2010
Operating activities		
Net income (loss)	\$ (10,228)	\$ 8,130
Adjustments to reconcile net income (loss) to net cash provided by operating activities:		
Depreciation and amortization	37,196	21,131
Customer contracts and other intangible impairment	—	250
Finance cost amortization	2,533	1,792
Write off of prior debt issuance costs	4,938	—
Deferred income taxes	(15,304)	(3,246)
Unit compensation	1,652	852
Paid-in-kind interest	1,182	909
Changes in operating assets and liabilities:		
Receivables	(12,228)	(9,138)
Inventories and other current assets	(13,815)	1,304
Accounts payable and accrued expenses	42,607	(5,543)
Other operating activities	(41,683)	2,919
Net cash provided by (used in) operating activities	(3,150)	19,360
Investing activities		
Capital expenditures	(6,296)	(5,751)
Purchase of America Service Group Inc., net of cash acquired	(200,991)	—
Net cash (used in) investing activities	(207,287)	(5,751)
Financing activities		
Proceeds from long-term debt	385,000	—
Repayments of long-term debt	(177,507)	(21,108)
Debt issuance costs	(17,917)	—
Shareholder contribution	3,446	1,000
Dividends paid	(5,692)	(44)
Net cash provided by (used in) financing activities	187,330	(20,152)
Decrease in cash and cash equivalents	(23,107)	(6,543)
Cash and cash equivalents, beginning of period	33,158	39,701
Cash and cash equivalents, end of period	<u>\$ 10,051</u>	<u>\$ 33,158</u>
Supplemental disclosure of non-cash financing activities		
Interest expense deferred to principal balance	<u>\$ 1,182</u>	<u>\$ 909</u>

See accompanying notes.

Valitás Health Services, Inc. and Subsidiaries

Notes to Consolidated Financial Statements

December 31, 2011

1. Nature of Business

Description of Business

Valitás Health Services, Inc. (the Company) is a holding company for the consolidated operations of America Service Group Inc. (ASG), Correctional Medical Services of Delaware, Inc. (CMSD) and Valitás Behavioral Services of Delaware, Inc. (VBSD), together with their wholly owned subsidiaries. The Company, through its operating subsidiaries, primarily provides contract healthcare services to correctional facilities owned or operated by state and local governments geographically dispersed across the United States.

The Company is wholly owned by Valitás Equity LLC, a Delaware limited liability company (LLC) through LLC's wholly owned subsidiary Valitás, Inc., a Delaware corporation. LLC and Valitás, Inc. have no other operations other than their investment in the Company.

As discussed more fully in Note 3, on June 3, 2011, the Company acquired ASG in a transaction accounted for as a purchase (the Acquisition). The consolidated financial statements include the results of operations of ASG from June 3, 2011 to December 31, 2011.

Subsequent to the Acquisition, the Company changed the name of the primary operating subsidiary of CMSD from Correctional Medical Services, Inc. to Corizon, Inc. and the name of the primary operating subsidiary of ASG from Prison Health Services, Inc. to Corizon Health, Inc.

2. Significant Accounting Policies

Basis of Presentation

All majority-owned subsidiaries of the Company are consolidated, and all intercompany accounts and transactions are eliminated.

The Company evaluated subsequent events through March 2, 2012, the date these consolidated financial statements were issued. No material subsequent events have occurred since December 31, 2011, that required recognition or disclosure.

Valitás Health Services, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

2. Significant Accounting Policies (continued)

Use of Estimates

The preparation of financial statements in accordance with United States Generally Accepted Accounting Principles (U.S. GAAP) requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Significant estimates and assumptions are used for, but not limited to, the accrual estimates for medical claims payable, professional liability claims reserves, income tax reserves and valuation allowances, allowance for doubtful accounts, and workers' compensation claims reserves. The accounting estimates used in the preparation of the consolidated financial statements will change as new events occur, as more experience is acquired, as additional information is obtained, and as the operating environment changes. The Company evaluates and updates its assumptions and estimates on an ongoing basis and may employ outside experts to assist in the evaluation, as considered necessary. Actual results could differ from these estimates.

Cash and Cash Equivalents

Cash and cash equivalents include cash on hand, demand deposits and money market funds which can be liquidated within three months or less when purchased. Due to the short term nature of these instruments, the carrying amounts approximate fair value.

Derivative Instruments

The Company periodically enters into interest rate swap agreements to effectively convert a portion of the interest on its floating rate debt to a fixed rate, thus reducing the impact of interest rate changes on future interest expense. The Company does not hold or issue derivative financial instruments for speculative purposes. The Company recognizes all of its derivative instruments as either assets or liabilities on the consolidated balance sheets at fair value. Changes in the fair value of these instruments are reported in earnings or other comprehensive income depending on the use of the derivative and whether it qualifies for hedge accounting. The accounting for gains and losses associated with changes in the fair value of the derivative and the effect on the consolidated financial statements depends on its hedge designation and whether the hedge is highly effective in achieving offsetting changes in the fair value of cash flows of the liability hedged.

Valit s Health Services, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

2. Significant Accounting Policies (continued)

Revenue and Cost Recognition

The Company engages principally in contracts with correctional institutions whereby the Company receives a contracted fee, typically based on the inmate population covered, and administers for the state or governmental agency the delivery of healthcare to the covered population. The Company records revenues net of estimated allowances resulting from failure to meet contractual requirements. Many contracts also include additional provisions such as aggregate pools, specific exclusions, or cost plus fee arrangements that mitigate a portion of off-site medical and pharmaceutical costs charged to the Company. For contracts that include such provisions, the Company recognizes revenues that would be due from or to clients based upon estimates of costs incurred compared to the corresponding contractual limit for such costs. Revenues earned are recognized in the period that services are rendered. Certain contracts allow the Company to bill in advance for services, and accordingly, such revenue is deferred and recognized when services are rendered.

Healthcare expenses include the compensation of nurses and other employed healthcare professionals (including any related benefits), physician compensation, benefits and independent contractor fees, hospitalization, other subcontractor and vendor costs, and other direct costs of providing care. The healthcare expenses are recognized in the period in which they are provided based in part on estimates, including an accrual for unbilled medical services rendered through the balance sheet date. The Company estimates the accrual for unbilled medical services using paid claim and utilization data including hospitalization, one-day surgeries, physician visits and emergency room and ambulance visits and their corresponding costs. An actuarial analysis is prepared at least annually as an additional tool to be considered by management in evaluating the adequacy of the Company's total accrual related to contracts which have sufficient claims payment history. The analysis takes into account historical claims experience (including the average historical costs and billing lag time for such services) and other actuarial data.

Actual payments and future accrual requirements will differ from the Company's current estimates. The differences could be material if significant fluctuations occur in the healthcare cost structure or the Company's claims experience. The development of the medical claims payable estimate is a continuous process monitored and refined on a monthly basis as additional claims information becomes available. The reserving methodology is consistently applied from period to period. Changes in estimates of claims resulting from such fluctuations and differences between estimates and actual claims payments are recognized in the period in which the estimates are changed or the payments are made. In 2011 and 2010, the Company recorded an

Valitas Health Services, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

2. Significant Accounting Policies (continued)

increase of approximately \$1.3 million and a decrease of approximately \$2.1 million, respectively, to its prior year claims liabilities as a result of revisions to its estimated claims expense. The impact to net income of these reductions to the Company's claims reserves and associated expense is dependent upon whether any of the associated customer contracts contained provisions limiting risk.

Accounts Receivable

Accounts receivable represent amounts due from state and local governments for healthcare services provided and/or administered by the Company. Included in unbilled accounts receivable is the Company's estimate of revenue earned under risk sharing provisions.

Accounts receivable are stated at estimated net realizable value. The Company recognizes allowances for doubtful accounts based on a variety of factors, including the length of time receivables are past due, significant one-time events, contractual rights, client funding and/or political pressures, discussions with clients and historical experience. If circumstances change, estimates of the recoverability of receivables would be further adjusted and such adjustments could have a material adverse effect on the Company's results of operations in the period in which they are recorded.

Inventories

Pharmacy and medical supplies inventories are stated at the lower of cost (first-in, first-out method) or market.

Income Taxes

Deferred tax assets and liabilities are recorded for the future tax consequences attributable to differences between the financial statement carrying amounts of existing assets and liabilities and their respective tax bases. Deferred tax assets and liabilities are measured using enacted tax rates expected to apply to taxable income in the years in which those temporary differences are expected to be recovered or settled. The effect of a change in tax rates on deferred tax assets and liabilities is recognized in income in the period that includes the enactment date of the tax rate change.

Valit s Health Services, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

2. Significant Accounting Policies (continued)

Valuation allowances are provided when it is considered more likely than not that deferred tax assets will not be realized. In determining if a deductible temporary difference or net operating loss can be realized, the Company considers future reversals of existing taxable temporary differences, future taxable income, taxable income in prior carryback periods, and tax planning strategies.

Property and Equipment

Property and equipment are recorded at cost and depreciated on a straight-line basis over the estimated useful lives of the assets. The estimated useful lives for the major categories of property and equipment are ten to thirty years for buildings and improvements and three to eight years for furniture, computer hardware and software, equipment and fixtures. Leasehold improvements are amortized over the useful life or the remaining term of the lease, whichever is shorter. Expenditures for maintenance and repairs are charged to expense as incurred, whereas expenditures for improvements and replacements are capitalized. The cost and accumulated depreciation of assets sold or otherwise disposed of are removed from the accounts and the resulting gain or loss is reflected in the consolidated statements of operations.

Software Costs

The Company capitalizes costs associated with internally developed software systems that have reached the application development stage. Capitalized costs include external direct costs of materials and services utilized in developing or obtaining internal-use software and payroll and payroll-related expenses for employees who are directly associated with and devote time to the internal-use software project. Capitalization of such costs begins when the preliminary project stage is complete and ceases no later than the point at which the project is substantially complete and ready for its intended purpose. In addition, the Company capitalizes costs associated with upgrades or enhancements to its internally developed software systems which result in additional functionality.

Valitás Health Services, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

2. Significant Accounting Policies (continued)

Goodwill, Contracts, and Other Intangible Assets

The Company accounts for goodwill, customer contracts, and other intangible assets in accordance with ASC 350. Intangible assets were estimated by an independent valuation specialist based on the fair value. Goodwill represents the excess of the purchase price over the fair value of the net tangible and identifiable intangible assets acquired in a business combination and is not subject to amortization. ASC 350 requires that goodwill be tested for impairment at least annually, or more often if warranted by events and changes in circumstances indicating that the carrying value may exceed its fair value, and written down to fair value if impaired. Absent any impairment indicators, the Company performs its goodwill impairment testing during the fourth quarter of each year.

In September 2011, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update No. 2011-08, an update to FASB ASC Intangibles—Goodwill and Other Topic, which amends the existing accounting standards related to the method of assessing goodwill for potential impairment. Specifically, this update limits the requirement for a company to perform a quantitative goodwill impairment test to situations in which management believes it is more likely than not that the fair value of a reporting unit is less than its carrying amount. This update becomes effective for annual and interim goodwill impairment tests performed for fiscal years beginning after December 15, 2011. Early adoption is permitted. The Company adopted this update effective with its December 31, 2011 annual goodwill impairment test. Such adoption did not have a material impact on the consolidated financial statements.

Based on an assessment of qualitative factors, the Company determined that it is more likely than not that the carrying amount of the Company's reporting unit exceeds its fair value. As a result, the Company concluded that no further testing for goodwill impairment was required.

ASC 350 also requires that intangible assets with finite useful lives be amortized over their respective estimated useful lives and tested for impairment if certain circumstances indicate a possible impairment may exist. Customer contracts and relationships are amortized based on the pattern of economic benefit received from the contract, which is currently estimated over one to 16 years. The Company's other intangible assets consist of trade names and non-compete agreements (see Note 9). Non-compete agreements were amortized on a straight-line basis over their useful lives of four years and were fully amortized as of December 31, 2011.

Valit s Health Services, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

2. Significant Accounting Policies (continued)

Prior to 2011, the Company's intangible assets related to trade names had an indefinite life and were not amortized. As a result of the rebranding and name changes for the primary operating subsidiaries discussed in Note 1 above, the Company concluded that the intangible assets associated with its existing trade names have a limited life. Beginning June 3, 2011, these assets will be amortized over a 2 year life.

Deferred Financing Costs

Expenses associated with the issuance of debt instruments are capitalized and amortized over the terms of the respective financing arrangement using a method similar to the effective interest method over periods ranging from five to seven years.

Unit Based Compensation

Certain directors, officers, and employees of the Company participate in the LLC's equity incentive plan. Compensation cost includes compensation cost for all share-based payments granted under the plans, based on the grant-date fair value. The Company recognizes the cost as expense on a straight-line basis (net of estimated forfeitures) over the requisite service period. The Company estimates the fair value of the incentive units using the Black-Scholes option-pricing model. The expense is recorded in selling, general, and administrative expenses in the consolidated statements of operations.

Recent Accounting Pronouncements

In August 2010, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2010-24 "Presentation of Insurance Claims and Related Insurance Recoveries," which provides clarification to companies in the healthcare industry on the accounting for professional liability insurance. This ASU states that receivables related to insurance recoveries should not be netted against the related claim liability and such claim liabilities should be determined without considering insurance recoveries. This ASU is effective for fiscal years beginning after December 15, 2010 and was adopted by the Company on January 1, 2011. The adoption of this ASU increased prepaid expenses and other current assets by \$15.6 million, other assets, net by \$42.9 million, accrued expenses by \$15.6 million and non-current portion of accrued expenses by \$42.9 million in the consolidated balance sheet at December 31, 2011 and had no impact to the consolidated statement of operations for year ended December 31, 2011.

Valit s Health Services, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

2. Significant Accounting Policies (continued)

The Company has determined that all other recently issued accounting pronouncements will not have a material impact on its consolidated financial position, results of operations, and cash flows or do not apply to its operations.

Reclassifications

Certain prior period amounts have been reclassified in order to conform to current period presentation.

3. Acquisition

On June 3, 2011, the Company acquired all of the voting shares of ASG. ASG is a provider of contract healthcare services to correctional facilities owned or operated by state and local governments geographically dispersed across the United States. The Company paid \$201.0 million in cash at closing, net of \$48.5 million of cash acquired in the Acquisition. The cash purchase price was funded through the issuance of the new debt facility discussed in Note 13. The results of operations of ASG are included in the consolidated financial statements of the Company for all periods subsequent to June 3, 2011.

Under the acquisition method of accounting, the purchase price, net of cash, totaling \$201.0 million was allocated to the identifiable assets acquired and liabilities assumed based upon their estimated fair values as of June 3, 2011. The excess of the purchase price over the estimated fair value of the identifiable assets acquired and liabilities assumed was recorded as goodwill. Goodwill recorded for this transaction represents the business value of the entity not specifically related to net assets acquired. The goodwill of \$169.5 million is not expected to be deductible for tax purposes.

Valitas Health Services, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

3. Acquisition (continued)

The Company's preliminary estimate of the fair value of assets acquired and liabilities assumed in the transaction is as follows:

	<u>2011</u>
Accounts receivable, net of allowances of \$0.5 million	\$ 50,939
Other current assets	15,550
Property, software and equipment	11,198
Other assets	11,639
Identified intangibles	99,800
Goodwill	169,530
Total assets acquired	<u>358,656</u>
Current liabilities	(102,192)
Long term liabilities	(31,905)
Deferred tax liabilities	(23,568)
Total liabilities assumed	<u>(157,665)</u>
Net assets acquired	<u>\$ 200,991</u>

Acquisition related expenses totaling \$17.1 million were incurred during 2011 in connection with the transaction are included in the accompanying consolidated statements of operations as merger expenses.

Valitás Health Services, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

4. Major Customers and Geographical Concentrations

The Company contracts with several state-wide prison systems, which potentially expose the Company to concentrations of credit risk. Contracts with the states of Alabama, Indiana and Missouri constituted approximately 27.8% of revenues for the year ended December 31, 2011, and 8.5% of total receivables at December 31, 2011. Contracts with the states of Alabama, Indiana and Missouri constituted approximately 38% of revenues for the year ended December 31, 2010, and 19.3% of total receivables at December 31, 2010.

In addition, as of December 31, 2011, the Company has approximately \$19.8 million of unbilled receivables, 17.4% of total receivables, related to two existing customers whose contract renewals are in the final stages of execution. The Company expects these contracts to be executed in early 2012, at which point these receivables will be billed and collection can occur.

During 2011 and 2010, some of the Company's contracts expired in the normal course of business. The table below presents the operating results, net of taxes, that are included in the accompanying statements of operations (in thousands):

	December 31	
	2011	2010
Healthcare revenues	\$ 34,884	\$ 44,220
Healthcare expenses	32,418	36,986
Income from expired contracts before taxes	2,466	7,234
Income tax provision	1,011	2,966
Income from expired contracts, net of taxes	\$ 1,455	\$ 4,268

Valitas Health Services, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

5. Accounts Receivable

Accounts receivable consist of the following (in thousands):

	December 31	
	2011	2010
Billed accounts receivable	\$ 51,720	\$ 12,428
Unbilled accounts receivable	58,600	29,746
Other accounts receivable	6,830	11,646
	<u>117,150</u>	<u>53,820</u>
Less: allowances	(2,883)	(2,721)
	<u>\$ 114,267</u>	<u>\$ 51,099</u>

Unbilled accounts receivable generally represent additional revenue earned that remain unbilled at each balance sheet date, due to provisions within the contracts governing the timing for billing such amounts.

6. Prepaid Expenses and Other Current Assets

Prepaid expenses and other current assets are stated at amortized cost and comprised of the following (in thousands):

	December 31	
	2011	2010
Prepaid insurance	\$ 6,673	\$ 1,789
Insurance recoveries related to professional liability claims losses	15,631	-
Prepaid cash deposits for professional liability claims losses	5,111	-
Prepaid other	4,041	1,912
	<u>\$ 31,456</u>	<u>\$ 3,701</u>

Valitas Health Services, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

7. Property and Equipment

Property and equipment are stated at cost and comprised of the following (in thousands):

	December 31	
	2011	2010
Computer hardware and software	\$ 37,517	\$ 22,703
Buildings and improvements	1,753	843
Furniture, equipment and fixtures	3,480	2,282
	<u>42,750</u>	<u>25,828</u>
Less: accumulated depreciation	(19,608)	(11,683)
	<u>\$ 23,142</u>	<u>\$ 14,145</u>

Depreciation expense, including amortization of capitalized software costs, for the years ended December 31, 2011 and 2010 was approximately \$8.4 million and \$5.3 million, respectively.

8. Other Assets

Other assets are stated at amortized cost and comprised of the following (in thousands):

	December 31	
	2011	2010
Deferred financing costs	\$ 18,229	\$ 11,084
Less: accumulated amortization	(1,786)	(5,400)
	<u>16,443</u>	<u>5,684</u>
Insurance recoveries related to professional liability claims losses	42,911	-
Prepaid cash deposits for professional liability claims losses	5,613	-
Prepaid insurance deposits and other	4,744	-
Supplemental retirement plan	7,014	9,229
	<u>\$ 76,725</u>	<u>\$ 14,913</u>

Valit s Health Services, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

9. Customer Contracts, Relationships, and Other Intangible Assets

Due to the loss of certain customer contracts in 2010, the Company recorded impairment charges of \$0.3 million to customer contracts. The Company recorded no impairment charges in 2011.

The gross and net values of contracts and other intangible assets consist of the following (in thousands):

	December 31	
	2011	2010
Contracts:		
Gross value	\$ 200,630	\$ 107,330
Less: accumulated amortization	(66,876)	(49,035)
	\$ 133,754	\$ 58,295
Trade names:		
Gross value	\$ 35,680	\$ 29,180
Less: accumulated amortization	(10,304)	-
	\$ 25,376	\$ 29,180
Non-compete agreements:		
Gross value	\$ -	\$ 2,304
Less: accumulated amortization	-	(1,736)
	\$ -	\$ 568

Prior to the acquisition of ASG on June 3, 2011, as discussed in Note 3, the CMSD trade name had an indefinite life. However, due to the rebranding and name changes for the primary operating subsidiaries, the Company concluded that the intangible associated with the trade names have a limited life and will be amortized over two years.

Valitas Health Services, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

9. Customer Contracts, Relationships, and Other Intangible Assets (continued)

Amortization expense, including impairment charge, for the years ended December 31, 2011 and 2010, was \$28.8 million and \$15.5 million, respectively. Estimated aggregate amortization expense related to the above intangibles for the five years subsequent to December 31, 2011 are approximately \$37.6 million, \$24.1 million, \$13.6 million, \$10.4 million and \$9.0 million, respectively.

10. Accrued Expenses

Accrued expenses consist of the following (in thousands):

	December 31	
	2011	2010
Salaries and employee benefits	\$ 36,356	\$ 15,843
Professional liability claims	65,361	13,423
Accrued workers' compensation claims	10,796	5,691
Professional liability claims losses recoverable through insurance	58,542	—
Other	33,474	24,207
	<u>204,529</u>	<u>59,164</u>
Less: noncurrent portion of professional liability claims losses recoverable through insurance	(42,911)	—
Less: noncurrent portion of professional liability and workers' compensation claims	(59,627)	(13,553)
Less: supplemental retirement plan liability	(7,014)	(9,229)
Less: other	(2,606)	(3,825)
	<u>\$ 92,371</u>	<u>\$ 32,557</u>

Valitas Health Services, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

11. Income Taxes

The provision (benefit) for income taxes consists of (in thousands):

	December 31	
	2011	2010
Current:		
Federal	\$ 11,892	\$ 6,105
State and local	1,920	1,619
	<u>\$ 13,812</u>	<u>\$ 7,724</u>
Deferred:		
Federal	\$ (13,527)	\$ (2,872)
State and local	(1,777)	(374)
	<u>\$ (15,304)</u>	<u>\$ (3,246)</u>
Income tax expense (benefit)	<u>\$ (1,492)</u>	<u>\$ 4,478</u>

The federal statutory income tax rate is reconciled to the effective tax rate from continuing operations as follow:

	Year Ended December 31	
	2011	2010
U.S. statutory income tax rate	(35.0)%	35.0%
State income taxes, net of federal tax benefit	(5.7)	5.1
Permanent book/tax differences	9.0	4.0
Costs associated with the Acquisition	10.3	-
Reserve for uncertain tax positions	0.7	(7.9)
Change in effective tax rate on deferred taxes	5.7	-
Other	2.3	(0.7)
Effective income tax rate	(12.7)%	35.5%

In 2010, the Company closed its federal audit of tax years 2005 through December 26, 2007, analyzed its income tax positions based upon the audit findings, and recorded a \$0.6 million decrease, net of additional state items, in its reserve for uncertain tax positions.

Valitas Health Services, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

11. Income Taxes (continued)

Deferred income taxes reflect the net tax effects of temporary differences between the carrying amounts of assets and liabilities for financial reporting purposes and the amounts used for income tax purposes. Significant components of the Company's deferred tax assets (liabilities) are as follows (in thousands):

	December 31	
	2011	2010
Deferred tax assets:		
Accruals and receivable allowances	\$ 2,875	\$ 669
Professional liability claims	26,569	5,308
Deferred compensation	2,965	3,750
Interest rate swaps	-	914
Workers' compensation	4,389	1,968
Other	2,951	644
Total deferred tax assets	<u>39,749</u>	<u>13,253</u>
Deferred tax liabilities:		
Intangibles	(64,835)	(32,890)
Property and equipment	(6,818)	(2,345)
Total deferred tax liabilities	<u>(71,653)</u>	<u>(35,235)</u>
Net deferred tax liability	<u>\$ (31,904)</u>	<u>\$ (21,982)</u>
Reported as:		
Current deferred tax assets	\$ 11,347	\$ 4,907
Noncurrent deferred tax liabilities	(43,251)	(26,889)
Net deferred taxes	<u>\$ (31,904)</u>	<u>\$ (21,982)</u>

Income taxes (received) paid were approximately \$(0.2) million and \$11.3 million during the years ended December 31, 2011 and 2010, respectively.

Valitás Health Services, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

11. Income Taxes (continued)

A reconciliation of the beginning and ending balance of the liabilities for uncertain tax positions is as follows (in thousands):

Balance as of January 1, 2011	\$	2,075
Gross increase – current year tax positions taken		276
Gross decrease – prior year tax positions taken		–
Lapse of statute of limitations		–
Balance as of December 31, 2011	\$	<u>2,351</u>

The Company recognizes interest accrued related to unrecognized tax benefits in the provision for income taxes. Included in the reserve for uncertain tax positions is a liability for interest in the amount of \$0.1 million. As of December 31, 2011, \$2.3 million of the reserve for uncertain tax positions would, if recognized, affect the effective tax rate in future periods. The entire \$2.4 million balance is included in noncurrent portion of accrued expenses in the consolidated balance sheets. The Company does not expect any significant increases or decreases to these liabilities within 12 months of this reporting date.

The federal income tax returns of the Company for the tax period beginning December 27, 2007 through tax year 2011 remain subject to examination. The Company files in numerous state jurisdictions with varying statutes of limitation. The state income tax returns for tax years 2005 through 2011 remain subject to examination. An audit of the federal tax returns of ASG for the year ended December 31, 2010 and the period ended June 2, 2011 is currently in progress.

12. Professional Liability Insurance

The Company maintains professional liability (medical malpractice) insurance in amounts that it considers appropriate based upon the nature of its business, industry practice, and past claims experience. This coverage is for the Company and its employees. The Company's independently contracted physicians may participate in this coverage or obtain their own so long as it is comparable. The Company's professional liability program includes occurrence-based insurance, claims-made insurance, self-insured retention, and reinsurance obtained through third-party insurers.

Valit s Health Services, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

12. Professional Liability Insurance (continued)

The Company estimates its liability for professional liability claims losses after taking into consideration the Company's professional liability claims department and external counsel evaluations of the merits of individual claims, analysis of claim history and analysis by outside actuaries. When appropriate, based on the coverage terms, the Company also records an estimate of incurred but reported claims based on an analysis of claims history and analysis by outside actuaries. Estimated liabilities are discounted using rates appropriate with the risks involved.

Prior to January 1, 2011 the Company recorded its liabilities for professional liability claims net of expected insurance recoveries. As discussed in Note 2, effective January 1, 2011 the Company adopted the guidance of ASU 2010-24 which requires such liabilities to be recorded gross of expected insurance recoveries. As a result, the liabilities recorded at December 31, 2011 include an additional \$58.5 million in losses expected to be reimbursed through insurance policies. At December 31, 2011, an aggregate receivable of \$58.5 million is recorded for the expected insurance recoveries. The current portion of this receivable is recorded in prepaid expenses and other current assets and the noncurrent portion of this receivable is recorded in other assets in the consolidated balance sheet.

The ultimate amount of such liabilities may differ from the Company's estimate of such liabilities, and any resulting change in estimate will be reflected in the period in which such change becomes apparent.

Valit s Health Services, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

13. Long-Term Debt and Other Notes Payable

Long-term debt as of December 31, consists of the following (in thousands):

	December 31	
	2011	2010
2011 Term Loan B payable in quarterly installments of \$0.7 million through June 3, 2017, interest at 5.75% at December 31, 2011	\$ 283,575	\$ –
2011 Senior Subordinated Notes due June 3, 2018, interest at 12.5% at December 31, 2011	101,182	–
2007 Term Loan A payable in quarterly installments through December 2013, repaid in June 2011, interest at 4.30% at December 31, 2010	–	99,006
2007 Term Loan B payable June 27, 2014, repaid in June 2011, interest at 6.81% at December 31, 2010	–	31,250
2007 Senior Subordinated Notes due December 27, 2014, repaid in June 2011 interest at 14.25% at December 31, 2010	–	45,439
Other	–	386
	384,757	176,081
Less current maturities	2,850	9,256
	\$ 381,907	\$ 166,825

Scheduled principal payments of long-term debt as of December 31, 2011, are as follows (in thousands):

2012	\$ 2,850
2013	2,850
2014	2,850
2015	2,850
2016	2,850
Thereafter	370,507
Total	\$ 384,757

Valitás Health Services, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

13. Long-Term Debt and Other Notes Payable (continued)

In June 2011, in conjunction with and to finance the Acquisition, the Company refinanced its then existing credit facility with a new credit facility (Credit Agreement) with a syndicate of financial institutions consisting of a \$285.0 million six-year term loan (2011 Term Loan B) and a \$75.0 million five-year revolving line of credit (2011 Revolver). The Company's previous credit facility (2007 Credit Facility) consisted of a \$141.0 million six-year term loan (2007 Term Loan A), a \$31.3 million six-and-one-half-year term loan (2007 Term Loan B), and a \$50.0 million six-year revolving line of credit (2007 Revolver). The 2011 Term Loan B is repayable in quarterly installments of \$712,500 beginning September 2011 over six years with a balloon payment due in June 2017. Interest on the term loans under the Credit Agreement is at varying rates at the Company's option based either on LIBOR rates or the base rate as defined. A commitment fee ranging based on the net leverage ratio from 0.50% to 0.75%, per annum (0.75% at December 31, 2011) is charged on the unused portion of the 2011 Revolver. The Credit Agreement contains various covenants, which, among other things, require the maintenance of fixed charge coverage, maximum debt leverage ratios, and limitations on capital expenditures, investments, indebtedness, liens, sales of assets, and restricted payments. At December 31, 2011, the Company was in compliance with the covenants.

In addition, the Credit Agreement requires the Company to prepay the 2011 Term Loan B with up to 50% of its excess cash flow, as defined in the Credit Agreement, annually beginning for the year ending December 31, 2012. Obligations under the Credit Agreement are guaranteed by the principal subsidiaries of the Company and are secured by essentially all of the assets of the Company and its principal subsidiaries, as well as the stock of such subsidiaries.

Also, in conjunction with the Acquisition, the Company issued \$100.0 million of 12.50% senior subordinated notes (2011 Subordinated Notes) under the terms of the Note Purchase Agreement (Note Purchase Agreement). The Company used the proceeds to repay senior subordinated notes issued in 2007 (2007 Subordinated Notes) and to fund the Acquisition. The 2011 Subordinated Notes are subordinated to the obligations under the Credit Agreement. The 2011 Subordinated Notes bear interest at 12.50% per annum, payable quarterly. The Company may defer the payment of 2.0% of the 12.50% coupon, with any such deferred amount added to principal and payable at maturity. As of December 31, 2011, the Company has deferred payments of \$1.2 million of interest. Such amount has been added to the outstanding balance of the 2011 Subordinated Notes in the accompanying consolidated balance sheet. The 2011 Subordinated Notes are guaranteed by the principal subsidiaries of the Company and have a single maturity in June 2018. Covenants under the 2011 Subordinated Notes are similar to but generally less restrictive than those under the Amended and Restated Financing Agreement.

Valit s Health Services, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

13. Long-Term Debt and Other Notes Payable (continued)

Net cash payments of interest for the years ended December 31, 2011 and 2010 were \$23.0 million and \$15.6 million, respectively.

14. Revolving Credit Facility

There were no borrowings under either the 2011 Revolver or the 2007 Revolver at December 31, 2011 and 2010, respectively. At December 31, 2011 and 2010, the Company had \$8.2 million and \$12.5 million of letters of credit outstanding, respectively. At December 31, 2011 and 2010, the Company had \$66.8 million and \$37.5 million of unused availability under the Revolver, respectively, net of letters of credit.

15. Interest Rate Swaps and Cap

To hedge variable rate borrowings under the Credit Agreement, in July 2011 the Company entered into an Interest Rate Cap Transaction Agreement in which the counterparty agreed to reimburse the Company to the extent the one-month LIBOR exceeds 3% on a notional amount of \$142.5 million. This agreement expires in July 2013. The Company paid \$0.1 million for this agreement, which is being amortized over its life.

To hedge variable rate borrowings under the 2007 Credit Facility, in January 2008, the Company entered into a \$25 million two-year, a \$25 million three-year, a \$25 million four-year, and a \$25 million five-year interest rate swap. These swaps effectively convert variable rate borrowings to fixed rate borrowings and were considered a highly effective cash flow hedge. At June 3, 2011, the \$25 million two-year interest rate swap and the \$25 million three-year interest rate swap had expired. At December 31, 2010, cumulative ineffectiveness of the hedge was considered immaterial, and no adjustment to interest expense was recorded.

As a result of the refinancing which occurred in June 2011, the Company was required to terminate the remaining two \$25 million swaps which had not expired. In conjunction with these terminations, the Company paid a total of \$2.2 million to the counterparties to the swaps. This amount is being amortized over the lives of the terminated swaps, including \$1.3 million which was amortized to interest expense in 2011. At December 31, 2011 and 2010, \$0.6 million and \$1.4 million, respectively, were included in other comprehensive income, net of deferred taxes. At December 31, 2010, \$0.8 million was included in other current liabilities and \$1.5 million was included in other long-term liabilities on the accompanying consolidated balance sheets.

Valitas Health Services, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

16. Fair Value Measurements

Assets and liabilities recorded at fair value in the consolidated balance sheets are categorized based upon the extent to which the fair value estimates are based upon observable or unobservable inputs. Level inputs are as follows:

<u>Level Input</u>	<u>Input Definition</u>
Level I	Inputs are unadjusted, quoted prices for identical assets or liabilities in active markets at the measurement date.
Level II	Inputs other than quoted prices included in Level I that are observable for the asset or liability through corroboration with market data at the measurement date.
Level III	Unobservable inputs that reflect management's best estimate of what market participants would use in pricing the asset or liability at the measurement date.

The following table summarizes fair value measurements by level at December 31, 2011, for assets and liabilities measured at fair value on a recurring basis (in thousands):

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Assets				
Cash and cash equivalents	\$ 10,051	\$ —	\$ —	\$ 10,051
Supplemental retirement plan investments – mutual funds	7,014	—	—	7,014

The following table summarizes fair value measurements by level at December 31, 2010, for assets and liabilities measured at fair value on a recurring basis (in thousands):

	<u>Level 1</u>	<u>Level 2</u>	<u>Level 3</u>	<u>Total</u>
Assets				
Cash and cash equivalents	\$ 33,050	\$ —	\$ —	\$ 33,050
Supplemental retirement plan investments – mutual funds	9,229	—	—	9,229
Liabilities				
Interest rate swaps	—	2,309	—	2,309

Valitas Health Services, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

16. Fair Value Measurements (continued)

The fair values of supplemental retirement plan investments – mutual funds and money market mutual funds were determined based on quoted market prices of the funds. The fair values of interest rate swaps were determined based on the present value of expected future cash flows using current market data including interest rate curves and credit spreads. At December 31, 2011 and 2010, the book values of cash, trade and other accounts receivable, and accounts payable and long term debt approximate their fair values.

17. Preferred Units

At December 31, 2011 and 2010, the LLC had 200,000,000 preferred units authorized, of which 160,749,340 and 161,030,132, respectively, were issued and outstanding. The preferred units have a unit value of \$1.00 per unit. Preferred yield accrues on each preferred unit up to a maximum rate of 10% per annum, compounded on the last day of each quarter. The accumulated liquidation values at December 31, 2011 and 2010, were \$237.2 and \$216.5 million, respectively. Distributions to unit holders, at the LLC's discretion, are paid out first to preferred unit holders in the amount equal to the aggregate amount of unpaid preferred yield and then to preferred unit holders in the amount of unreturned capital. Distributions to the preferred unit holders would be funded from the Company as it is the LLC's only operating subsidiary.

18. Capital Units

At December 31, 2011 and 2010, the LLC had 200,000,000 Class A common units authorized in which 160,749,340 and 160,459,520, respectively, were issued and outstanding. At December 31, 2011 and 2010, the LLC had 30,000,000 and 20,000,000, respectively, Class B common units authorized, of which 21,822,336 and 14,603,082, respectively, were issued and outstanding. Any distributions to Class A and Class B common unit holders would be paid out only after preferred unit holders have received a 10% per annum return on investment and full return on capital. Distributions to the common unit holders would be funded from the Company as it is the LLC's only operating subsidiary.

19. Unit Compensation Plans

Certain directors, officers, and employees of the Company participate in sponsored equity incentive plans of the LLC. Under these plans, certain directors, officers, and employees of the Company may be issued 30,000,000 Class B units of the LLC at amounts approximating fair value at the dates of issuance. Class B units generally vest monthly over three to four years from the dates of issuance.

Valit s Health Services, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

19. Unit Compensation Plans (continued)

The Company uses the Black-Scholes option-pricing model to estimate the fair value of the Class B units on the date of grant. The expected volatilities are based on the historical volatilities of industry-comparable companies. The Company uses historical data to estimate option exercise and employee termination. The expected life is based on management's estimate of the holding period for the Class B units. The risk-free interest rates are based on the U.S. Treasury issues with a remaining term equal to the expected life. The assumptions used to estimate fair value were as follows:

	Year Ended December 31	
	2011	2010
Expected volatility	48.00%	48.00%
Interest rate	0.63-1.69%	1.40-2.08%
Expected life (years)	4.00	4.00
Dividend yields	0.00%	0.00%

A summary of Class B unit activity under the LLC's plans is as follows:

	Year Ended December 31	
	2011	2010
Outstanding, beginning of year	14,603,082	12,082,781
Issued	10,275,022	2,666,100
Forfeited	(1,526,985)	-
Repurchased	(1,528,783)	(145,799)
Outstanding, end of period	21,822,336	14,603,082
Vested, end of period	10,603,035	7,731,422

Valitás Health Services, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

19. Unit Compensation Plans (continued)

A status of the LLC's nonvested Class B units as of December 31, 2011, and changes during the years ended December 31, 2011 and 2010, are presented below:

	<u>Class B Units</u>	<u>Weighted-Average Issuance-Date Fair Value</u>
Balance at December 31, 2009	7,626,152	\$ 0.26
Issued	2,666,100	0.40
Vested	(3,420,592)	0.27
Forfeited	—	0.00
Balance at December 31, 2010	<u>6,871,660</u>	0.29
Issued	10,275,022	0.47
Vested	(4,400,396)	0.33
Forfeited	(1,526,985)	0.31
Balance at December 31, 2011	<u>11,219,301</u>	\$ 0.43

The unit-based compensation expense recognized for the years ended December 31, 2011 and 2010 was \$1.7 million and \$0.9 million, respectively. Unrecognized compensation expense was \$4.3 million and \$1.9 million as of December 31, 2011 and 2010, respectively. Unit-based compensation expense is recognized on a straight-line basis over the vesting period of the units.

20. Related-Party Transactions

The Company declared and paid dividends to the LLC of \$5.7 million and \$0.0 million in the years ended December 31, 2011 and 2010, respectively.

In connection with the Acquisition discussed in Note 3, the Company paid \$2.6 million to a shareholder of the LLC for advisory services. Approximately \$2.0 million of this amount is included in merger expenses in the accompanying consolidated statement of operations and approximately \$0.6 million is included as deferred financing costs on the accompanying consolidated balance sheet.

Valit s Health Services, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

21. Leases

The Company leases office space, copiers and fax machines, and medical equipment under non-cancelable operating leases with terms ranging from one to ten years. Rental expense was approximately \$7.0 million and \$5.5 million for the years ended December 31, 2011 and 2010, respectively.

The Company's future minimum rental commitments under all non-cancelable operating leases as of December 31, 2011, are as follows (in thousands):

2012	\$	4,673
2013		3,599
2014		2,937
2015		2,122
2016		651
Thereafter		335
Total minimum rental obligations	\$	<u>14,317</u>

22. Employee Profit-Sharing Plans

The Company provides an employee savings plan that permits employees to make contributions in accordance with Internal Revenue Code Section 401(k). Employees who meet age and service requirements are eligible to participate by contributing up to 50% of their pretax compensation up to the IRA limits on the 401(k) plan, along with provisions for catch-up contributions allowable for employees age 50 years and above. The Company provides a discretionary match based upon the employee's status and operating results. For those individuals who are considered highly compensated, the Company provides a non-qualified deferred compensation plan in which certain of the Company's employees participate. Employees are allowed to contribute up to 50% of their compensation, with the Company providing a discretionary match each year based on operating results.

Total expense recognized by the Company under these plans was \$1.3 million and \$1.1 million for the years ended December 31, 2011 and 2010, respectively.

Valit s Health Services, Inc. and Subsidiaries

Notes to Consolidated Financial Statements (continued)

22. Employee Profit-Sharing Plans (continued)

Additionally, the Company contributes to two multiemployer pension plans on behalf of employees covered by collective bargaining agreements under the New York City Department of Health and Mental Hygiene contract (NYC Contract). Generally, the plans provide defined benefits to substantially all employees covered by the collective bargaining agreements. The Company is reimbursed under its cost-plus NYC Contract for the actual costs and average increases required under the collective bargaining agreements. In 2011, the contributions to these plans, which were reimbursed to the Company, due to the cost-plus nature of the NYC Contract were \$2.3 million. There were no payments made to multiemployer pension plans prior to the Acquisition discussed in Note 3.

Under the Employee Retirement Income Security Act of 1974, as amended (ERISA), a contributor to a multiemployer plan may be liable, upon termination or withdrawal from a plan, for a proportionate share of a plan's unfunded vested liability, if any. No liability is presently required to be recorded as the future funded status of the plans, as well as the probability of any withdrawal event, are unknown. The Company would also seek reimbursement of any such liability from the client under the cost-plus NYC Contract.

23. Commitments and Contingencies

The Company is involved in various other legal proceedings incidental to its business, substantially all of which involve claims related to alleged medical malpractice, contractual disputes, or individual employee relations matters and which in some cases include assertions of class action status for which insurance coverage may be limited or entirely unavailable. The Company maintains both general and professional liability insurance at levels consistent with or in excess of industry practice. Management routinely reviews the claims internally and with third-party claims administrators and insurance carriers to determine if any adjustments to reserves or changes in coverage are warranted. Management reviews matters for which insurance is not available to establish reserves as it deems appropriate for known and anticipated uninsured losses.

Financial Statement Schedule (Unaudited)

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Valit s Health Services, Inc. and Subsidiaries

Proforma Statements of Operations (In Thousands)(Unaudited)

	Year Ended December 31	
	2011	2010
Healthcare revenues	\$ 1,328,164	\$ 1,389,024
Operating costs and expenses:		
Healthcare expenses	1,174,172	1,244,328
Selling, general and administrative expenses	58,058	52,154
Depreciation and amortization	51,637	48,525
Healthcare expenses	1,283,867	1,345,007
Operating income	44,297	44,017
Interest expense, net	(33,837)	(33,310)
Income before income taxes	10,460	10,707
Income tax provision	5,409	5,138
Net income	\$ 5,051	\$ 5,569

The table above presents the consolidated operations of the Company on an unaudited pro forma basis as if the Company's acquisition of America Service Group Inc. had occurred as of January 1, 2010 and all estimated synergies were implemented and fully effective for the full years of 2010 and 2011. Significant pro forma adjustments include the following:

- (a) The results of operations of America Service Group Inc. for the period prior to the acquisition, January 1, 2010 to June 2, 2011, have been included.
- (b) One-time expenses associated with the acquisition have been removed.
- (c) Amortization expense has been adjusted to reflect the amortization of contract and trade name intangible assets acquired in the acquisition of America Service Group Inc. and the amortization of a previously existing trade name intangible asset associated with Correctional Medical Services, Inc.
- (d) Interest expense has been adjusted to reflect the revisions to the Company's outstanding debt which resulted from the acquisition.

The pro forma results of operations shown above assume that \$16.8 million of annual synergies, estimated to be achieved after the acquisition, are fully in place for the entire period in 2010 and 2011.

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Appendix G





November 1, 2012

William M Anderson, Director of Contracts Administration
Tennessee Department of Correction
3rd Floor, Rachel Jackson Building
320 6th Avenue, North
Nashville, Tennessee 37243-0465

Re: RFP # 32901-31158

Dear Mr. Anderson,

This statement serves as Corizon's commitment to deliver a Performance Bond to the State in accordance with the requirements of RFP # 32901-31158. We will provide a performance bond guaranteeing full and faithful performance of all undertakings and obligations under the contract and in an amount equal to five million dollars (\$5,000,000.00). Corizon will submit the bond no later than the day immediately preceding the contract start date and in the manner and form prescribed by the State.

Corizon's performance bond will guarantee full and faithful performance of all undertakings and obligations under this contract for:

- ✓ The contract term and all extensions, or
- ✓ The first, calendar year of the contract (ending December 31st following the contract start date) in the amount of five million dollars (\$5,000,000.00) and,
- ✓ Thereafter, a new performance bond in the amount of five million dollars (\$5,000,000.00) covering each subsequent calendar year of the contract period.

Corizon will provide performance bonds to the State no later than each December 10th preceding the calendar year period covered beginning on January 1st of each year. We are cognizant that our failure to provide to the State the performance bond(s) as required herein prior to the contract start date and, as applicable, no later than December 10th preceding each calendar year period covered beginning on January 1st of each year, will result in contract termination. In closing, Corizon understands that the stated amount of the performance bond required hereunder will not be reduced during the contract period for any reason.

I am authorized to bind Corizon to the provisions of the TDOC RFP and any contract awarded pursuant to it.

Sincerely,

A handwritten signature in blue ink that reads "Stuart K. Campbell". The signature is written in a cursive, flowing style.

Stuart K. Campbell
President & Chief Operating Officer

12647 Olive Boulevard • St. Louis, MO 63141
PHONE 314.919.9005 • FAX 314.919.9690
EMAIL Stuart.Campbell@corizonhealth.com
www.corizonhealth.com

Appendix H





CURRENT CONTRACTS – CORIZON, INC.

CLIENT NAME, ADDRESS, TELEPHONE NUMBER AND NAME OF CONTRACT ADMINISTRATOR	# OF INMATES	INITIATION DATE/ LENGTH OF CONTRACT	ACCREDITATION	SERVICE DESCRIPTION
ALABAMA				
Department of Corrections Ruth Naglich, Associate Commissioner Health Services 301 South Ripley Montgomery, AL 36104 P/334-353-4049 F/334-353-3967 E/Ruth.Naglich@doc.alabama.gov	25,751			Medical, Dental, Pharmacy
– Bibb Correctional Facility	1,902	Nov-07		
– Farquhar Cattle Ranch Work Center	109	Nov-07		
– Bullock Correctional Facility	1,468	Nov-07		
– Donaldson Correctional Facility	1,521	Nov-07		
– Easterling Correctional Facility	1,509	Nov-07		
– Fountain Correctional Facility	1,245	Nov-07		
– Atmore Work Center	247	Nov-07		
– Camden Work Release & Work Center	168	Nov-07		
– J O Davis Correctional Facility	397	Nov-07		
– Loxley Work Release & Work Center	499	Nov-07		
– Mobile Work Release & Work Center	249	Nov-07		
– Hamilton Aged Infirmid	287	Nov-07		
– Hamilton Work Release & Work Center	269	Nov-07		
– Holman Correctional Facility	989	Nov-07		
– Kilby Correctional Facility	1,348	Nov-07		
– Alex City Work Release & Work Center	315	Nov-07		
– Elba Work Release & Work Center	234	Nov-07		
– Red Eagle Correctional Facility	336	Nov-07		
– Montgomery Women’s Center	288	Nov-07		
– Limestone Correctional Facility	2,349	Nov-07		
– Decatur Work Release & Work Camp	709	Nov-07		
– St Clair Correctional Facility	1,326	Nov-07		
– Childersburg Work Release & Work C	537	Nov-07		
– Staton Correctional Facility	1,378	Nov-07		
– Draper Correctional Facility	1,202	Nov-07		
– Elmore Correctional Facility	1,149	Nov-07		
– Frank Lee Correctional Facility	295	Nov-07		
– Tutwiler Prison for Women	946	Nov-07		
– Birmingham Work Release & Work Center	280	Nov-07		
– Ventress Correctional Facility	1,634	Nov-07		
– Therapeutic Education Committee	378	Mar-08	ACA 2-2009	
Mobile County Metro Jail 450 St. Emanuel Street Mobile, AL 36603 N. Price "Trey" Oliver III, Warden P/251-574-3380 F/251-574-3385 E/toliver@mobileso.com	1,487	Jul-04	NCCHC 1/09	Medical, Mental Health, Dental, Pharmacy



CURRENT CONTRACTS – CORIZON, INC.

CLIENT NAME, ADDRESS, TELEPHONE NUMBER AND NAME OF CONTRACT ADMINISTRATOR	# OF INMATES	INITIATION DATE/ LENGTH OF CONTRACT	ACCREDITATION	SERVICE DESCRIPTION
ARKANSAS				
Arkansas Board of Corrections P.O. Box 20550 White Hall, AR 71612 Secretary Shari Gray P/870-267-6754 F/870-267-6756 E/shari.gray@arkansas.gov Administrative Assistant Dr. Mary Parker, Vice Chairperson Benny Magness, Chairperson Bobby Glover (Ark State Senator, Retired) Drew Baker Reverend Tyronne Broomfield John Felts, Chairperson, Arkansas Parole Board Janice Walmsley, Secretary Board members may be reached by contacting Shari Gray, Administrative Assistant.			N/A	
Arkansas Parole Board Two Union National Plaza Bldg. 105 W. Capitol Avenue, Suite 500 Little Rock, AR 72201 Solomon Graves, Administrative Services Manager P/501-682-3850 F/501-683-5381 E/rhonda.sharp@arkansas.gov John Felts, Chaiman James M. "Jimmy" Wallace III, Vice-Chairman Richard Mays, Jr., Secretary Carolyn Robinson, Commissioner Abraham Carpenter, Jr., Commissioner Joseph "Joe" Peacock, Commissioner Richard Brown, Jr., Commissioner			8/11	
Department of Correction P.O. Box 8707 Pine Bluff, AR 71611-8707 OR 6814 Princeton Pike Pine Bluff, AR 71602 Ray Hobbs, Director P/870-267-6200 F/870-267-6244 E/ray.hobbs@arkansas.gov	15,819		ACA 10/08	Medical, Dental, Psychiatry, and Pharmacy



CURRENT CONTRACTS – CORIZON, INC.

CLIENT NAME, ADDRESS, TELEPHONE NUMBER AND NAME OF CONTRACT ADMINISTRATOR	# OF INMATES	INITIATION DATE/ LENGTH OF CONTRACT	ACCREDITATION	SERVICE DESCRIPTION
<p>Wendy Kelley, JD, Deputy Director of Correctional and Health Programs P/870-276-6361 F/870-267-6336 E/wendy.l.kelly@arkansas.gov</p> <p>Rory Griffin, Administrator of Medical and Dental Services P/870-267-6331 F/870-267-6336 E/rory.griffin@arkansas.gov</p>				
– Cummins Unit	1,899	Jul-97	ACA 5/09	
– Varner Unit	1,665	Jul-97	ACA 10/09	
– East Arkansas Regional Unit	1,665	Jul-97	ACA 4/11	
– Tucker Unit	853	Jul-97	ACA 10/10	
– Maximum Security Unit	563	Jul-97	ACA 4/09	
– Wrightsville/ Hawkins Unit	1,330	Jul-97	ACA 9/10	
– Delta Regional Unit	567	Jul-97	ACA 3/11	
– Diagnostic Unit	246	Jul-97	ACA 3/10	
– Randall L Williams Correctional Facility	539	Jul-97	ACA 3/10	
– Pine Bluff Unit	435	Jul-97	ACA 3/10	
– North Central Unit	575	Jul-97	ACA 4/10	
– Benton Work Release Unit	326	Jul-97	ACA 9/10	
– Texarkana Regional Correctional Center	127	Jul-97	ACA 4/10	
– Mississippi County Work Release Center	117	Jul-97	ACA 4/11	
– Northwest Arkansas Work Release Center	42	Jul-97	ACA 4/10	
– Act 309 Program	299	Dec-98		
– McPherson Unit	821	Jul-00	ACA 4/09	
– Grimes Unit	1,004	Jul-00	ACA 4/09	
– Ouachita River Correctional Unit/SNU	1,291	Jul-03	ACA 5/09	
<p>Arkansas Department of Community Correction Two Union National Plaza Bldg. 105 West Capitol Avenue Little Rock, AR 72201</p> <p>David Eberhard, Director P/501-682-9566 F/501-682-9539 E/david.eberhard@arkansas.gov</p> <p>Rick Hart, Deputy Director, Residential Services P/501-682-9577 F/501-682-9539 E/rick.hart@arkansas.gov</p>	1,346		ACA 1/10	Medical, Dental, Mental Health, and Pharmacy
– Central Arkansas Center	149	Jul-97	ACA 5/10	



CURRENT CONTRACTS – CORIZON, INC.

CLIENT NAME, ADDRESS, TELEPHONE NUMBER AND NAME OF CONTRACT ADMINISTRATOR	# OF INMATES	INITIATION DATE/ LENGTH OF CONTRACT	ACCREDITATION	SERVICE DESCRIPTION
- Southeast Arkansas Center	267	Jul-97	ACA 4/10	
- Southwest Arkansas Center	395	Jul-97	ACA 5/10	
- Northeast Arkansas Center	211	Jul-99	ACA 4/10	
- Malvern Parole Violator Center	227	Mar-05	ACA 10/09	
- Northwest Arkansas Community Corrections Center	97	May-08	ACA 5/09	
FLORIDA				
Florida Department of Correction (Region IV) Tom Riemers, Director of Health Services 2601 Blair Stone Road Tallahassee, FL 32399-2500 P/850-717-3277 E/riemers.thomas@mail.dc.state.fl.us	9,899			Mental Health
- Dade Correctional Institution	1,402	Jul-09	ACA 3/11	
- Everglades Correctional Institution	1,572	Jul-09	ACA 1/10	
- Glades Correctional Institution	488	Jul-09	ACA 3/11	
- Homestead Correctional Institution	678	Jul-09	ACA 3/11	
- Martin Correctional Institution	1,278	Jul-09	ACA 2/10	
- Okeechobee Correctional Institution	1,651	Jul-09	ACA 3/11	
- South Florida Reception Center	1,364	Jul-09	ACA 3/10	
- Florida Mental Health Work Camps	1,494		ACA 12/13	
Polk County Department of Detention 1891 Jim Keene Boulevard Winter Haven, FL 33880 Sheriff Grady Judd Chief Bryant Grant P/863-534-6331 F/863-534-6372 E/bgrant@polksheriff.org	2,364			Medical, Mental Health, Dental, Pharmacy and Support Services
- Central Booking (screening only) 455 North Broadway Bartow, FL 33830 P/863-534-6305 F/863-534-6341	Inclusive	Jan-01	NCCCHC 5/09	
- Central County Jail 2390 Bob Philips Road Bartow, FL 33830 P/863-534-6141 F.863-534-6184	704	Jan-01	NCCCHC 5/09	
Polk County Department of Detention - South County Facility 1103 US Highway 98 West Frostproof, FL 33843 P/863-635-6814	1,574	Jan-01	NCCCHC 5/09	



CURRENT CONTRACTS – CORIZON, INC.

CLIENT NAME, ADDRESS, TELEPHONE NUMBER AND NAME OF CONTRACT ADMINISTRATOR	# OF INMATES	INITIATION DATE/ LENGTH OF CONTRACT	ACCREDITATION	SERVICE DESCRIPTION
F/863-635-6887				
GEORGIA				
Fulton County Fulton County Sheriff's Office George D. Herron, MHA Director of Health Services, Jail Bureau 901 Rice St NW Atlanta, GA 30303 P/404-613-2030 F/404-893-6454	2,097	Jul-11	NCCHC	Medical, Mental Health, Pharmacy
IDAHO				
Department of Correction 1299 North Orchard Street, Suite 110 Boise, ID 83720 Brent Reinke, Director of Corrections Shane Evans, Chief, Div of Education and Treatment E/sevans@idoc.idaho.gov Pam Sonnen, Administrator Institutions P/208-658-2139	5,184			Medical, Mental Health, Dental Pharmacy
– Idaho State Correctional Institute	1,652	Jul-05	NCCHC 1/08	
– Idaho Maximum Security Institute	392	Jul-05	NCCHC 6/09	
– South Idaho Correctional Institute	655	Jul-05	NCCHC 5/09	
– Pocatello Women's Correctional Center	309	Jul-05	NCCHC 4/11	
– Idaho Correctional - Orofino	541	Jul-05	NCCHC 9/11	
– North Idaho Correctional Institute	407	Jul-05	NCCHC 6/09	
– St. Anthony Work Camp	238	Jul-05	NCCHC 12/10	
– South Boise Women's Correctional Center	269	Jul-05	NCCHC 11/10	
– Nampa Community Work Center	84	Jul-05		
– Twin Falls Community Work Center	0	Jul-05	CLOSED	
– Idaho Falls Community Work Center	83	Jul-05		
– Boise Community Work Center	98	Jul-05		
– South Idaho Correctional Institute Community Work Center	99	Jul-05		
– Corrections Alternative Placement Program	356	Jul-10		
INDIANA				
Department of Correction Bruce Lemmon, Commissioner Indiana Government Center South 302 West Washington Street, Room E334 Indianapolis, IN 46204 P/317-232-5711 F/317-232-6798	27,511			Medical, Mental Health, Pharmacy, Dental, Substance Abuse



CURRENT CONTRACTS – CORIZON, INC.

CLIENT NAME, ADDRESS, TELEPHONE NUMBER AND NAME OF CONTRACT ADMINISTRATOR	# OF INMATES	INITIATION DATE/ LENGTH OF CONTRACT	ACCREDITATION	SERVICE DESCRIPTION
– Branchville Correctional Facility	1,430	Sep-05	ACA 4/10	
– Chain O'Lakes Correctional Facility	152	Sep-05	ACA 4/10	
– Correctional Industrial Facility	1,469	Sep-05	ACA 1/10	
– Edinburgh Correctional Facility	234	Sep-05	ACA 6/10	
– Henryville Correctional Facility	155	Sep-05	ACA 9/08	
– Indiana State Prison	2,122	Sep-05	ACA 1/08	
– Indiana Women's Prison	603	Sep-05	ACA 1/08	
– Madison Transition Facility	542	Sep-05	ACA 11/07	
– Miami Correctional Facility	3,140	Sep-05	ACA 3/10	
– New Castle Correctional Facility	2,659	Sep-05	ACA 11/07	
– Pendleton Correctional Facility	1,864	Sep-05	ACA 2/10	
– Plainfield Correctional Facility	1,652	Sep-05	ACA 2/10	
– Putnamville Correctional Facility	2,575	Sep-05	ACA 7/10	
– Reception Diagnostic Center	661	Sep-05	ACA 4/09	
– Rockville Correctional Facility	1,135	Sep-05	ACA 10/07	
– South Bend Work Release Center	98	Sep-05	ACA 1/08	
– Wabash Valley Correctional Facility	2,010	Sep-05	ACA 6/10	
– Westville Correctional Facility	3,335	Sep-05	ACA 8/08	
– Camp Summit Boot Camp	78	Sep-05	ACA 6/10	
– Logansport Juvenile Intake and Diagnostic Facility	39	Sep-05	ACA 3/10	
– North Central Juvenile Correctional Facility	112	Sep-05	ACA 3/10	
– Pendleton Juvenile Correctional Facility	198	Sep-05	ACA 4/09	
– Indianapolis Re-entry Facility	909	Sep-05	ACA 2/09	
– South Bend Juvenile Correctional Facility	84	Sep-05	ACA 1/10	
– Madison Juvenile Correctional Facility	0	Sep-05	ACA 10/07	
KENTUCKY				
Lexington-Fayette County Detention Center 600 Old Frankfort Circle Lexington, KY 40510 Rodney Ballard, Director P/859-425-2617 F/859-425-2750 E/ rballard@lfucg.com	1,155	Jul-92		Medical, Dental, Pharmacy
Louisville/Jefferson County Metro Department of Corrections 400 S. 6th Street Louisville, KY 40202 Mark Bolton, Director P/502-574-2188 F/502-574-0965 E/ Mark.Bolton@louisvilleky.gov	2,013	Oct-07	NCCHC 4/07	Staffing and Management Medical, Dental, Mental Health



CURRENT CONTRACTS – CORIZON, INC.

CLIENT NAME, ADDRESS, TELEPHONE NUMBER AND NAME OF CONTRACT ADMINISTRATOR	# OF INMATES	INITIATION DATE/ LENGTH OF CONTRACT	ACCREDITATION	SERVICE DESCRIPTION
Louisville Metro Youth Detention Center 720 West Jefferson Louisville, KY 40202 Clarence Williams, Director P/502-574-5308	71	Oct-07	NCCCH 4/07	Staffing and Management Medical, Dental, Mental Health
MAINE				
Cumberland County Jail 50 County Way Portland , ME 04102 Mark Dion, Sheriff P/207-774-5939 F/207-879-5600 E/dion@cumberlandcounty.org	432	Nov-01	ACA 4/08 NCCCH 12/11	Medical, Mental Health, Dental
Androscoggin County Jail 40 Pleasant Street Auburn, ME 04217 Guy Desjardins, Sheriff Captain Jon Lebel, Jail Administrator P/207-753-2560	121	Jul-09		Medical, Mental Health
York County Jail 1 Layman Way Alfred, ME 04002 Maurice Ouellette, Sheriff Lt. Col. Michael Vitiello, Jail Administrator P/207-324-9001	206	Jul-09	NCCCH 3/12	Medical, Dental, Mental Health
Washington County Jail 45 Court Street Machias, ME 04654 David Brown P/207-255-3434	48	Oct-07		Pharmacy Services
MARYLAND				
Prince George's County Correctional Center 13400 Dille Drive Upper Marlboro, MD 20772 Corenne Labbe, Division Chief, Support Services P/301-952-7082 F/301-952-7031 E/clabbe@co.pg.md.us Mary Lou McDonough, Director P/301-952-7015	1,315	Jul-93	ACA 4/08 MCCS 2/08	Medical, Dental, Mental Health, Pharmacy



CURRENT CONTRACTS – CORIZON, INC.

CLIENT NAME, ADDRESS, TELEPHONE NUMBER AND NAME OF CONTRACT ADMINISTRATOR	# OF INMATES	INITIATION DATE/ LENGTH OF CONTRACT	ACCREDITATION	SERVICE DESCRIPTION
E/mlmcdonough@co.pg.md.us				
Anne Arundel County 44 Calvert Street Annapolis, MD. 21401 Terry Kokolis, Superintendent P/410-222-7084 F/410-222-7208 E/ DCKOKO00@aacounty.org	803		MCCS 11/11	Medical, Dental, Mental Health, Pharmacy
– Jennifer Road Detention Center	503	Oct-97	MCCS 10/11	
– Ordinance Road Correctional Center	300	Feb-98	MCCS 10/06	
MICHIGAN				
Calhoun County Correctional Facility 161 East Michigan Avenue Battle Creek, MI 49014-4066 Marshall Weeks, Chief Deputy, Jail Administrator P/269-969-6339 F/269-969-6451 E/ mweeks@calhouncountymi.gov	526	Mar-99	NCCHC 11/10	Medical, Mental Health, Dental
MINNESOTA				
Department of Corrections Nanette Larson, Director Health Services 1450 Energy Park Drive, Ste 200 St. Paul, MN 55108-5219 P/651-361-7280 F/651-523-7139 E/ nanette.Larson@state.mn.us	9,326			Physician, Psychiatry, Mid Level, Optometry, Physical Therapy, some Specialty Providers, phlebotomy and centralized scheduling. Includes Pharmacy
– MCF-Oak Park Heights	446	Jul-98		
– MCF-Stillwater	1,614	Jul-98		
– MCF-St. Cloud	989	Jul-98		
– MCF-Lino Lakes	1,290	Jul-98		
– MCF-Faribault	1,988	Jul-98		
– MCF-Willow River/Moose Lake	1,200	Jul-98		
– MCF-Shakopee	562	Jul-98		
– MCF-Red Wing	137	Jul-98		
– Rush City	982	Feb-00		



CURRENT CONTRACTS – CORIZON, INC.

CLIENT NAME, ADDRESS, TELEPHONE NUMBER AND NAME OF CONTRACT ADMINISTRATOR	# OF INMATES	INITIATION DATE/ LENGTH OF CONTRACT	ACCREDITATION	SERVICE DESCRIPTION
– Woodland Hills Academy	4			
Hennepin County Adult Correctional Facility 1145 Shenandoah Lane Plymouth, MN 55447 Don Johnson, Correctional Medical Services Manager P/612-730-0176 F/612-348-6488 E/Don.J.Johnson@co.hennepin.mn.us	526	Jan-11		Nursing, Physician, Mid-Level, Mental Health, Psychiatry, Dental, Pharmacy and Sub-Contracted Onsite Optometry Services
– Hennepin County Home School	74	Jan-11		
– Hennepin County Juvenile Detention Center	72	Jan-11		
MISSOURI				
Division of Offender Rehabilitation Services Department of Corrections 2729 Plaza Drive Jefferson City, MO 65102 George Lombardi, Director of Corrections Matt Sturm, Director, Div of Offender Rehab Svc Matt.Sturm@doc.mo.gov P/573-526-4597 F/573-526-8156	31,070			Medical, Dental, Pharmacy
– Farmington Correctional Center	2,635	Dec-92	NCCHC 6/08	
– Potosi Correctional Center	897	Dec-92	NCCHC 3/08	
– Fulton Reception & Diagnostic Center	1,520	Dec-92	NCCHC 5/07	
– Ozark Correctional Center	648	Dec-92	NCCHC 9/07	
– Algoa Correctional Center	1,472	Dec-92	NCCHC 7/08	
– Missouri Eastern Correctional Center	1,091	Dec-92	NCCHC 7/08	
– Bowling Green - Northeast	2,098	Mar-98	NCCHC 7/09	
– Women's Eastern Recep. & Diag. Corr. Ctr. (Vandalia)	1,537	Jan-98	NCCHC 2/08	
– Moberly Correctional Center	1,784	Dec-92	NCCHC 10/07	
– Jefferson City Correctional Center	1,970	Dec-92	NCCHC 6/09	
– Boonville Correctional Center	1,261	Dec-92	NCCHC 5/09	
– Chillicothe Correctional Center	1,023	Dec-92	NCCHC 10/07	
– Western Missouri Correctional Center	2,000	Dec-92	NCCHC 6/08	
– Western Reception & Diagnostic Correctional Center	1,947	Sep-94	NCCHC 5/07	
– South Central Correctional Center	1,579	Jan-00	NCCHC 5/07	
– Cremer Therapeutic Community Center	169	Sep-94	NCCHC 7/08	
– Maryville Treatment Center	520	Dec-96	NCCHC 5/07	
– Tipton Correctional Center (Male)	1,130	Jul-96	NCCHC 8/07	
– Crossroads Correctional Center	1,469	Dec-97	NCCHC 6/08	
– Eastern Reception & Diagnostic	2,721	Oct-05	NCCHC pending	



CURRENT CONTRACTS – CORIZON, INC.

CURRENT CONTRACTS – CORIZON, INC.				
CLIENT NAME, ADDRESS, TELEPHONE NUMBER AND NAME OF CONTRACT ADMINISTRATOR	# OF INMATES	INITIATION DATE/ LENGTH OF CONTRACT	ACCREDITATION	SERVICE DESCRIPTION
Correctional Center – South East Correctional Center – Charleston	1,549	Oct-01	NCCHC 11/07	
St. Louis City Jail – MSI Medium Security Institution 7600 Hall Street St. Louis, MO 63147 Eddie Roth, Director of Public Safety OPEN, Director of Corrections P/314-621-5848 x1053 F/314-588-0273 rothe@stlouiscity.com	1,151	Apr-02	NCCHC 9/08	Medical, Mental Health, Dental, Pharmacy, Support Services
City of St. Louis Criminal Justice Center 200 South Tucker St. Louis, MO 63102 Pat Schommer, Executive Assistant P/314-621-5848 x1053 F/314-588-0273 E/schommerp@stlouiscity.com	669	Dec-02	NCCHC 9/08	Medical, Mental Health, Dental, Pharmacy, Support Services
NEW MEXICO				
Corrections Department PO Box 27116 Santa Fe, NM 87502 Dan Collins, Chief of Psychiatry/ Acting Health Services Administrator P/505-827-8720 E/Dan.collins@state.nm.us Greg Marcantel, Secretary of Corrections P/505-827-8509	6,622			Dental, Medical, Psychiatry, Pharmacy, Support Services
– Central New Mexico Correctional Facility	1,191	Jul-07	ACA 4/09 NCCHC 3/11	
– Guadalupe Correctional Facility	584	Jul-07	ACA 8/09 NCCHC 3/11	
– Lea County Correctional Facility	1,123	Jul-07	ACA 3/09 NCCHC 6/09	
– Penitentiary of New Mexico	839	Jul-07	ACA 4/09 NCCHC 11/08	
– Roswell Correctional Center	302	Jul-07	ACA 7/09	
– Southern New Mexico Correctional Facility	737	Jul-07	ACA 3/11 NCCHC 3/11	
– Springer Correctional Center	252	Jul-07	ACA 5/10	
– Western New Mexico Correctional Facility	378	Jul-07	ACA 6/11 NCCHC 11/08	
– New Mexico Women's Correctional Facility	628	Jul-07	ACA 6/09	



CURRENT CONTRACTS – CORIZON, INC.

CLIENT NAME, ADDRESS, TELEPHONE NUMBER AND NAME OF CONTRACT ADMINISTRATOR	# OF INMATES	INITIATION DATE/ LENGTH OF CONTRACT	ACCREDITATION	SERVICE DESCRIPTION
– Northeast New Mexico Detention Facility	612	Aug-08	NCCCH 9/08 ACA 2/10 NCCCH 6/11	
NEW YORK				
State of New York Elizabeth Ritter, Assistant Commissioner of Health Department of Correctional Services Harriman State Campus - Building #2 Albany, NY 12226-2050 P/518-457-7072 F/518-457-2115 E/ eritter@docs.state.ny.us				
– Coxsackie RMU 200 Route 9W Coxsackie, NY 12051 P/518-731-2781	58	Feb-98	ACA 4/10	Managed Care Model Skilled Nursing Unit Regional Medical Unit
TENNESSEE				
Tennessee Department of Correction 4th Floor, Rachel Jackson Building 320 Sixth Avenue North Nashville, TN 37243-0465 Dr. Lester Lewis, MD, TDOC Medical Director P/615-741-1000 x 8210 F/615-741-4605 Fax E/ lester.lewis@tn.gov	19,796			Medical, Mental Health, Dental, Pharmacy
– Charles B. Bass Correctional Complex	659	Jan-10	ACA	Medical, Mental Health, Dental, Pharmacy
– DeBerry Special Needs Facility - Base	367	Jan-10	ACA	Mental Health & Pharmacy, Dental/Medical providers only
– DeBerry Special Needs Facility - Inpatient	368	Jan-10	ACA	Mental Health & Pharmacy, Dental/Medical providers only
– Morgan County Correctional Complex	2,353	Jan-10	ACA	Mental Health & Pharmacy, Dental/Medical providers only
– Mark H. Luttrell Correctional Center	421	Jan-10	ACA	Mental Health & Pharmacy, Dental/Medical



CURRENT CONTRACTS – CORIZON, INC.

CLIENT NAME, ADDRESS, TELEPHONE NUMBER AND NAME OF CONTRACT ADMINISTRATOR	# OF INMATES	INITIATION DATE/ LENGTH OF CONTRACT	ACCREDITATION	SERVICE DESCRIPTION
				providers only
– Northeast Correctional Complex	1,756	Jan-10	ACA	Mental Health & Pharmacy, Dental/Medical providers only
– Northwest Correctional Complex	2,353	Jan-10	ACA	Mental Health & Pharmacy, Dental/Medical providers
– Riverbend Maximum Security	696	Jan-10	ACA	Medical, Mental Health, Dental, Pharmacy
– Southeastern Tennessee RCF	928	Jan-10	ACA	Mental Health & Pharmacy, Dental/Medical providers only
– Turney Center Industrial Complex 1	1,228	Jan-10	ACA	Medical, Mental Health, Dental, Pharmacy
– Turney Center Industrial Complex 2	296	Jan-10	ACA	Medical, Mental Health, Dental, Pharmacy
– Tennessee Prison for Women	787	Jan-10	ACA	Medical, Mental Health, Dental, Pharmacy
– West Tennessee State Penitentiary	2,442	Jan-10	ACA	Mental Health & Pharmacy, Dental/Medical providers only
– Hardeman County Correctional Center	1,968	Jan-10	ACA	IP management only
– South Central Correctional Complex	1,628	Jan-10	ACA	IP management only
– Whiteville Correctional Facility	1,494	Jan-10	ACA	IP management only

Appendix I



Resumes

WALTER THOMAS VOSS

SENIOR VICE PRESIDENT – STATE CORRECTIONS

MILITARY

- U.S. Navy – Honorable Discharge 1975

EDUCATION

- University of Phoenix, Sacramento, CA – Bachelor of Arts, Management 1997

PROFESSIONAL EXPERIENCE

- **Corizon**
Senior Vice President Operations, Corizon, May 2012 – present; responsible for the overall financial and operations performance of multiple statewide contracts. Oversee client relations and manage client performance expectations, proactively support contracts in maintaining quality initiatives and outcomes, identify and initiate strategies to optimally utilized offsite subspecialty and community hospital services. Provide technical assistance to Business Development in retaining existing clients and attaining new lines of business.
- **Corizon (formerly Correctional Medical Services)**
Vice President Operations, Corizon Health Tennessee Region, January 2010 – May 2012; responsible for the overall financial and operational performance of the contract. Oversee client relations and manage client performance expectations; maintain adequate staffing to support quality care outcomes; identify and implement operational strategies to effectively and efficiently utilize pharmaceuticals, offsite subspecialty, and community hospital services.

Regional Manager, Regional Vice President, April 16, 2007 to January 1, 2010 - As a Regional Manager in a Fast Track Program. Responsible for contract performance of five of the 10 prison sites in New Mexico. Was mentored by an experienced Regional Vice President, temporarily assigned to this position to teach company operations and financial management systems. The mentor completed the assignment in January 2008 when I assumed the role of Regional Vice President for the contract in its entirety. This assignment also includes responsibility for the MDC Jail health, dental and mental health services delivery.
- **Coalinga State Hospital, DMH, Chief Executive Officer, January 2002 to December 2007** - Chief Executive Officer responsible for the development, organization, direction, and management in the activation and operation of the new 1,500 bed, Coalinga State Hospital, opened September 6, 2006. Oversee: policy and procedures, development, strategic planning, program evaluation, performance



improvement, and the human, physical, informational, finance resources and budget allocation (\$69 million in 2007) within the hospital. Represent the hospital in fostering good relations with the public and professional communities and coordinate hospital operations with the stakeholders such as, local government officials, advisory groups, professional groups, regulators, federal and state courts, other state departments, volunteer and employee associations.

- **California Department of Corrections (CD) Health Care Division, Regional Administrator, July 1997 to January 2002** - Responsible for direct supervision of state prison Health Care Managers for 11 state prisons. Oversee the implementation and delivery of health, dental and mental health programs of the assigned state prisons. Provide direction and oversee program management, resource allocation and distribution of (\$32 to \$120 million dollars per facility depending on mission), facility strategic health care delivery plan implementation, court monitoring activities, and facility licensing activities. Coordinate health program operations and custody operations working with the prison Wardens and Administrators.
- **California Medical Facility (CMF) and California State Prison, Sacramento (CSP-Sac), Correctional Health Services Administrator II, February 1993 to July 1997** - Responsible for direction and management of administrative ancillary support services of the Correctional Treatment Center and Infirmary level of care in the prisons located in Folsom, CA. Provide supervision of and assistance in the developing and management of operational budgets for pharmacy, laboratory, health information, dietary, x-ray, supply, and housekeeping department. Develop, implement, and manage health care contracts and shared services for the facilities. Supervise department heads in the coordination of service delivery within the custody setting of the facilities. Hospital Administrator responsible for the development, activation, and operation of an Aids Treatment Center for inmates of the state prison system for outpatient service to activation of the first prison Aids Hospice in the country.
- **Health Program Manager I & II, Health Care Services Division Parole & Community Services Division - March 1988 to February 1993** - As a Health Program Manager I, in the Health Care Services Division, supervised a small group of health analysts in the ongoing operations of establishing medical contracting guidelines, negotiations of medical contracts, developing reimbursement rates for services, formulate budget change proposals for the administration, conduct pre-licensing audits of prison hospitals and clinics. As a Health Program Manger II for the Parole & Community Services Division, supervised the community based health and mental health delivery program for parolees in the community re-entry facilities, coordinated community based health and mental health service providers with Regional Parole Out-Patient Clinics and oversee the development and implementation of community based contract provider services.
- **Associate Governmental Program Analyst Health Care Services Division, January 1986 to March 1988** - Performed basic analytical work on correctional health program policy issues and provide recommendations to management staff. Reviewed and analyzed proposed legislation. Conducted studies and surveys on health program component workload used to support budget change proposals.
- **Senior Medical Technical Assistant, San Quentin State Prison (SQ), March 1981 to January 1986** - As a Peace Officer and supervisor of Medical Technical Assistants was responsible for scheduling of

multiple shift coverage of subordinate staff. Development of training schedules for employees, operational procedures for clinics and special clinic services for patients. Provide coverage for the urgent care clinic and assist other department is operational issues. Provide administrative assistance to the Chief Medical Officer.

- **Medical Technical Assistant, California Institution for Men (CIM), May 1977 to January 1981** - As a Peace Officer, performed general medical assistant duties of taking patient information, vital signs, basic nursing care and procedures, medication administrations, charting on patients, recording special incidents, escorting inmates and conducting counts.
- **Licensed Vocational Nurse, VA Hospital, Long Beach, CA, January 1976 to May 1977** - Performed skilled nursing services of bedside nursing on spinal cord injury and Cerebral Vascular Accident units.
- **Hospital Corpsman 3rd Class, United States Navy, San Diego, CA, December 1972 – December 1975** – General duty Hospital Corpsman holding sick call and taking care of outpatient Navy personnel.

ASSOCIATIONS

- President, 2003 to 2008 – Skyline Medical Association

DWAYNE PHILLIPS

Vice President – Operations
(RFP Title: Administrator)

EDUCATION

- Southern Union State Community College, Wadley, AL, 1997
Associate Degree of Nursing (RN)
Associate Degree Applied Science

PROFESSIONAL EXPERIENCE

- **Corizon**
Vice President of Operations, Nashville, TN, May 2012 – Present
Serves as the Vice President of Operations (VPO) over Corizon’s Tennessee Department of Corrections contract. Responsibilities include oversight and management of all fiscal performance, onsite and offsite clinical performance, labor management and operational/logistics functions of the regional office and the healthcare operations in 11 state correctional institutions with an inmate population is approximately 20,000. The institutional teams include medical doctors, dentists, administrators, directors of nursing, registered nurses and licensed practical nurses along with administrative and clinical support staff for all disciplines. The regional management team includes the Regional Medical Director, Associate Regional Medical Director, Regional Directors (operations), Regional Clinical Pharmacist, Outpatient Nurse Manager, Inpatient UM RN, Regional AA, Clinical Director, Regional CQI Coordinator, Regional Infection Control Coordinator and Clinical Nurse Educator.
- **Corizon (formerly Correctional Medical Services)**
Regional Director, Nashville, TN, March 2010 – May 2012
Served as the Regional Director over Corizon’s Tennessee Department of Corrections contract. Responsibilities included assisting the VPO in oversight and management of all fiscal performance, onsite and offsite clinical performance, labor management and operational/logistics functions of the regional office and the healthcare operations in 11 state correctional institutions with an inmate population is approximately 20,000. The institutional teams typically included medical doctors, dentists, administrators, directors of nursing, registered nurses and licensed practical nurses along with administrative and clinical support staff for all disciplines. Lead the region in consistently performing beyond expectations related to budgetary, clinical, operational and client satisfaction performance and ranking as the best performing contract in our company. The contract consistently meets and exceeds the contractual requirements while remaining within budgetary goals and projections.
- **Conmed Healthcare Management Inc.**
Regional Health Services Administrator, Richmond, VA, October 2008 – March 2010



Served as the Health Services Administrator for the healthcare operation, consisting of two correctional facilities serving 1,300 incarcerated patients, and provided regional support to Health Services Administrators in Virginia. Successfully led the healthcare team in the county jail and two regional jails through two ACA and three VA DOC audits with 100% compliance in all healthcare standards. Through dedicated efforts and construction of an effective management team, the staff vacancy rate has decreased from 40% to 0%, the monthly overtime rates have decreased from 14% to 1% and the monthly operating budget has become compliant meeting all projected spending goals.

- **Corizon, Inc. (formerly Correctional Medical Services)**

- **Health Services Administrator, Cumberland and Hagerstown, MD, January 2008 – October 2008**

- Served as the Health Services Administrator of the healthcare operation serving five facilities housing between 8,500 – 9,500 incarcerated patients. Successfully led the healthcare operation through three Corizon (formerly CMS) audits scoring 5/5 and one ACA audit with 100% compliance with all healthcare standards. Led the team through multiple site visits and audits with the Maryland Commission for Correctional Standards with satisfactory outcomes during each visit. Supervised the successful start-up of the North Branch Correctional facility in Cumberland, MD. The Cumberland team went on to be recognized for having the best overall budget performance in Maryland for 2008.

- **Corrections Corporation of America**

- **Health Services Administrator, Nashville, TN, March 2006 – December 2007**

- Served as the Health Services Administrator of the healthcare operation serving approximately 1,100 incarcerated patients. Successfully lead the healthcare team to prepare for their ACA audit which resulted in 100% compliance with all healthcare standards and maintained 100% compliance during all TN DOC audits. Led team through the CCA corporate audit scoring 98% compliance with healthcare standards. Received the CCA Way award twice for outstanding performance and participated in the corporate pilot program for leadership development.

- **Maury Regional Hospital**

- **Staff RN in CVICU, ICU and CCU, Columbia, TN, April 2005 – April 2006**

- **World Health Inc.**

- **Travel Nurse in CVICU, ICU and CCU, Birmingham, AL, July 2004 – April 2005**

- Regional Medical Center – Anniston, AL

- Decatur General Hospital – Decatur, AL

- **Medical Express**

- **Travel Nurse in CVICU, CCU, NCCU and ICU, Westminster, CO, January 2004 – July 2004**

- Stanford University Medical Center – Palo Alto, CA

- Washoe Medical Center – Reno, NV

- **Fastaff**

- **Travel Nurse in MICU, SICU, PCU, Renal, Tele, Rehab, Med Surg, Oncology and ER, Westminster, Denver, CO, January 2003 – December 2003**

- Easton Hospital – Easton, PA



LYNNE C. COLE, BA, MHA

Regional Director

(RFP Title: Administrator)

EDUCATION

- Duquesne University, Pittsburgh, PA – Graduate Program in Paralegal Studies, April 2006-Present
- The Pennsylvania State University, State College, PA – Master of Health Administration (MHA), Health Policy Administration, 1993
- The Pennsylvania State University/Butler Memorial Hospital, Butler, PA – Administrative Residency, Master of Health Administration (MHA), 1992
- University of Pittsburgh, Pittsburgh, PA; Clarion University of Pennsylvania, Clarion, PA – Bachelor of Arts, English, 1991

PROFESSIONAL EXPERIENCE

- **Corizon**
Regional Director, Tennessee Regional Office, July 2012 – present
Responsible for the statewide medical contract in Tennessee. Implements Corizon strategies and ensures company goals and objectives are achieved in assigned sites. Directs and monitors processes and programs across sites to achieve expected outcomes and contractual obligations and meet or exceed client expectations.
- **Corizon (formerly Correctional Medical Services)**
Regional Director, Eastern Correctional Institution (ECI), Eastern Maryland Region, February 2007 – July 2012
Responsible for three major facilities, plus one work release facility (3700 total inmates) with a Regional Director of Nursing, Assistant Director of Nursing and Regional Director of Medical Records as direct reports, and approximately 104 employees. Two of the three major facilities, ECI East Compound and ECI West Compound, are medium security; the remaining facility, ECI-Annex is minimum security. Poplar Hill Pre-release is a minimum security work release facility. The contract is for all medical services. Among those patients for whom the Eastern Maryland Region provides care are infectious disease patients and those who are seriously ill with chronic disease. Provides direct supervision to multiple administrative managers who are responsible for deliver of contract services at remote site locations. Accountable for coordinating deliver contract services and ensuring direct reports and their sites are in compliance with all aspects of the client contract. Specific responsibilities include but are not limited to: monitoring and managing site budgets versus actual costs, monitoring labor control, monitoring system process compliance, timely submission of reports, maintaining NCCHC, MCCS, ACA and contract standard compliance, working with site



clinical leadership to ensure off-site medical services are limited to medical necessity and maintaining positive client relationships.

- **Kane Community Hospital, Kan, PA**
Chief Operating Officer (COO), July 2005 – October 2006
Position reported to the Chief Executive Officer, attended meetings of the Board of Directors and was a member of the senior management team. Provided leadership, direction and administration to all aspects of Hospital-Based Clinics, Specialty Clinics, Program Development, Grants, Legal Affairs and Nutrition and Wellness Center (Optifast medical weight loss and bariatric surgery programs), Patient Registration and Information Services. Provided leadership for the start-up, transition and continued operations of the following service lines: Ortho, Neuro, Pain and Rehab Center, Cardiac Rehab, Hospital-Based Clinics, Rotating Specialty Clinics, Telemedicine Program and Wound Clinic.
- **Kane Community Hospital, Kane, PA**
Director of Operations, February 2005 – July 2005
Provided leadership, direction and administration to all aspects of Patient Financial Services (Patient Registration, Business Office, Information Services, Medical Records, corporate Compliance, Case Management), Support Services (Dietary, Housekeeping, Maintenance), Materials Management, Ambulatory Care Services (eight satellite clinics), Strategic Planning, Nutrition and Wellness Services, Legal Affairs and Security Services. Promoted to Chief Operations Officer (COO).
- **Kane Community Hospital, Kane, PA**
Director of Emergency/Urgent Services and Clinics, Human Resources/Risk Management, March 2002 – February 2005
Provided leadership, direction and administration to all aspects of Emergency and Ambulatory Care Services (five satellite) clinics. Provided leadership, direction and administration to all aspects of Human Resources and Risk Management activities. Promoted to Director of Operations.
- **American Medical Centers, Prague, Czech Republic**
Executive Director, June 2000 – August 2001
Directed operations of Prague Health Center and Dental Center. Operating budget of \$1.3 million, 40 employees, including both Western and local professionals. Reported to the Chief Executive Officer (Istanbul) and Chairman of the Board (Moscow). Directed the construction and staffing of the first freestanding dental center in AMC's international delivery network.
- **Northwestern Legal Services, Erie, PA**
Director of Development, January 2000 – April 2000
Responsible for the research, planning, implementation and evaluation of all fundraising and public relations activities. Position reported to the Chief Executive Officer.
- **Blair Corporation, Erie, PA**
Customer Service and Sales Representative, August 1998 – January 2000
Coalition for Health Cost Containment, Erie, PA
Executive Director, May 1993 = October 1998
The Coalition is comprised of mostly large self-funded employers (40,000 covered lives), hospital representatives and physicians whose mission it was to purchase health services for its members and to work to align hospital services with community needs. Negotiated and managed contracts with providers for provision of outpatient radiology, laboratory testing and prescription drug services saving self-funded employer members 30-60%.



- **Northwest Medical Center (UPMC Northwest), Franklin, PA
Director of Quality Assurance/Risk Management, 1998-1990**
- **Northwest Medical Center (UPMC Northwest), Franklin, PA
Director of Quality Assurance, 1985-1988**
- **Northwest Medical Center (UPMC Northwest), Franklin, PA
Quality Assurance Coordinator, 1983-1985**
- **Northwest Medical Center (UPMC Northwest), Franklin, PA
Cardio-Respiratory Technician, 1981-1983**

LICENSE & CERTIFICATION

- Certified Professional of Healthcare Quality (CPHQ), 1987
- American Heart Association, BLS for Healthcare Providers (CPR & AED) Program, 9/30/2013

SYLVIA MARIA MCQUEEN, M.D., CCHP

Regional Medical Director/Vice President Clinical Services
(RFP Title: Corizon State Medical Director)

EDUCATION AND TRAINING

- Doctor of Medicine – Meharry Medical College, School of Medicine, Nashville, TN, 1992
- B. S. – Medical Technology, University of Maryland at Baltimore, Baltimore, MD, 1986
- Certificate Pre-Medical Technology, University of Maryland Eastern Shore, Princess Anne, MD, 1984

PROFESSIONAL EXPERIENCE

- **Corizon**
Regional Medical Director, Tennessee DOC August 1, 2012– present
Clinical oversight for medical care in Tennessee DOC responsible for utilization management, interviewing medical providers, meeting expectations of the TDOC client, ensuring quality healthcare to the inmate population, mentoring and providing guidance to medical providers as indicated.
- **Corizon (formerly Prison Health Systems)**
Vice President Clinical Services, June 3, 2011 – present
VP of Clinical Services for Corizon Health, Inc. (formerly PHS) involved in the development of Quality Improvement (QI), Utilization Management (UM) and clinical programs in detention facilities and correctional system settings.
- **Associate Chief Medical Officer, Corizon (formerly PHS), Sept 2010 – June 2011.**
- **State Medical Director, Michigan Department of Corrections, Prison Health Services, Inc., April 2009 – Sept 2010.**
- **Patient Safety Officer, Prison Health Services, Inc., October 2008 – April 2009.**
- **Southeast Regional Medical Director, Prison Health Services, Inc., November 1997 – March 2009.**
- **State Medical Director, Alabama Department of Corrections for Prison Health Services, Inc., October 2005 – October 2007.**
- **Assistant Medical Director, Nashville South Outpatient Rehab Center, Inc., Nashville, TN, 2000 – 2004.**
- **Assistant Professor / Assistant Clinical Coordinator / Admission’s Committee Member – Meharry Medical College, Dept. of Medical Education, Nashville, TN, 1997 – 2003.**



- **Medical Director – Criminal Justice Center, Prison Health Services, Metropolitan Davidson County Sheriff’s Department, Nashville, TN, 1996 – 1999.**
- **In–Home Medical Care, McQueen’s Home Med Care, 1996 – 1998.**
- **Acting Medical Director, Guardian Family Care, Brentwood, TN, September 1997 – 1998.**
- **Clinical Laboratory Director/Medical Director, Columbia Health Care (Hendersonville, Madison and Donelson, TN) 1996 –1997.**
- **Physician Acute and Chronic Care, Criminal Justice Center, Metropolitan Nashville–Davidson County Sheriff’s Department, Nashville, TN, 1995 – 1996.**
- **Cardiology Research Fellow, Preventive Cardiology Academics Award Program George W. Hubbard Hospital/Meharry Medical College, Nashville, TN, 1995 – 1996.**
- **Physician, Ambulatory Care, Baptist Convenient Care, Nashville, TN 1995 – 1996.**
- **Internal Medicine Residency Program, George W. Hubbard Hospital/Meharry Medical College, Nashville, TN, 1992 –1995.**
- **Teaching Assistant in Gross Anatomy and Neuroanatomy, School of Medicine, Meharry Medical College, Nashville, TN 1989 – 1990.**
- **Research Laboratory Assistant, National Institutes of Health, National Heart, Lung, and Blood Institute – Division of Intramural Research, Laboratory of Animal Medicine and Surgery, Bethesda, MD, 1989 – 1989.**
- **Certified Medical Technologist, Johns Hopkins FSK Medical Center Blood Bank, 1986 – 1988.**
- **Chemistry Research Laboratory Assistant, University of Maryland–Eastern Shore, Princess Anne, MD, 1984.**
- **Microbiology Research Laboratory Assistant, University of Maryland–Eastern Shore, Princess Anne, MD, 1983.**

LICENSE & CERTIFICATION

- State of Arizona, 2011
- State of Michigan (#4301093670), 2009
- Commonwealth of Virginia, 2005
- State of Alabama, Medical Board, 2003
- State of Georgia, Composite State Board of Medical Examiners, 2002
- State of North Carolina, North Carolina Medical Board, 2001
- State of Tennessee, Division of Health Related Boards, 1994



- Diplomat, American Board of Internal Medicine, 1999, 2011
- Diplomat of National Board of Medical Examiners (#422769), 1993
- American Society of Clinical Pathologists, Registered Medical Technologist, 1984

PUBLICATIONS AND HONORS

Publication

- *Health Issues Among Incarcerated Women: Cardiovascular Disease*; Feb 2006

Recognition

- Cambridge Who's Who Hall of Fame, 2010
- Cambridge Who's Who, 2009
- PHS Regional Medical Director of the Years, 2008 and 2010
- Clifford Jacobson Humanitarian Award for Excellence in Patient Care, 1986

PROFESSIONAL ASSOCIATIONS

- **American College of Physicians** – 2009 to present
- **Society of Correctional Physicians** – 1999 to present
- **American Medical Association** – 1993 to present
- **American College of Physicians** – 1999 to 2010
- **American Jail Association** – 1998 to 2000
- **American College of Managed Care Medicine** – 1998 to 2002
- **Bristol Meyer Squibb Distinguished Lecturer Faculty Member** – 1997 to 2004

PROFESSIONAL ACTIVITIES

- Medical Missionary to Monrovia, Liberia – 2004 to present
- Chairperson of Advisory Board, Houston House Ministries, Nashville, TN, 2003 to 2007
- Community Outreach Program of Meharry Medical College (CHOP), Volunteer in Data Collection for Cardiac Risk Factors in a Rural Bound Population – 1995 to 1999

GLEN STEVEN BABICH

Associate Regional Medical Director

EDUCATION

- Candidate, Masters of Business Administration in Management, Northcentral University, Prescott, Arizona, since 2009
- Certified Correctional Health Professional, CCHP, 2006
- Medical Doctor, M.D., University of Alberta, Edmonton, Alberta, Canada, 1985
- Bachelor of Medical Sciences, B.Med.Sc., (Laboratory) , University of Alberta, Edmonton, Alberta, Canada, 1982
- Post-Graduate Medical Training
 - Second Year Pre-Licensure, Resident II, July 1, 1986 to June 30, 1987, University of Alberta Hospitals, Edmonton, Alberta, Canada
 - Rotating Internship, Resident I, June 13, 1985 to June 13, 1986, Royal Alexandra Hospitals, Edmonton, Alberta, Canada
- Basic Cardiac Life Support – C (BCLS-C)
- Physician Management Institute, Leadership Skills for the Future
 - Leading in Changing Times
 - Group Facilitation
 - Change Management, Leadership, and Team Building
- Military Courses
 - Militia Officer Staff Course (MOSC), Combat Arms and Combat Support Services (Administration – Staff Officer Course)
 - Basic Medical Officer Training (BCT Part II)
 - Basic Medical Officer Training (BCT Part I)
 - Basic Army Officer Training (Specialist) (BAOT (S))

PROFESSIONAL EXPERIENCE

- **Corizon (formerly Correctional Medical Services)**
Associate Regional Medical Director, Tennessee, August 2010 – present
 - Oversight of non formulary requests and off site referrals



- Provide mortality reviews, peer reviews, provider interviews and PIP orientation
- Clinical work on site to fill vacancies

- **Green Hills Chiropractic Clinical, Nashville, TN, Supervising Physician**
- **Pinnacle Pain Management, Union City, TN, Supervising Physician**

SEPTEMBER 2009 – JULY 2010, ARKANSAS/MISSOURI

- **Corizon (formerly Correctional Medical Services)
Staff Physician, Arkansas/Missouri, September 2009 – July 2010**
Staff Physician, Primary Care, Chronic Care Clinics, Transitional Care Unit, 24 hours per week among several units, Correctional Medical Services, Arkansas:
 - Wrightsville/Hawkins (9-14-2009 to 1-31-2010)
 - Pine Bluff/Randall Williams (2-1-2010 to 4-1-2010)
 - Diagnostic Unit (2-15-2010 to 3-31-2010)
 - Varner (4-1-2010 to 7-30-2010)

Corizon (formerly Correctional Medical Services), Associate Regional Medical Director, Arkansas,

**Corizon (formerly Correctional Medical Services), Regional Medical Director,
Wrightsville/Hawkins, Arkansas, September 2009 – January 2010**

**Corizon (formerly Correctional Medical Services)
Staff Physician, South East Correctional Center, June 2005 – September 2009**
Staff Physician, Primary Care, Chronic Care Clinics, 40 hours per week

**Corizon (formerly Correctional Medical Services)
Staff Physician, Idaho State Correctional Institute, Boise, ID, September 2006 – October 2005**
Staff Physician, Primary Care, Chronic Care Clinics, 40 hours per week

**Corizon (formerly Correctional Medical Services)
Acting Assistant Regional Medical Director, State of Idaho, October 2006**
Acting Assistant Regional Medical Director , Primary Chronic Care Clinics and Infirmery Care at Idaho State Correctional Institute

**Corizon (formerly Correctional Medical Services)
Staff Physician, Cape Girardeau County Jail, March 2005 – September 2005**
Staff Physician, Primary Care, Chronic Care Clinics, 2 hours per week, Advamced Correctional Health Care

**Corizon (formerly Correctional Medical Services)
Medical Director, South East Correctional Center, Charleston, MO, June 2002 – September 2009**

- **Dr. Glen Babich, MD, Part-time After Hours Clinic, Sikeston, MO, November 2002 – February 2005**
- **Missouri Delta Medical Center, Courtesy Privileges, Sikeston, MO, 2003 – present**

DECEMBER 1995 TO AUGUST 2002, DOVER TN

- **North Stewart Medical Center, December 2001 – August 2002**



Relocation of existing practice to new building, renamed practice on relocation, returned on weekends to see patients transitioned to new doctors.

- **LBL Medical Center, January 2000 – December 2001**
Purchased practice from Columbia/HCA and renamed practice.
- **Trinity Family Clinic, Staff Physician, General/Family Medical Practice, December 1995 – January 2000**
- **Manor House Nursing Home, Active Medical Staff, January 1996 to June 2002**
- **Royal Care of Erin Nursing Home, Active Medical Staff, January 1996 to June 2002**
- **Trinity/Columbia Home Health Care Medical Director**
- **Complete Home Health Care, Advisory Board Member**
- **Stewart County, Deputy Coroner / Medical Examiner**
- **Stewart County Sheriff's Department, Stewart County, Medical Advisor**
- **Trinity Hospital, Emergency Medical Staff, January 1996 to August 2002**
- **Trinity Hospital, Active Medical Staff, January 1996 to June 2002**
Chairman, Safety and Risk Management Committee, 1998 to 2002
Member, Credential Committee, 1998 to 2002
- **Henry County Medical Center, Courtesy Medical Staff, October 1999 – December 2002**
- **Houston County Ambulance Service, Medical Director**
- **First Responder Program for Stewart County Volunteer Fire Services, Medical Director**
- **Stewart County High School Athletic Programs, Team Doctor**
- **Nashville Wire Products, Worker's Compensation Panel**
- **Standard Gypsum, Worker's Compensation Panel**

SEPTEMBER 1990 – NOVEMBER 1995, LETHBRIDGE, AB, CANADA

- **G.S. Babich Professional Corporation, President and Medical Doctor, (until December 1995)**
- **Haig Clinic Partnership, Haig Clinic, Partner, Director/Medical Doctor**
- **Associated Buildings, Partner and Director**
- **General Practice, Lethbridge Regional Hospital, Active Staff Physician**
- **General Practice and Long Term Care, St. Michael's Health Centers, Active Staff Physician**
- **General Practice and Long Term Care, Extend-Care Nursing Home, Active Staff Physician**
- **Department of Justice, Medical Examiner**
- **JRC Canada Ltd (Japanese Radio Company), Medical Director**
- **Human Resources Department and Short Term Disability and Benefits Department, City of Lethbridge, Medical Director / Consultant**



- **Health and Welfare Canada, Government of Canada, Preferred Provider through Haig Clinic**
- **Canadian Back Institute, Workers' Compensation Board Patients from the Province of British Columbia, Preferred Provider**
- **Provider for the following insurance companies:**
 - London Life
 - Canada Life
 - Sun Life
 - Great West Life
- **Management Training Institute (renamed Heyland & Associates Consulting Services), Member of Advisory Council**
- **Management Association Lethbridge, Lethbridge, Alberta, Canada Medical Advisor, H.R.M.A.L. Human Resources**
- **A Round Table on Health 1993 from Dianne Mirosh, Minister without Portfolio Responsible for Alberta Health Planning Secretariat, Government of the Province of Alberta, Participant by Ministerial Invitation**
- **Canadian Forces Medical Services, Department of National Defense, Government of Canada, Medical Officer, Captain:**
 - Supplementary Reserve, February 16, 1996 to 2006
 - Canadian Forces Primary Reserve (Militia), March 4, 1992 to February 16, 1996:
 - Company 2i/c (second in command), Medical Platoon, 15 Medical Company (Field Ambulance), Mewata Armories, Calgary, Alberta, Canada, 1994-1995
 - OIC (Officer in Charge), Evacuation Platoon, 15 Medical Company, 1993-1994
 - OIC (Officer in Charge), Treatment Platoon, 15 Medical Company, 1992-1993
 - Brigade Surgeon OIC (Officer in Charge), BMS (Battalion Medical Station), Western Challenge, Wainwright, Alberta, 1993
 - ACLS Instructor, 15 Medical Company, 1993

JULY 1987 – AUGUST 1990, GRIMSHAW, AB, CANADA

- **Active Medical Staff, Grimshaw/Berwyn & District Hospital, Grimshaw, Alberta, Canada**
 - Medical Advisor, Infection Control Committee
 - Medical Advisor, Accreditation Committee
- **Medical Director, Grimshaw/Berwyn & District Ambulance Service, Grimshaw, Alberta, Canada**
- **Board Member / Medical Advisor, Family Community Support Services Committee, Town of Grimshaw, Grimshaw, Alberta, Canada**

- Owner/Operator/Manager, Grimshaw Medical Clinic, Grimshaw, Alberta, Canada, 3 doctors 8,000 patient files
- President and Medical Doctor, G.S. Babich Professional Corporation, Grimshaw, Alberta, Canada

ACADEMIC TECHNICAL POSITIONS

- Clinical Preceptor:
 - Vanderbilt University School of Nursing, Family Nurse Practitioner Program, Nashville, TN
 - Vanderbilt University School of Nursing, Geriatric Nurse Practitioner Program, Nashville, TN
 - Austin Peay State University, Business Administration Program, Clarksville, TN
 - Miller Motte Business College, Medical Assistant Program, Clarksville, TN
 - Draughon Junior College, Medical Assistant Program, Clarksville, TN
 - University of Alberta, Faculty of Pharmacy, Community Rotation, Edmonton, Alberta, Canada
- Guest Lecturer
 - University of Lethbridge, Lethbridge, Alberta, Canada

LICENSE & CERTIFICATION

- LMCC, Medical Council of Canada 62980 October 20, 1986
- College of Physicians & Surgeons of Alberta, Canada 9380, July 1, 1987
- Arkansas State Medical Board, E-6244, October 2, 2009
- Idaho Board of Medicine M-9700, September 8, 2006
- Illinois Division of Professional Regulation 036-114518, November 2005
- Missouri Board of Registration for the Healing Arts 2002010249, May 16, 2002
- Tennessee Medical Board MD0000027058, June 26, 1995
- DEA BB4653019

HELEN L. COLEMAN, DDS

Regional Dental Director

(RFP Title: Dental Consultant)

EDUCATION

- Meharry Medical College, Nashville, TN – Doctor of Dental Surgery, 1994
- Prairie View A & M University, Prairie View, TX – Master of Science, 1983
- Prairie View A & M University, Prairie View, TX – Bachelor of Science, 1979

PROFESSIONAL EXPERIENCE

- **Corizon (formerly Correctional Medical Services)**
Regional Dental Director, 2010 – present
Directs and provides Dental Health Services to inmates populations. Interrelates and works effectively with inmates, Dental, Medical, Security, Administrative and Support staff. Participates in hiring, orientation of all Dentists and auxiliary staffing in all Correctional Institutions in Tennessee where Corizon provides Medical and Dental personnel. Assists in securing and maintaining proper accreditation, including compliance with the requirements of the Commission for Accreditation for Corrections and standards for Adult Correctional Institutions.
- **First Medical Management**
General Dentist, 2008 – 2010
Provides Dental Health services to inmate populations on PRN Basis in Correctional Institutions in the State of Tennessee.
- **National Health Service Corps**
General Dentist, 2000 – present
Provides General Dental Health Services to Rural underserved populations. Mentoring Program for Meharry Dental Jr. and Sr. Students to treat Underserved Populations. Committee for Rural Health Policy in Dental Schools in America representing Tennessee in Washington, DC.
- **Beverly Healthcare**
Dental Director, 1996 – 2011
Provides Dental Health Care to Aging Population of Senior Citizens on 24HR on call Basis.
- **Family Dental Services**
Private Practice, 1995 – present
Sole Proprietor Owner of Practice. Provide General Dentistry to Community including Extractions, Restorative, Endodontics, Fixed and Removable Prosthodontics, and Periodontics.



LICENSE & CERTIFICATION

- State of Tennessee
- Southern Regional Dental Licensure Board

AFFILIATIONS

- American Dental Association
- National Dental Association
- Tennessee Dental Association

TIFFANY SARELL, PHARMD

Regional Clinical Pharmacist

(RFP Title: Clinical Pharmacologist)

EDUCATION

- South University, Savannah, GA – Doctor of Pharmacy, 2008
- Middle Tennessee State University, Murfreesboro, TN, Other, PrePharmacy

PROFESSIONAL EXPERIENCE

- **PharmaCorr (Tennessee Department of Correction Contract)**
Regional Clinical Consultant Pharmacist, April 2010 – Present
Formulary management, review nonformulary requests for formulary or preferred nonformulary options, cost-effective analysis of medications, drug utilization reviews for trending and clinical initiatives, assist the Department of Correction in the development of policies and procedures as related to pharmacy, provider education for medication selection, support and educate nursing staff on appropriate administration and ordering of medications, prepare materials for P&T Committee Meetings, answer drug information questions, collaborate with regional and site medical directors **in medication selection and ordering to ensure medication availability when inmates are released from the local hospital, and other tasks as requested by the Department of Correction.**
- **WellPoint, Franklin, TN**
Clinical Pharmacist, August 2009 – April 2010
Work directly with patients, nursing staff, physician’s assistants, nurse practitioners, and medical doctors in disease management for diabetes, hypertension, hyperlipidemia, asthma, COPD, and CAD prevention and treatment. Recommend medication or dosage changes based on adverse drug reactions, lab results, and clinical outcomes. Reinforce treatment care plans, assess compliance, provide education, and motivate patients to be active members in their own health care to improve outcomes and reduce the overall cost of health care.
- **Maxor Correctional Pharmacy Services, Franklin, TN**
Resident Clinical Pharmacist, June 2008 – July 2009
See Residency History below
- **Kroger, Mt Juliet, TN**
Pharmacist Intern, PRN Staff Pharmacist, November 2006 – 2010
Dispense prescription medications, review and address drug-drug interactions, patient counseling, and function as a liaison between the patient, provider, and insurance company.
- **Kmart, Savannah, GA**
Pharmacist Intern, June 2004 – November 2006



Input prescription orders, review and address drug-drug interactions, patient counseling, and function as a liaison between the patient, provider, and insurance company.

- **Kmart, Nashville, TN**

Pharmacist Intern, March 2003 – June 2004

Input prescription orders, review and address drug-drug interactions, patient counseling, and function as a liaison between the patient, provider, and insurance company.

- **Middle Tennessee State University Chemistry Department, Murfreesboro, TN**

Teaching Assistant, August 2003 – May 2004

Assist professors and graduate interns in teaching the general chemistry lab

Residency – Managed Care Pharmacy

2008 – 2009

Maxor Correctional Pharmacy Services

Franklin, TN

Accrediting Body: ASHP, AMCP

Specialty: Managed Care Pharmacy Practice

Preceptor: Alexander Tunnell, Pharm.D., BCPS, MBA

Project/Research: Potential HIV-Treatment Related Interventions Made by a Clinical Pharmacist in a Correctional Pharmacy Setting

Comments/Reflections: Rotations

Longitudinal

Disease State Management: mental health/psychiatric disorders, HIV infection, hypertension, diabetes, hyperlipidemia, pain management, asthma, etc.

Drug Information Center: Answer questions related to pregnancy, dialysis, hemophilia, medications in dentistry, vaccinations, basic nutrition calculations and product selection, antibiotic of choice for various indications and patient populations, therapeutic drug equivalency for cost-minimization, drug-drug interactions, dosing conversions, false positive drug tests and TB tests, medication storage, medication safety concerns/medication errors, medication administration, pill identification, and other inpatient/outpatient related topics.

Prior Authorization Requests: assessing appropriate disease state management as indicated by clinical protocols in combination with regional medical directors and psychiatric medical directors.

Orientation – develop an understanding of the company, computer skills training (Excel, Word, Outlook), establish a foundation for the residency research project.

Medical Literature Evaluation – didactic statistics training, daily analysis of land mark trials, health outcomes and pharmacoeconomic training.



Pharmacy Services – understand the role of the clinical department in a managed care setting, review current policies and procedures, review and dispense medication in a mail order pharmacy, become familiar with the various types of reports for future rotations.

Business Management – understand the design and implementation of budgets by analyzing trends and assessing future changes in guidelines and develop a client’s projected budget for the next fiscal year.

Research – develop protocol for pharmacist guided HIV treatment study, make recommendations, collect and analyze data, perform statistical analysis, report conclusions.

Drug Information – address potential medication errors/medication safety, develop protocols for disease state management for specific patient populations, deliver continuing education to providers, and answer drug information questions.

Formulary Management – determine cost-effective treatment options for formulary consideration, dossier analysis of Trelstar® (triptorelin) for formulary submission, develop treatment algorithm for the product in prostate cancer with respect to cost-effectiveness.

Drug Utilization – perform prospective and retrospective analysis of expenditures, use data provided by reports to project and track cost saving measures for assigned clients, present financial analysis and cost saving initiatives to the clients.

Preceptorship (Drug Information) – teach third and fourth year pharmacy students drug information skills and resources, assist students in the development of the monthly P&T packets, and educate the students on proper journal club evaluation and presentation skills.

Preceptorship (Managed Care) – provide an overview of managed care to first year pharmacy students consisting of formulary basics, P&T meetings, drug information research, reporting, pricing, and outcomes research.

LICENSE & CERTIFICATION

- Pharmacist – Tennessee State Board of Pharmacy, License #33222, Exp August 2014
- APhA Immunization Certification
- AHA CPR Certification

AFFILIATIONS

- ASHP – American Society of Health System Pharmacists



SHEILA VAUGHN, RN

Outpatient Nurse Manager

EDUCATION

- Dyersburg State Community College, Dyersburg, TN – Associates Degree in Nursing and Allied Health

PROFESSIONAL EXPERIENCE

- **Corizon (formerly Correctional Medical Services)
Nurse Manager, January 2010 - Present**

Oversees medical temporary unit at Deberry Special Needs Facility to facilitate appointment timelines, problem resolution, transportation and process flow of the unit. Coordinate any in-service training of staff relating to previous processes to achieve peak productivity and performance of the medical temporary unit, working with the leadership staff, security and any other team members at the site. Able to provide inmate outreach education in specific specialty areas as needed. Develop or assist with completion, update, and ongoing maintenance of all policies and procedures consistent with the facility and Corizon to ensure efficient and safe operation of the medical temporary unit. Supervises the scheduling of appointments for all specialty physician care by oversight of the schedulers at the regional office. Maintain daily, weekly and monthly data to determine timely turn-around of requests to the scheduler. Concurrent management of the processes to maintain turn-around time for transportation assignment and scheduling of <2days total, with a benchmark of >90% as the target. Evaluates scheduling staff for performance, behavior, attendance and statistics.

- **First Medical Management, Nashville, TN
Inpatient Case Manager/Utilization Review, 2006 – 2009**

Facilitates and coordinates the care and services for hospitalized inmates through the acute care continuum. Works collaboratively and cooperatively with physicians and interdisciplinary teams, both internal and external to the organization, to improve patient care through effective utilization and monitoring of healthcare resources.

- **First Medical Management, Nashville, TN
Utilization/Case Management Nurse Reviewer for Transit Unit, 2006 – 2009**

Assure proper preparation of non-urgent inpatient admissions according to physician orders. Maintain contact with hospital sites and physicians for concurrent reports including tests, procedures, consults, and post-operative orders. Interact with physicians to certify appropriate patient placement. Facilitate transfer of patients/inmates back to their sending facility upon completion of treatment plan. Consult and update Medical Director of treatment/discharge difficulties as they arise. Work in coordination with UM outpatient nurse reviewers as needed to assure proper treatment. Initiate and follow through on medical record chart reviews retrospectively of appropriate cases.



- **Corizon (formerly Correctional Medical Services)**

- **Utilization/Case Management Nurse Reviewer for Transit Unit, 2001 – 2006**

- Assure proper preparation of non-urgent inpatient admissions according to physician orders. Maintain contact with hospital sites and physicians for concurrent reports including tests, procedures, consults, and post-operative orders. Interact with physicians to certify appropriate patient placement. Facilitate transfer of patients/inmates back to their sending facility upon completion of treatment plan. Consult and update Medical Director of treatment/discharge difficulties as they arise. Work in coordination with UM outpatient nurse reviewers as needed to assure proper treatment. Initiate and follow through on medical record chart reviews retrospectively of appropriate cases.

- **Corizon (formerly Correctional Medical Services)**

- **Clinical Registered Nurse, 2001 – 2006**

- Acts as liaison/consultant/team leader for the specialty clinic area. Coordinates the site processes necessary to move patients/inmates in and out of specialty care, both internally and externally, including pre-operative requirements, records transfers and consultation notes. Clinic scheduling and coordination. Operational and clinical troubleshooting with specialists. Specialty provider performance monitoring and troubleshooting. Scheduling and assisting medical director with minor surgical procedures.

- **Arrowsmith Eye Institute, Nashville, TN**

- **Registered Nurse, 2000 – 2001**

- Preparation of patients for Lasik, Cataract, and Implanted Contact Lens surgery. Caring for patients after surgery and teaching proper care of eyes before discharging patient home. Ordering medications and maintaining pre-/post-operative area.

LICENSE & CERTIFICATION

- Licensed Registered Nurse, July 1998



KAREN L. MASON, RN, CCHP

Regional CQI Coordinator

(RFP Title: Continuous Quality Improvement Coordinator)

EDUCATION

- Associate in Science/Nursing, Ferris State University, Big Rapids, MI, 1993 – 1996
- Associate in Liberal Arts and Science (general), Alpena Community College, Alpena, MI, 1989 – 1992
 - Nursing prerequisites
 - Member of student counsel and student newspaper

PROFESSIONAL EXPERIENCE

- **Corizon**
Regional CQI Coordinator, July 2012 – Present
Responsible for auditing, documenting, reporting and communicating site compliance with the Corizon CQI program requirements, Corizon policies and procedures (both administrative and clinical) and legal requirements, regulations and standards set forth by the TDCO. Collaborates with the Regional Manager and site staff to develop, implement and communicate a quality plan to bring the site policies and procedures into compliance with the quality requirements for the region.
- **Corizon of Michigan, PC (formerly PHS), Lansing, MI**
Director of Quality Improvement, 2009 – Present. Maintain and continuously as needed update a written QA Plan which assures that prisoners receive medically necessary care; monitor system performance, ensure annual effectiveness review of plan, participate in state-wide continuous improvement projects that cover clinical and non-clinical areas; work with the MDOC QA Subcommittee Members to review prison health care system performance data and make recommendations for change; assist in the formulation and revision of policies and procedures; design and develop strategies for compliance with documentation requirements, clinical guidelines and treatment protocols; assist sites in the accreditation process; perform focused audits as directed by the Regional VP/State Wide Medical Director; perform follow-up evaluation to determine effectiveness of actions taken to resolve quality of care problems; maintain records and statistics; develops and ensures the QI monitoring schedules are followed; review delivery of health care to determine compliance with Corizon Quality Improvement indicators, policies and procedures, and government regulations.
- **Risk Management and Patient Safety Institute, Lansing, MI**
Associate Risk Manager, 2007 – 2009. Risk management consulting residency program – learning risk management, assisting with reports, researching evidence-based practice rationale,



support of managing consultants, client support, document development, support to RM&PSI education department and product development, support to marketing department, independent consultant recruitment, review of client policies and procedures, research and writing of instant email articles, use of Microsoft word

- **Burcham Hills Nursing Home, E. Lansing, MI**
Nurse Manager Second Floor, 2005 – 2007. Manage daily resident care for a combination of sub-acute and long-term residents, perform chart/documentation audits, education/in-service staff, resolve family/resident complaints/concerns, review staff performance, conduct interviews of potential staff members, termination of staff employment, attend and chair various committees, assist administration with state survey process, conduct staff meetings
- **Ingham Regional Medical Center, Lansing, MI**
Case Management, Supervision, Intensive Care and Telemetry RN, 1998 – 2005.
 - **Case Management** – Utilization Review for insurance coverage purposes, discharge planning of patients (coordinating family meetings, communication with attending physician and patients regarding discharge needs of patients, arrange home health nursing, rehabilitation, sub-acute rehabilitation stays, hospice care and medical equipment. Locate community programs for patients to assist with their discharge needs.)
 - **Supervision** – Management and utilization of hospital beds/availability, resolve staffing issues, identify changes in staffing needs and adjust accordingly, communicate with physicians regarding patient admitting availability, report to coroner of death in facility within 24 hours of admission, counsel staff members
 - **Intensive Care/Telemetry** – ACLS certification, direct patient care, respond to code situations, monitor cardiac status of patient, dispense medications, start IV's, assist physicians with sterile procedures
- **Per Diem Intensive Care Float Nurse, Sparrow Hospital, Lansing, MI, 2000 – 2001.**
- **Intensive Care/Telemetry, Mercy Hospital, Cadillac, MI, 1996 – 1997.**

LICENSURE & CERTIFICATION

- Nursing License 4704206989 (expires March 31, 2013)
- Certified Correctional Health Professional (CCHP)
- Certification by National Commission on Correctional Health Care (NCCHC), March 2011

TINA MARCY, RN

Regional Infection Control Coordinator

(RFP Title: Infectious Disease Management Coordinator)

EDUCATION

- Columbia State Community College School of Nursing – Associate of Applied Science, May 2000

PROFESSIONAL EXPERIENCE

- **Corizon**
Statewide Infection Control Coordinator, January 2011 – Present
Statewide Infection Control Coordinator. Developing, implementing and monitoring processes/ data. Evaluating the effectiveness of the identified process and reporting identified trends. Serving as a resource for physician and staff. Educator for staff and inmates.
- **Corizon (formerly Correctional Medical Services)**
Director of Nursing, Riverbend Maximum Security Institution FMM, September 2009 – December 2009
Director of Nursing, Riverbend Maximum Security Institution, August 2006 – April 2007
Director of Nursing at Riverbend Maximum Security Institution. Directly responsible for developing, implementation, monitoring and evaluation of services/ processes affecting the medical unit. Collaborate with HSA reviewing and recommending changes in TDOC medical policies. Scheduling nurses based on staffing requirements. Managed day to day operations with nursing care needs for the incarcerated inmates in Tennessee prison system. As Director of Nursing, I prepared the facility and the staff for the annual state inspection and ACA re-certification completed every three years.
- **Willowbrook Home Health**
RN Clinician, January 2008 – September 2009
RN Clinician with Willowbrook Home Health. Manage patients in their homes. Provide skilled observations and assessments of all systems. Provide teaching with wound care, medication management and early prevention of exacerbation of chronic disease process. Teaching Infection Control within the home setting. Experience with Wound Vac therapy.
- **Curascript Infusion Pharmacy**
RN Clinician, August 2007 – January 2008
RN Clinician with an infusion pharmacy. Process new referrals for home patients with home IV needs. Arranging home health services based on insurance payment sources. Administer IV medications in clinic settings and home settings. Administered via peripheral, PICC, subcutaneous and port access. Teaching Infection Control prevention to the home patients. Using Curlin, CADD and Crono pumps.



- **Caris HealthCare**
Interim Patient Care Coordinator/Staff Nurse, May 2004 – September 2004
 Facilitated the PCC role for Caris HealthCare in new office location in Columbia. Responsible for scheduling patient visits for Registered nurses and Home Health Aides. Coordinated hospice admissions with hospitals, MD office referrals and long term care referrals. Streamlined bi-monthly meetings with Caris Medical Director and Caris Interdisciplinary Team members. Case Manager responsibilities included direct contact with patient's physicians, equipment companies, pharmacies and families. Case management included supervisory visits to evaluate the LPN staff and HHA staff services. Implemented with Long Term Care Center's MDS Coordinator Hospice Plan of Care Criteria. Developing, implementing, monitoring and evaluating nursing process and continued educational skills of nursing and support staff.
- **Health Management Corporation**
Disease Management Nurse Consultant, September 2003 – April 2004
 Managed chronic health condition via phone. Responsible for reinforcing physician's plan on care, teach importance of compliance, benefits of healthy living. Worked for major insurance company, Blue Cross Blue Shield, helping their most chronically ill participants benefit from education of their conditions. Teaching the importance of control of their disease process. Reduced MD visits and reduced hospital admissions and ER visits saving Blue Cross Blue Shield money in claims each year
- **Maury Regional Hospital**
RN Staff Nurse, June 2000 – November 2004
 Staff nurse in the Coronary Care Unit. My experiences in the CCU have been expanded from acute specialized care to acute invasive treatment for the critically ill heart patients. Experiences include medication management for the acute MI and angioplasty as well as surgical interventions for the acute cardiac patient. Staff nurse in the Intensive Care Unit. This position enabled me to expand my general knowledge with nursing in terms of specialized assessment, treatment and procedures.
- **NurseFinders**
Agency Nurse, April 2001 – July 2003
 Worked as a Critical Care staff nurse. Assignments at Summit Medical Center in Medical/Surgical ICU. Assignments with Correctional Medical Services at Tennessee Prison For Women. Employed with agency nursing demonstrated the ability to adapt to change and be versatile.

LICENSE & CERTIFICATION

- Basic Life Support
- Healthcare Provider CPR



JEREMY CHASE, RN

Clinical Nurse Educator

(RFP Title: Statewide Health Educator)

EDUCATION

- Columbia State Community College, Columbia, TN – Associates of Applied Science in Nursing, 2002-2004
- Delta Technical Institute, Jonesboro, AR – Licensed Practical Nurse. 1994-2004

PROFESSIONAL EXPERIENCE

- **Corizon**
Statewide Clinical Education Specialist, April 2012 – Present
Work closely with the Department of Corrections to develop and implement annual and new employee skills competency evaluations and to perform needed in-services/trainings based upon those evaluations. Develop standard education calendar for nursing and inmate education. Research and provide education material to the prisons as needed.
- **Corizon (formerly Correctional Medical Services)**
Continuous Quality Improvement/Infection Control Coordinator, January 2010 – March 2012
Oversaw CQI and infection control/TB program for 1200+ inmate facility. Provided assistance as needed to floor nurses. Served as “go to” person when questions regarding wound care arose. Assisted with inmate and health care staff education. Assumed role as Acting Director of Nursing when necessary.
- **First Medical Management at Turney Center Industrial Complex**
Registered Nurse, August 2006 – December 2009
Started as second shift Charge Nurse responsible for overseeing care of 1200+ inmates. Supervised a team of one (1) Registered Nurse and one (1) Licensed Practical Nurse. Transitioned to lab nurse on day shift, responsibilities: (1) Obtaining and processing patient’s specimens for test as ordered by the providers, (2) Timely reporting of test results to the providers, (3) Maintaining inventory of equipment needed for use in obtaining specimens. Also had responsibility of performing daily “sick call” evaluations on inmates and treating or referring patients to hire level of care as needed.
- **Home Care Solutions**
Home Health Registered Nurse, June 2005 – July 2005
Independent assessment and care of home bound patients. Acted as liaison between patients and providers. Evaluated patient’s health status and monitored for improvement or progression towards goals as established by the healthcare team. Advised physician of patient’s health status and provided recommendations for care.



- **Maury Regional Medical Center**

- **Weekend Nightshift Med-Surg Registered Nurse, January 2004 – May 2005**

- Plan, direct and control all nursing activities for an assigned team of 6 -10 patients. Supervised 1-2 Certified Nursing Assistants. Relief Charge Nurse.

Seana Walters, RN

Inpatient Utilization Management Nurse

EDUCATION

- William Carey College, Bachelor of Science in Nursing – 1999

PROFESSIONAL EXPERIENCE

- **Corizon**
Inpatient Utilization Management Nurse, September 2010 – present
Responsible for inpatient utilization management, daily case management and discharge planning.
- **Centennial Medical Center**
Charge Nurse, October 2007 – September 2010
Charge Nurse in Adult Psychiatric Unit
- **Kepro South**
Utilization Management, September 2006 – September 2007
Responsible for inpatient utilization management.
- **Green Ribbon Health**
Case Manager, September 2005 – September 2006
Responsible for medicare case management.
- **Health Integrated**
Utilization Management, March 2006 – September 2005
Responsible for inpatient and outpatient utilization management.
- **Tampe General Hospital**
Circulator Operating Room, February 2002 – March 2004
Worked with all specialties, level I trauma center.
- **Eisenhower Medical Center**
Nurse, November 2000 – January 2002
Emergency room Triage and Charge Nurse.
- **Oschner Foundation Hospital**
Nurse, September 1997 – October 2000
Emergency room Triage and Staff Nurse in Main Emergency Room.



Farrah Elizabeth Blackwell

Scheduling Coordinator

EDUCATION

- Diploma, Marketing I & II, Entrepreneurship, Multi-Media Journalism, Fashion Marketing, 1996

PROFESSIONAL EXPERIENCE

- **Corizon**
Scheduling Coordinator, July 2010 – present
Responsible for coordinating and maintain the scheduling of outpatient surgeries and doctor appointments for TDOC inmates, coordinates telemedicine clinics, develops departmental procedures for telemedicine clinic scheduling, and maintains the report process for delivery of medical reports to facilities.
- **Corizon (formerly Correctional Medical Services)**
Administrative Assistant, January 2010 – July 2010
Responsible for credentialing physicians, preparing personnel files, preparing and submitting payroll, ordering of patient specific medical supplies, requests and distributes medical records, and gathers non-formularies for medical director approval.
- **First Medical Management**
Administrative Assistant, March 2008 – January 2010
Responsible for ordering patient specific medical supplies, requesting and distributing medical records, gathering non-formularies for medical director approval, scheduling meetings with TDOC for State Regional Director, and assists State Regional Director.
- **Oak Grove County Store**
Owner, November 2002 – February 2007
Duties included cashier, inventory control, purchasing, restocking, preparation of employee work schedules, supervision of employees, preparing payroll, performing bookkeeping duties, and overseeing personnel issues.
- **Baptist Hospital Outpatient Surgery**
Unit Clerk/Supervisor, June 2000 – February 2002
Responsible for adding journals regarding patient surgery information into hospital software program, scheduling surgery and delivering schedules to appropriate sections within the surgery center and hospital, answering and directing calls from multi-line switchboard, and assisting physicians with scheduling blocks for surgery and other various routine duties.



- **Mallory Security**

- **Office Manager/Supervisor**

- Responsible for preparing work schedules, performed human resource duties to include interviewing, processing of personnel records, and calculating payroll time, answering and directing calls, faxing, copying, sorting mail and other receptionist duties.

Viki Rowlett

Scheduling Coordinator

EDUCATION

- Columbia State Community College, Associate of Science in Business, August 2009

PROFESSIONAL EXPERIENCE

- **Corizon**
Scheduling Coordinator, January 2010 – present
Responsible for coordinating and maintain the scheduling of outpatient surgeries and doctor appointments for TDOC inmates, creating ad hoc reports, maintaining and fostering a relationship with vendors and clients, coordinates and maintains telemedicine clinics, develops departmental procedures for telemedicine clinic scheduling, assists the manager to improve processes within the department, and maintains the report process for delivery of medical reports to facilities.
- **First Medical Management**
HR Assistant, June 2009 – December 2009
Responsible for HRIS, entering new enrollments, processing terminations, enrolling employees in benefits, completing employment verification and employment inquiries as necessary.
Responsible for Recruiting, applicant tracking, qualifying applicants, interviewing and on-boarding new employees, affirmative action plan in accordance with OFCCP guidelines for hiring process in the Tennessee region.
Additional duties included supporting the processing of bi-weekly payroll for the region, created ad hoc reports, credentialed contract and locum tenens providers, and working knowledge of employment law (FLSA, unemployment, FMLA, EEOC, ADA, OSHA, OFCCP, Affirmative Action, COBRA, payroll, termination and reduction in force/WARN notice).
- **First Medical Management, HR Assistant**
Guardian Community Living, HR Assistant
The Guardian Group, Benefits Administrator
BioMimetic Therapeutics, Administrative Assistant
Manchester Tank & Equipment
August 2008 – May 2009
Various Positions
- **Manchester Tank & Equipment**
HR Assistant, October 2002 – July 2008
Executed the company recruiting and retention processes within AAP guidelines to include screening all applicants and providing background checks to employers, implemented and maintained the Tennessee Drug-Free workplace program, performed benefits orientation and counseling for



employees regarding their entire benefit package, prepared and maintained benefit material for the annual re-enrollment process for multiple locations, resolved individual benefit questions and claims inquiries, maintained and revised the Policies and Procedures manual and company handbook, supported the Group Human Resources Director and the Benefits/Human Resources Manager, utilized in-house software to generate reports necessary for the daily and monthly operation of the company, accessed web software to create ad hoc reporting and salary surveys, and planned corporate events and training on and off campus and made travel arrangements.

- **CoreSource, Inc.**

- **Prescription Drug Benefit Specialist**

- Created a sub department which required the ability to organize and prioritize tasks effectively, researched internal documents and customer claims to reconcile invoices and resolve payment issues, Provided associate's initial and ongoing training to increase department effectiveness, coordinated with internal IS department and external customers to create continuity between computer systems, developed solutions for clients to assist with employee benefit issues, created and maintained relationship with multiple prescription benefit managers, interpreted prior plan designs to create and mirror benefits, assisted in new benefit plan administration and implementation, maximized cost effectiveness for the clients, and created electronic invoice program for the benefit billing process.

AFFILIATIONS

- Middle Tennessee Society for Human Resource Management (MTSHRM)
- PTK International Honor Society

Job Descriptions

INPATIENT UTILIZATION MANAGEMENT - RN

Supervised By: Vice President (receives direction from the TDOC Medical Director and Corizon Medical Director)

QUALIFICATIONS

- Licensed Registered Nurse currently registered to practice in Tennessee
- Minimum of five (2) years prior hospital experience with five (2) years corrections experience
- Minimum of two (2) years prior experience with UM preferred
- Minimum of one (1) year prior experience with McKesson *InterQual* systems preferred
- Previous training and demonstrated competence in Quality Assurance
- Computer knowledge required

GENERAL DESCRIPTION OF DUTIES

The Inpatient UM nurse is responsible for the implementation of a comprehensive inpatient review process utilizing criteria based review standards and standards of best practice. Assist in the control of utilization of resources, pre-occurrence monitoring, concurrent monitoring, intervention and retrospective review. Track, trend and evaluate appropriateness and quality of care issues with the implementation of education to internal and external customers and process improvement initiatives.

RESPONSIBILITIES

- Confirms admissions with outside hospitals and notifies the Utilization Management Department of need to report justification for admission
- Responsible for the implementation of a comprehensive outpatient/inpatient review process utilizing criteria based review standards and standards of best practice.
- Facilitate quality health care intervention recommendations.
- Review and assess over/under utilization issues.
- Track, trend and evaluate appropriateness and quality of care issues with the implementation of education to internal and external customers and process improvement initiatives.
- Respond to inquiries by provider/site employees relating to standards of care and best practices.
- Develop and maintain pre-established review parameters under the direction of the Corizon Medical Director.



- Identify and document comparisons with community standards, regionally based as indicated.
- Communicate and guide staff and physicians regarding utilization management program development, implementation, evaluation and reporting.
- Work with other UM inpatient and outpatient nurse reviewers to assure proper treatment in the appropriate setting at the appropriate time.
- Communicate and document any issues relating to the outpatient/inpatient UM process to the Manager of Utilization Management.
- Assist with the data collection and reporting related to the UM outpatient/inpatient process.
- Participate in CEU offerings/seminars to enhance professional growth and development and the maintenance of nursing license.
- Recommend improvements to process and outcomes using data analysis tools, logical rules/relations and data elements.
- Assist in completion of special projects on an as needed basis.

Communication

- Effectively communicates with BHCS and DOC personnel
- Effectively communicates with the Corizon State Medical Director
- Effectively communicates with Corizon Claims Department

Organizational

- Maintains a professional attitude at all times
- Maintains a current copy of TN Professional License with Corizon
- Maintains security clearance
- Knows the general work rules of Corizon as stated in the Employee Handbook; avoids conflicts of interest
- Conducts self in an orderly, respectful and disciplined manner, and avoids endangering the health, safety and well-being of employees and patients
- Conducts self at all times in a manner that does not bring discredit to Corizon
- Maintains awareness of the need to work cooperatively with the correctional staff in situations where the medical needs of the patient conflict with the correctional needs of the institution
- Maintains non-involvement in the security aspect of care.
- Is available during normal business hours or as defined by the contract.
- Establishes and maintains a good working relationship with supervisor and co-workers
- Complies with site-specific policies, including attendance and dress code

Print Name _____

Signature _____

Supervisor's Signature _____

Date _____

Date _____



OUTPATIENT UTILIZATION MANAGEMENT - RN

Supervised By: Vice President (receives direction from the TDOC Medical Director and Corizon Medical Director)

QUALIFICATIONS

- Licensed Registered Nurse currently registered to practice in Tennessee
- Minimum of five (2) years prior hospital experience with five (2) years corrections experience
- Minimum of two (2) years prior experience with UM preferred
- Minimum of one (1) year prior experience with McKesson *InterQual* systems preferred
- Previous training and demonstrated competence in Quality Assurance
- Computer knowledge required

GENERAL DESCRIPTION OF DUTIES

Responsible for retrospective and concurrent review of off-site services, coordination with sites of scheduled admissions, validation of admissions with hospitals and monitoring of outside hospitalized patients. Seeks ways of reducing outside services costs and improving utilization as well as acting as a liaison between Corizon and off-site providers. Provides accurate cost estimates by contacting hospitals for accrued charges on all discharges and additionally will perform authorizations of outside services.

RESPONSIBILITIES

- Confirms admissions with outside hospitals and notifies the Utilization Management Department of need to report justification for admission
- Monitors hospitalized patient's status and reports back to the Program Manager on site.
- Provides daily inpatient reports to CHCA and Program Manager at each site
- Works with site administrator and the providers of the Utilization Management Department to arrange discharge plan
- Coordinates with the Hospital Utilization Nurse to expedite discharge and avoid excessive lengths of stay
- Notifies appropriate personnel of any hospitalization longer than five (5) days
- Responsible for ensuring the monthly report is sent to each site and participates in Utilization Review with State Medical Director and other personnel as required
- Provides assistance in the development and implementation of Utilization Management Policies and Procedures



- Assists in approval process of outside services
- Assists in data entry
- Communicates denial of inpatient charge to providers
- Assists in negotiating charges and arrangements for outside services
- Continually seeks inventive methods for reducing outside services costs
- Reviews Inpatient Notification forms for completeness and accuracy
- Serves as resource to sites and providers for authorization numbers
- Forward daily inpatient case management abstracts to Corporate UM
- Reviews requests for outpatient services, codes, and forwards to Corporate UM Medical Director
- Performs monthly audit of Inpatient, ER and Outpatient Events
- Performs hospital review of complicated and extended stay cases
- Provides in-servicing of staff on areas of expertise
- Liaison between Corporate UM, on-site physician staff and off-site hospital staff
- Complies with all rules, directives, policies, procedures and protocols of TN DOC and Corizon
- Assumes additional duties as necessary

Communication

- Effectively communicates with BHCS and DOC personnel
- Effectively communicates with the Corizon State Medical Director
- Effectively communicates with Corizon Claims Department

Organizational

- Maintains a professional attitude at all times
- Maintains a current copy of TN Professional License with Corizon
- Maintains security clearance
- Knows the general work rules of Corizon as stated in the Employee Handbook; avoids conflicts of interest
- Conducts self in an orderly, respectful and disciplined manner, and avoids endangering the health, safety and well-being of employees and patients
- Conducts self at all times in a manner that does not bring discredit to Corizon
- Maintains awareness of the need to work cooperatively with the correctional staff in situations where the medical needs of the patient conflict with the correctional needs of the institution
- Maintains non-involvement in the security aspect of care.
- Is available during normal business hours or as defined by the contract.
- Establishes and maintains a good working relationship with supervisor and co-workers

- Complies with site-specific policies, including attendance and dress code

Print Name _____

Signature _____

Supervisor's Signature _____

Date _____

Date _____

DATA MANAGEMENT TECHNICIAN

Supervised By: Vice President (receives direction from the TDOC Medical Director and Corizon Medical Director)

QUALIFICATIONS

- High School Diploma or GED.
- Has a minimum of one year experience as an administrative secretary; medical secretarial experience preferred.
- Computer literate; minimum typing requirement 45-50 wpm with accuracy.
- Ability to understand and follow oral and written instructions and to learn work procedures.
- Have thorough working knowledge of office practices and procedures, business English, spelling and commercial arithmetic.
- Understand the care and operation of office equipment.

GENERAL DESCRIPTION OF DUTIES

Collects utilization data for monthly QI reports and all required TN DOC reports. Assists in maintaining medical records, as needed. Assists regional office utilization management personnel in functions as requested, including scheduling specialty clinic appointments, scheduling off-site appointments, and offsite data management into the UM data management system.

RESPONSIBILITIES

- Confirms admissions with outside hospitals and notifies the Utilization Management Department of need to report justification for admission.
- Logs requests for off-sites and diagnostic studies.
- Maintains chronic clinic logs and ensures that appointments are scheduled according to DOC protocols.
- Collects data from specialty clinic requests and off-site referral request as needed.
- Coordinates scheduling of on-site and off-site specialty appointments (e.g. X-ray, physical therapy, medical-surgical subspecialties)
- Answers telephone, takes messages and makes telephone calls, as needed.
- Types correspondence, reports or memorandums, as needed.
- Maintains roster or appointment book based on scheduled appointments, both off-site and on-site, as needed.
- Adheres to safety and security policies and participates in disaster drills.



- Other related duties as requested by the Utilization Management RN.

Organizational

- Maintains a professional attitude at all times
- Maintains a current copy of TN Professional License with Corizon
- Maintains security clearance
- Knows the general work rules of Corizon as stated in the Employee Handbook; avoids conflicts of interest
- Conducts self in an orderly, respectful and disciplined manner, and avoids endangering the health, safety and well-being of employees and patients
- Conducts self at all times in a manner that does not bring discredit to Corizon
- Maintains awareness of the need to work cooperatively with the correctional staff in situations where the medical needs of the patient conflict with the correctional needs of the institution
- Maintains non-involvement in the security aspect of care.
- Is available during normal business hours or as defined by the contract.
- Establishes and maintains a good working relationship with supervisor and co-workers
- Complies with site-specific policies, including attendance and dress code

Print Name _____

Signature _____

Supervisor's Signature _____

Date _____

Date _____



UM - Clerical

Supervised By: Vice President (receives direction from the TDOC Medical Director and Corizon Medical Director)

QUALIFICATIONS

- High School Diploma or GED.
- Has a minimum of one year experience as an administrative secretary; medical secretarial experience preferred.
- Computer literate; minimum typing requirement 45-50 wpm with accuracy.
- Ability to understand and follow oral and written instructions and to learn work procedures.
- Have thorough working knowledge of office practices and procedures, business English, spelling and commercial arithmetic.
- Understand the care and operation of office equipment.

GENERAL DESCRIPTION OF DUTIES

Serves as an assistant to the UM Director, UM RN, and assists the Regional Office staff as needed.

RESPONSIBILITIES

- Confirms admissions with outside hospitals and notifies the Utilization Management Department of need to report justification for admission
- Answers and screens telephone calls, relaying message to appropriate staff in a timely manner.
- Routinely serves as liaison between Corizon and DOC Utilization Management Staff.
- Photocopies, faxes and types Utilization Authorization Requests and general correspondence for regional UM and professional staff as requested.
- Attends meetings and takes minutes, as required.
- Receives incoming UM Authorization Requests, processes requests according to established procedures, coordinates and assures receipt of additional clinical documentation as necessary, enters necessary UM Request information into Corizon management systems.
- Must have knowledge of duties, priorities, commitments, policies and programs of Corizon.
- Works cooperatively with medical, mental health care staff and administration and performs duties in a courteous, efficient and professional manner.
- Complies with all rules, directives, policies, procedures and protocols of DOC and Corizon.
- Performs other duties as assigned.



Communication

- Effectively communicates with the Utilization Management RN and all Regional Office Staff.

Organizational

- Maintains a professional attitude at all times
- Maintains security clearance
- Knows the general work rules of Corizon as stated in the Employee Handbook; avoids conflicts of interest
- Conducts self in an orderly, respectful and disciplined manner, and avoids endangering the health, safety and well-being of employees and patients
- Conducts self at all times in a manner that does not bring discredit to Corizon
- Maintains awareness of the need to work cooperatively with the correctional staff in situations where the medical needs of the patient conflict with the correctional needs of the institution
- Maintains non-involvement in the security aspect of care.
- Is available during normal business hours or as defined by the contract.
- Establishes and maintains a good working relationship with supervisor and co-workers
- Complies with site-specific policies, including attendance and dress code

Print Name _____

Signature _____

Supervisor's Signature _____

Date _____

Date _____



JAIL UTILIZATION MANAGEMENT - RN

Supervised By: Vice President (receives direction from the TDOC Medical Director and Corizon Medical Director)

QUALIFICATIONS

- Licensed Registered Nurse currently registered to practice in Tennessee
- Minimum of five (2) years prior hospital experience with five (2) years corrections experience
- Minimum of two (2) years prior experience with UM preferred
- Minimum of one (1) year prior experience with McKesson *InterQual* systems preferred
- Previous training and demonstrated competence in Quality Assurance
- Computer knowledge required

GENERAL DESCRIPTION OF DUTIES

The Jail UM nurse is responsible for the implementation of a comprehensive inpatient review process utilizing criteria based review standards and standards of best practice. Assist in the control of utilization of resources, pre-occurrence monitoring, concurrent monitoring, intervention and retrospective review. Track, trend and evaluate appropriateness and quality of care issues with the implementation of education to internal and external customers and process improvement initiatives.

RESPONSIBILITIES

- Confirms admissions of jail inmates to outside hospitals and notifies the Utilization Management Department of need to report justification for admission.
- Responsible for the implementation of a comprehensive outpatient/inpatient review process utilizing criteria based review standards and standards of best practice.
- Facilitate quality health care intervention recommendations.
- Review and assess over/under utilization issues.
- Track, trend and evaluate appropriateness and quality of care issues with the implementation of education to internal and external customers and process improvement initiatives.
- Respond to inquiries by provider/site employees relating to standards of care and best practices.
- Develop and maintain pre-established review parameters under the direction of the Corizon Medical Director.



- Identify and document comparisons with community standards, regionally based as indicated.
- Communicate and guide staff and physicians regarding utilization management program development, implementation, evaluation and reporting.
- Work with other UM inpatient and outpatient nurse reviewers to assure proper treatment in the appropriate setting at the appropriate time.
- Communicate and document any issues relating to the outpatient/inpatient UM process to the Manager of Utilization Management.
- Assist with the data collection and reporting related to the UM outpatient/inpatient process.
- Participate in CEU offerings/seminars to enhance professional growth and development and the maintenance of nursing license.
- Recommend improvements to process and outcomes using data analysis tools, logical rules/relations and data elements.
- Assist in completion of special projects on an as needed basis.

Communication

- Effectively communicates with Corizon and DOC personnel
- Effectively communicates with the Corizon State Medical Director
- Effectively communicates with Corizon Claims Department

Organizational

- Maintains a professional attitude at all times
- Maintains a current copy of TN Professional License with Corizon
- Maintains security clearance
- Knows the general work rules of Corizon as stated in the Employee Handbook; avoids conflicts of interest
- Conducts self in an orderly, respectful and disciplined manner, and avoids endangering the health, safety and well-being of employees and patients
- Conducts self at all times in a manner that does not bring discredit to Corizon
- Maintains awareness of the need to work cooperatively with the correctional staff in situations where the medical needs of the patient conflict with the correctional needs of the institution
- Maintains non-involvement in the security aspect of care.
- Is available during normal business hours or as defined by the contract.
- Establishes and maintains a good working relationship with supervisor and co-workers
- Complies with site-specific policies, including attendance and dress code

Print Name _____



Signature _____
Supervisor's Signature _____

Date _____
Date _____



Appendix J





LOCAL BUSINESSES INTEGRAL TO THE CORIZON PROGRAM AT TDOC

Business	Address/Contact Telephone/Email	Services Provided	Type of Agreement
Cumberland Medical Center	421 South Main St. Crossville, TN 38555 Ken Stephens 931-484-9511 webmaster@cmhealthcare.org	Hospital	Agreement
Hardin Medical Center	935 Wayne Rd Savannah, TN 38372 Michael Harbor 731-926-8090 mharbor@hardinmedical.com	Hospital	Agreement
Lauderdale Community Hospital	326 Asbury Ave. Ripley, TN 38063 Scott Tongate 731-221-2200 info@lauderdalehospital.com	Hospital	Agreement
Metropolitan Nashville General Hospital	1818 Albion St. Nashville, TN 37208 Rob Stillwell 615-341-4460 robert.stillwell@nashvilleha.org	Hospital	Agreement/Letter of Support
Covenant Health, includes Fort Sanders Regional, Fort Loudoun, Leconte, Methodist of Oak Ridge, Parkwest, and Roane Medical Centers	280 Fort Sanders West, Bldg 4 Knoxville, TN 37922 Tracy Upton 865-531-5160 Email Unavailable	Hospital	Agreement
Dyersburg Regional Medical Center	400 Tickle St. Dyersburg, TN 38024 Chief Financial Officer 731-285-2410 Email Unavailable	Hospital	Agreement
Maury Regional Healthcare System, includes Wayne, Marshall, and Maury Regional Medical Centers	1224 Trotwood Ave. Columbia, TN 38401 Nick Swift 931-381-1111 Email Unavailable	Hospital	Agreement
Regional Hospital of Jackson	367 Hospital Blvd. Jackson, TN 38305 Stephen Grubbs, CEO 731-661-6349 Email Unavailable	Hospital	Agreement
Shelby County Health Care Corporation, DBA The Regional Medical Center at Memphis	877 Jefferson Ave. Memphis, TN 38103 Monica Wharton 901-545-7100 Email Unavailable	Hospital	Agreement
TriStar Health Systems, Inc.(HCA TriStar	110 Winners Circle, 1 st Floor	Hospital	Agreement

LOCAL BUSINESSES INTEGRAL TO THE CORIZON PROGRAM AT TDOC

Business	Address/Contact Telephone/Email	Services Provided	Type of Agreement
Division) includes Centennial, Skyline, Summit, Horizon and Southern Hills Medical Centers	Brentwood, TN 37027 James Koss 615-886-4900 Email Unavailable		
Vanderbilt University Medical Center	3319 West End Ave., Suite 420 Nashville, TN 37203 Matt Wolfe 615-936-6060 matthew.k.wolfe@Vanderbilt.Edu	Hospital	Agreement
West Tennessee Healthcare Network, Inc., includes Bolivar, Gibson, Camden, Humboldt, Jackson-Madison County, and Milan General Hospitals	1804 Hwy 45 Bypass, Ste. 116 Jackson, TN 38305 Tina Bivens 731-660-8705 Email Unavailable	Hospital	Agreement
M Terry Burkhalter MD, PC	1800 State St. Nashville, TN 37203 Connie Kirby 615-327-4015 Email Unavailable	Specialty Care – Detached Retinas	Agreement
Robert R. Henderson, M.D.	1800 State St. Nashville, TN 37203 Connie Kirby 615-327-4015 Email Unavailable	Specialty Care – Cataracts, Glaucoma	Agreement
Artmas Worthy, D.D.S.	1700 D.B. Todd Blvd. Nashville, TN 37208 Artmas Worthy, D.D.S. 615-320-0662 Email Unavailable	Oral Surgery	Agreement
Dream Team Surgery & Implant Specialty Group	1829 Jo Johnston Ave Nashville, TN 37203 Lynn Beech 615-327-9944 Email Unavailable	Oral Surgery & Implants	Agreement
Meharry Medical College School of Dentistry	1005 Dr. D.B. Todd, Jr. Blvd. Nashville, TN 37208 Steven Brady, Associate Dean 615-327-6656 Email Unavailable	Oral Max Surgery	Agreement
Tooth Maker Dental Lab	1310 Jefferson St., Ste. 206 Nashville, TN 37208 Joseph Young 615-321-5517 Email Unavailable	Dental Lab	Agreement
Ear, Nose, & Throat Specialists of Nashville, PLC	393 Wallace Rd., Building A #202 Nashville, TN 37211	ENT	Agreement

LOCAL BUSINESSES INTEGRAL TO THE CORIZON PROGRAM AT TDOC

Business	Address/Contact Telephone/Email	Services Provided	Type of Agreement
	Mark Anthony Williams, M.D. 615-832-2200 Email Unavailable		
Johnson City Emergency Physicians, PC	400 North State of Franklin Road Johnson City, TN 37604 Mike Hyder/Melanie Hicks 423-431-6348 Email Unavailable	ER Physicians	Agreement
Babu Rao, M.D.	2400 Patterson St., Suite 515 Nashville, TN 37203 Donna Crumley 615-342-5908 Email Unavailable	Gastroenterology	Agreement
Gastrointestinal Associates of Northwest Tennessee	310 N State of Franklin Rd., Ste. 202 Johnson City, TN 37604 Office Manager 423-929-7111	Gastroenterology	Agreement
Somayaji Gastroenterology Group, P.C.	4617 Skymont Dr. Nashville, TN 37215 Buntwal N. Somayaji, M.D. 615-665-0193 Email Unavailable	Gastroenterology	Agreement
Parkway Cardiology Associates P.C.	80 Vermont Ave. Oak Ridge, TN 37830 Mark Norstedt 865-482-4078 mnorstedt@pcaheart.com	Cardiology	Agreement
Tri-State Cardiology P.C.	2428 Knob Creek Rd. Johnson City, TN 37604 Kelly Sexton 423-282-5054 Email Unavailable	Cardiology	Agreement
Richard Adkins, M.D.	1909 Mallory Lane, Suite 302 Franklin, TN 37067 Christa Mixon 615-429-4810 Email Unavailable	Pain Management	Agreement
Spears Prosthetics & Orthotics, LLC	722 North White Station Rd. Memphis, TN 38122 Donna Turner 901-763-6999 SpearsPandO@yahoo.com	Provider of prosthetic limbs Orthotics & Prosthetics	Agreement
John Lawson Surgical Group, PC Tennessee Surgical Specialists	701 Med Tech Parkway, Ste. 400 Johnson City, TN 37604 Margaret Owens	General Surgery	Agreement

LOCAL BUSINESSES INTEGRAL TO THE CORIZON PROGRAM AT TDOC

Business	Address/Contact Telephone/Email	Services Provided	Type of Agreement
	423-975-5650 Email Unavailable		
Alive Hospice, Inc.	1718 Patterson St. Nashville, TN 37203 W. A. Carroll 615-327-1085 info@alivehospice.org	Hospice	Agreement
Jackson Clinic, P.A.	616 W. Forest Ave. Jackson, TN 38301 Leah Anne Stanley 731-422-0213 lstanley@jacksonclinic.com	Multi-Specialty	Agreement
Meharry Medical College	1005 Dr. D.B. Todd, Jr. Blvd Nashville, TN 37208 Lori Donnell 615-327-6665 Email Unavailable	Multi-Specialty	Agreement
TransSouth Health Care, P.C.	9 Physician's Dr. Jackson, TN 38305 Beth Cole 731-661-0086 Email Unavailable	Multi-Specialty	Agreement
Vanderbilt Medical Group	3601 The Vanderbilt Clinic Nashville, TN 37232-5100 Matt Wolfe 615-936-6028 matthew.k.wolfe@vanderbilt.edu	Multi-Specialty	Agreement
Erik B Baker	P.O. Box 24044 Knoxville, TN 37933 Andrea Baker 865-288-0480 Email Unavailable	Anesthesiology	Agreement
Richard D. Deindoerfer	12186 Paw Paw Planes Rd. Lenoir City, TN 37771 Sherry Deindoerfer 865-803-2954 Email Unavailable	Anesthesiology	Agreement
Sycamore Shoals Anesthesia Associates, P.C.	922 West G St. Elizabethton, TN 37643 Nyoka Holder 423-542-2738 Email Unavailable	Anesthesiology	Agreement
Union City Anesthesia Group, LLP	1201 Bishop St. Union City, TN 38261 Beth Bivins 731-885-0787 Email Unavailable	Anesthesiology	Agreement

LOCAL BUSINESSES INTEGRAL TO THE CORIZON PROGRAM AT TDOC

Business	Address/Contact Telephone/Email	Services Provided	Type of Agreement
West Tennessee Anesthesia, P.C	36 Brentshire Square Jackson, TN 38305 Sarah Baker 731-664-1717 Email Unavailable	Anesthesiology	Agreement
Neurosurgical Associates	345 23 rd Ave. North, Suite 420 Nashville, TN 37203 Ginger Crowe 615-986-1256 Email Unavailable	Neurosurgery	Agreement
Middle Tennessee Nephrology, PLLC	270 E Main Street, Ste. 200 Gallatin, TN 37066 Dr. Matthews Joseph 615-452-3250 Email Unavailable	Nephrology	Agreement
Nephrology Associates, P.C.	28 White Bridge Road, Ste. 300 Nashville, TN 37205 Laura Sadler 615-356-4111 Email Unavailable	Nephrology	Agreement
West Tennessee Kidney Specialists, P.C.	1575 Parr Ave. Dyersburg, TN 38024 Tabitha Hunziker 731-286-1510 Email Unavailable	Nephrology	Agreement
Paul J. Somers, Jr., DPM	311 White Bridge Rd. Nashville, TN 37209 Dr. Paul Somers, Jr. 615-356-3249 Email Unavailable	Podiatry	Agreement
Northwest Tennessee Foot Clinic, PLLC	600 Highway 51 Bypass East Dyersburg, TN 38024 Gloria Ator 731-287-3130 Email Unavailable	Podiatry	Agreement
Cape Regional Eye Center, PLLC	401 E. Tickle, Suite D Dyersburg, TN 38024 Keisha Hunt 731-286-2801 Email Unavailable	Ophthalmology	Agreement
Summit Bone & Joint, PLLC	5653 Frist Blvd., Ste. 731 Hermitage, TN 37076 Kristy Groth 615-232-3838 Email Unavailable	Orthopedic & Sports Medicine	Agreement
West Tennessee Orthopedics & Sports Medicine, P.C.	569 Skyline Dr., Suite 100 Jackson, TN 38301 Misty Watson	Orthopedics	Agreement

LOCAL BUSINESSES INTEGRAL TO THE CORIZON PROGRAM AT TDOC

Business	Address/Contact Telephone/Email	Services Provided	Type of Agreement
	731-285-1585 Email Unavailable		
Associated Pathologists, LLC	5301 Virginia Way Suite 300 Brentwood, TN 37027 Ray Paschket 615-221-4400 Email Unavailable	Pathology	Agreement
Rodger P. Lewis, M.D. P.C	P.O. Box 870 Union City, TN 38281 Frankie Thomas 731-885-9231 Email Unavailable	Pathology	Agreement
Roosevelt Peebles Jr., M.D.	1916 Patterson St., Ste. 205 Nashville, TN 37203 Stephanie Braye 615-320-9300 Email Unavailable	Plastic Surgery	Agreement
Radiation Oncology Associates, dba Cancer Care Center	322 Hospital Blvd Jackson, TN 38305 Tom Cook, CEO 731-668-1668 Email Unavailable	Radiation Oncology	Agreement
Knoxville Comprehensive Breast Center	1400 Dowell Springs Blvd., suite 200 Knoxville, TN 37909 Jillian Ottinger 865-584-0291 jottinger@knoxvillebreastcenter.com	Mobile Mammography	Agreement
Quality Mobile X-Ray Services, Inc.	431 Wallace Rd., Suite D Nashville, TN 37211 Greg Ward 615-391-4515 Email Unavailable	Mobile Radiology	Agreement
Association of University Radiologists, P.C.	5401 Kingston Pike, Suite 540 Knoxville, TN 37919 Kristi Meredith 865-584-7376 Email Unavailable	Radiology	Agreement
Ambulatory Care Center of Wartburg/Primary Care, PLC	1236 Knoxville Highway Wartburg, TN 37887 Lora Elkins 423-346-5566 Email Unavailable	MRI/CT (Diagnostic Imaging)	Agreement
Independent Radiology Associates PLC	305 West Ct. Dyersburg, TN 38024 Marc Thompson 731-285-2326	Radiology	Agreement



LOCAL BUSINESSES INTEGRAL TO THE CORIZON PROGRAM AT TDOC

Business	Address/Contact Telephone/Email	Services Provided	Type of Agreement
	mthompson@ira-image.com		
Knoxville Radiological Group Associated	301 Clark St. Knoxville, TN 37921 Bill Dilworth 865-525-9414 knoxradgrp@aol.com	Radiology	Agreement
Radiology Alliance, P.C.	210 25 th Avenue North, Ste. 602 Nashville, TN 37203 Keith Radecic 615-312-0600 kradecic@radalliance.com	Radiology	Agreement
Guardian Healthcare Providers	545 Mainstream Dr., Suite 402 Nashville, TN 37221 Sue Champion 615-673-6697 Email Unavailable	Staffing	Agreement
Maxim Staffing Solutions	2200 21 st Ave. South, Suite 304 Nashville, TN 37221 Jeff Moore 615-673-6697 Email Unavailable	Staffing	Agreement
NRS (Nursing Resource Solutions), LLC	1908B Church St. Nashville, TN 37203 Darren White 615-327-3480 Email Unavailable	Staffing	Agreement
Answering Nashville, Inc.	9030 South Corporate Edge Dr., Suite 202 Germantown, TN 38138 Cindy Belk 615-324-0430 Email Unavailable	Telephone Answering Services	Agreement
Patricia A Hart, d.b.a. Hart Medical Transcription	205 Price Rd. Franklin, TN 37069 Trish Hart 615-591-5587 hartmt@aol.com	Transcription Services	Agreement
Garcia Clinical Laboratory, Inc.	2195 Spring Arbor Jackson MI 49203 Mary Garcia, President 517-787-9200 mgarcia@garcialab.com	Clinical Laboratory Services	Agreement/LOI
Chardonay Dialysis	807 W Fairchild Danville, IL 61832 Joe Burke, VP of Business Relations 217.477.1490 Joe.burke@chardonaydialysis.com	Dialysis	Agreement/LOI

LOCAL BUSINESSES INTEGRAL TO THE CORIZON PROGRAM AT TDOC

Business	Address/Contact Telephone/Email	Services Provided	Type of Agreement
	<u>com</u>		
IV Management Services, Lee Medical, Inc.	PO Box 682027 Franklin, TN 37068-2027 Matt Taylor, Director of Operations 615-591-1965 Matt.taylor@leemedical.com	IV Catheter Service	Agreement/LOI
Coram Alternate Site Services, Inc.	2970 Sidco Drive Nashville, TN 37204 Jannette Harden 615-473-0832 Jannette.harden@coramhc.com	Infusion Services	Agreement/LOI
Wing	1080 Eastmoreland Ave. Memphis, TN 38104 Allen Burnett 800-262-6556 Email Unavailable	Air Ambulance Services	Agreement
Rescue Squad, Inc.	105 Lodent Way Elizabethton, TN 37643 Nancy Bailey 423-543-5445 Email Unavailable	Ambulance Services	Agreement
Med-Care Ambulance Service	5079 Old Summer Rd. Memphis, TN 38122 Jim Wiley 901-685-2265 Email Unavailable	Ambulance Services	Agreement
Cumberland County Emergency Medical Services	84 South Bend Drive Crossville, TN 38555 Paula Stewart 931-484-1044 Email Unavailable	Ambulance Services	Agreement
Morgan County Ambulance Service	228 Flat Fork Rd. Wartburg, TN 37887 Lawrence Potter 423-346-6601 morganems@highland.net	Ambulance Services	Agreement
Professional Medical Transport, Inc.	4562 Kendell Rd. Memphis, TN 38122 Johanna Cecil 866-688-4360 Email Unavailable	Ambulance Services	Agreement
Lauderdale County Ambulance Service	685 Highway 51 South Ripley, TN 38063 Beverly Bates 731-635-3242 Email Unavailable	Ambulance Services	Agreement



LOCAL BUSINESSES INTEGRAL TO THE CORIZON PROGRAM AT TDOC

Business	Address/Contact Telephone/Email	Services Provided	Type of Agreement
Johnson County Rescue Squad & EMS, Inc.	203 Vandilla St. Mountain City, TN 37683 Paul Anderson 423-727-6531 Email Unavailable	Ambulance Services	Agreement
Bledsoe county Government d.b.a. Bledsoe County EMS	1187 Alvin York Highway Pikeville, TN 37367 Larry Billingsley 423-447-5555 Email Unavailable	Ambulance Services	Agreement
Lake County Emergency Medical Services	333 Kentucky St. Tiptonville, TN 38079 Jack Mauldin 731-253-9911 lakeco_cms@att.net	Ambulance Services	Agreement
First Call Ambulance Service, LLC	1877 Air Lane Dr. Nashville, TN 37210 Mike Ross 615-320-7916 Email Unavailable	Ambulance Services	Agreement

Appendix K





31 October 2012

M. Therese Brumfield, MBA, CCHP
Vice President, Provider Operations
Corizon
105 Westpark Drive; Suite 200
Brentwood, TN 37027

Re: Renewal of Corizon Contract with Tenn. Dept. of Correction

Dear Ms. Brumfield:

On behalf of Nashville General Hospital at Meharry, I am writing to provide Corizon with our unconditional and enthusiastic reference letter for your renewal bid with the Tennessee Department of Correction on the prison health services agreement. Corizon, through both its medical staff leadership and its executive team have transformed what had been a difficult relationship with the prior TDOC vendor into one that has ensured TDOC inmates receive timely, substantial and high quality health care services.

We are most appreciative of the professional and collegial relationship we have formed in collaboration with Corizon and your offices. Through our monthly meetings we have improved the health care interventions with TDOC inmates and, I believe, have been able to reduce the overall costs to the TDOC system through a focus on preventative and primary care. These measures have served to reduce the need for longer inpatient stays and reduced as well the risks of advanced disease processes.

The Hospital Authority, in partnership with Meharry Medical College, is pursuing a vigorous strategic planning process under the guidance of the firm Alvarez & Marsal. We anticipate that any future changes our Board might make to the inpatient and outpatient service lines will not occur at least until the latter part of the 2014 fiscal year. We would provide Corizon with at least nine to twelve months' advance notice of any such changes and would, in any event, ensure full continuity of care for TDOC inmates.

Thank you for the opportunity to participate in the TDOC—Corizon health care system and to be able to provide you with this letter of reference. Please let me know if there is any other information I might be able to provide. In the meantime, I respectfully remain,

Sincerely yours,

A handwritten signature in black ink, appearing to read 'Jason Boyd', is written over a circular stamp or watermark.

Jason Boyd, FACHE
Chief Executive Officer

1818 Albion Street ♦ Nashville, Tennessee 37208
T: 615-341-4491 F: 615-341-4493
we care for YOU. for life.



October 11, 2012

Letter of Intent—Garcia Laboratory

Corizon is in the process of submitting a bid to secure the health care responsibilities for the population of lives covered by the State of Tennessee, Department of Correction. As the largest and most experienced correctional healthcare provider in the industry, Corizon is confident in its abilities to provide high quality inmate health care and utilization services.

At Corizon we develop customized, quality health care programs to meet the needs of the prison systems and the jails that we serve. We are hoping through this bid process to bring these same resources to the State of Tennessee, Department of Correction.

An integral part of the Request for Proposal (RFP) process is to be able to demonstrate our ability to provide a substantial network of vendors and providers capable of handling the diverse medical needs of this population.

By signing this letter of intent, you are expressing a desire to negotiate a contractual relationship with Corizon for the provision of medical laboratory services. including supplies, forms and tests on a statewide basis. In addition this letter confirms that **Garcia Laboratory** is a **certified minority business in the state** and is adequately insured to provide medical laboratory services.

We would be honored to include you in our vendor network in the event that Corizon is awarded this bid. Thank you in advance for agreeing to expand a partnership with Corizon.

Sincerely,

Dee Dee Bittner
Manager, Purchasing & Provider Relations

I, Mary Garcia hereby agree to work in good faith with Corizon toward a mutually agreeable provider contract.

Signed,

Mary Garcia, President



October 23, 2012

Letter of Intent—Chardonay Dialysis

Corizon is in the process of submitting a bid to secure the health care responsibilities for the population of lives covered by the State of Tennessee, Department of Correction. As the largest and most experienced correctional healthcare provider in the industry, Corizon is confident in its abilities to provide high quality inmate health care and utilization services.

At Corizon we develop customized, quality health care programs to meet the needs of the prison systems and the jails that we serve. We are hoping through this bid process to bring these same resources to the State of Tennessee, Department of Correction.

An integral part of the Request for Proposal (RFP) process is to be able to demonstrate our ability to provide a substantial network of vendors and providers capable of handling the diverse medical needs of this population.

By signing this letter of intent, you are expressing a desire to maintain your contractual relationship with Corizon for the provision of on-site dialysis services. In addition this letter confirms that **Chardonay Dialysis** is a **certified minority business in the state** and is adequately insured to provide dialysis services.

Sincerely,

A handwritten signature in black ink that reads "Dee Dee Bittner".

Dee Dee Bittner
Manager, Purchasing & Provider Relations

Signed,

A handwritten signature in black ink that reads "Joe Burke".

Joe Burke, VP Business Relations



October 23, 2012

Letter of Intent—Lee Medical, Inc

Corizon is in the process of submitting a bid to secure the health care responsibilities for the population of lives covered by the State of Tennessee, Department of Correction. As the largest and most experienced correctional healthcare provider in the industry, Corizon is confident in its abilities to provide high quality inmate health care and utilization services.

At Corizon we develop customized, quality health care programs to meet the needs of the prison systems and the jails that we serve. We are hoping through this bid process to bring these same resources to the State of Tennessee, Department of Correction.

An integral part of the Request for Proposal (RFP) process is to be able to demonstrate our ability to provide a substantial network of vendors and providers capable of handling the diverse medical needs of this population.

By signing this letter of intent, you are expressing a desire to negotiate a contractual relationship with Corizon for the provision of IV management services. In addition this letter confirms that **Lee Medical, Inc** is a **certified minority business in the state** and is adequately insured to provide IV management services.

We would be honored to include you in our vendor network in the event that Corizon is awarded this bid. Thank you in advance for agreeing to expand a partnership with Corizon.

Sincerely,

Dee Dee Bittner
Manager, Purchasing & Provider Relations

I, Matt Taylor hereby agree to work in good faith with Corizon toward a mutually agreeable provider contract.

Signed,

Matt Taylor, Director of Operations



October 31, 2012

**Letter of Intent — Coram Alternate Site Services, Inc., doing business as
Coram Specialty Infusion Services, an Apria Healthcare Company
("Coram")**

Corizon is in the process of submitting a bid to secure the health care responsibilities for the population of lives covered by the State of Tennessee, Department of Correction. As the largest and most experienced correctional healthcare provider in the industry, Corizon is confident in its abilities to provide high quality inmate health care and utilization services.

At Corizon we develop customized, quality health care programs to meet the needs of the prison systems and the jails that we serve. We are hoping through this bid process to bring these same resources to the State of Tennessee, Department of Correction.

An integral part of the Request for Proposal (RFP) process is to be able to demonstrate our ability to provide a substantial network of vendors and providers capable of handling the diverse medical needs of this population.

By signing this letter of intent, you are expressing a desire to continue in your current contractual relationship with Corizon for the provision of specialty infusion drugs and related supplies, including chemotherapy agents. In addition this letter confirms that **Coram** is adequately insured, in accordance with industry standards, to provide specialty infusion services in the State of Tennessee.

Sincerely,

A handwritten signature in black ink that reads "Dee Dee Bittner".

Dee Dee Bittner
Manager, Purchasing & Provider Relations

Signed,

A handwritten signature in blue ink that reads "Michael E. Dell".

Michael E. Dell
Vice President, General Counsel & Secretary

Appendix L





SAMPLE
CORIZON TRANSITION AND IMPLEMENTATION PLAN
TDOC

To ensure compliance with the directives of the RFP, Corizon has provided the following *sample* transition **plan in response to RFP page 25, Section C.2**. As the current vendor, we have detailed our plan for each proposed new program goal within our technical response.

Sample Transition Plan

The Corizon transition will be completed within 30 days from the contract award. Corizon will employ a structured transition that specifies key activities within each functional area, the person(s) responsible, and the required timelines based on the time available. We have detailed specific tasks and provided a timeline for the completion of each program area.

- Recruitment of new staff;
- Identifying and assuming the current cost of medical care;
- Transfer of the personnel and training records of current employees who will be retained;
- Central management personnel to be assigned to the transition; and,
- Staff training on policies and procedures.

Recruitment of Staff

Retaining current staff upon contract award is Corizon's primary objective. We are well aware of the stress-inducing factors that weigh on employees when a change in health care providers is imminent. The Corizon management team understands the uncertainty and anxiety that results during any contract transition; as a result, we activate the following transition plan upon notice of contract award.



Recruitment Capabilities

GOAL: Recruit and maintain the most qualified clinical and management staff for the Tennessee DOC		
Task	Responsible Party	Started days prior to transition
Leadership		
Obtain approval to contact site leadership	Corizon Recruiting Department	30
Obtain list of current site leadership and contact information	Corizon Recruiting Department	30
Identify leadership candidates	Corizon Recruiting Department	20
Interview current leadership	Corizon Recruiting Department	20
Verify credentials and make offers	Corizon Recruiting Department	10
Physician		
Coordinate statewide mailing to generate/identify candidates	Corizon Recruiting Department	30
Perform initial GAP analysis on new job categories that cannot be transitioned from existing staff.	Corizon Recruiting Department	30
Obtain list of current providers with contact information begin making calls to current Physician.	Corizon Recruiting Department	30
Complete calls to current providers to obtain mailing information and to answer questions. Mail Corizon applications.	Corizon Recruiting Department	15
Travel to each site for 1:1 interviews to answer questions, collect credentials and confirm current provider interest.	Corizon Recruiting Department	10
Credential providers	Corizon Recruiting Department	10
Offer positions to internal providers	Corizon Recruiting Department	10



Perform second GAP analysis on open positions establish openings for external provider candidates.	Corizon Recruiting Department	10
Site Staff		
Perform initial GAP analysis on new job categories that cannot be transitioned from existing staff.	Corizon Recruiting Department	30
Get approval to contact site staff and identify facility contact person, address, email, and fax number.	Corizon Recruiting Department	25
Obtain staff roster	Corizon Recruiting Department	25
Send recruiting contact information and introduction to online application process; provide log-in/password for employees to complete the application. Include a site transition meeting plan.	Corizon Recruiting Department	25
Schedule site transition meetings; communicate dates/times to employees. Provide contact for employees unavailable on scheduled date/time.	Corizon Recruiting Department	20
Present Introductory Program: Benefits, Q and A Session, verify that each employee's Erecruit application is complete, assist with the completion of on-line applications, collect pay stubs and copies of each prospective employee's license.	Corizon Recruiting Department	15
Verify licenses and credentials	Corizon Recruiting Department	18
Execute offers	Corizon Recruiting Department	18
Perform second GAP analysis on open positions after internal candidates have been hired for existing positions	Corizon Recruiting Department	10
External Vacant and New Positions		
Perform GAP analysis on new positions	Corizon Recruiting Department	Ongoing as needed
Post all opportunities on company website and all other recruiting resources for staff positions not filled by transitioning internal staff.	Corizon Recruiting Department	Ongoing as needed



Screen candidates and coordinate interviews with operational leadership.	Corizon Recruiting Department	Ongoing as needed
Conduct interviews and drug screens	Corizon Recruiting Department	Ongoing as needed
Verify licenses and credentials	Corizon Recruiting Department	Ongoing as needed
Execute offers/send offer letter	Corizon Recruiting Department	Ongoing as needed



Identify and Assume Cost of Major Medical Care - Ensuring Continuity of Care & Services

Corizon Operational, Clinical, and Support staff will order and procure all necessary medical supplies, office supplies, IT hardware and software, training and orientation, and all other necessary items 15 days prior to the first day of the contract. These supplies will be staged for delivery to each contracted facility, and will be available at the facility two weeks prior to contract start date.

Corizon will deploy a three person team consisting of operations, clinical, and clerical/support personnel to each major contracted facility one week prior to start up and they will remain on-site until one week after start date. Each of these team members will have specific areas of responsibility as well as providing “cross coverage” to assist with or perform any duties that are required.

Duties to be completed by these teams include:

- Ensuring patient specific and stock medications have arrived from pharmacy and are available for administration/KOP;
- Verifying medication orders in MAR for all inmates prescribed medication;
- Reviewing chronic care lists to ensure all patients continue in clinic;
- Ensure emergent/urgent care is available without interruption;
- Review all high acuity patients who require higher levels of care including those in infirmaries, Crisis Stabilization Units, and special housing;
- Ensuring medical supplies are on-site and available for use;
- Verifying any patients who are in community hospitals on the contract start date and ensuring that they are in Utilization Management system and discharge planning processes are in place;
- Verifying and maintaining pending appointments for In-patient and out-patient specialty appointments (including RMC) are up to date; ensuring these appointments are kept.
- Provide training and orientation to any staff who have not previously received it;
- Developing and posting a 30-day schedule for all employees; and,
- Providing support to the facility Health Services Administrator, Director of Nursing, and all other staff.

These facility start-up teams will be supported by Corizon Regional Management, Human Resources, and Benefit representatives deployed regionally. These regional assets will be available to provide additional support and handle any issues beyond the scope of the on site team.



Off-site Hospital and Specialty Services

Corizon’s Network Development has completed significant work identifying off-site hospital and specialty provider partners as part of our proposal’s development. Upon award, Corizon will contract with a network of hospitals and specialty providers who can provide off-site services to patients who require these services. Each facility will receive a list of hospitals and providers, as well as contact information as part of our start-up plan.

On day one of the contract, Corizon will assume responsibility for patients who are in hospitals at the time of transition as well as those who have in-patient or out-patient appointments scheduled. We will also implement our Utilization Management process for all referrals for IP/OP services. Referrals will be routed from the Facility Medical Director to the Regional Medical Director and Corizon’s UM Department. The UM Department will determine if the referral meets criteria and the Regional Medical Director will review to determine if an alternate treatment plan should be recommended. A designated scheduler at each facility will make appointments for all approved referrals and will coordinate transportation with the designated custody representative.

GOAL: Ensure major medical care is transitioned and staff is trained on procedures regarding patient care		
ASSIGNMENT	RESPONSIBLE PERSON(S)	DAYS PRIOR TO START-UP
Ensure all contracts with off-site providers are secured and in place.	Director of Procurement	20
Ensure all contracts with third party providers are in place (for example lab vendor and ambulance providers).	Director of Procurement	20
Ensure methodology for handling emergencies at each site have been established and that all staff has been trained on emergency policies and procedures.	Regional Medical, VPO, Clinical Program Managers Others according to identified need	15
Maintain and ensure medical treatment plans are established and scheduled according to plan.	Regional Medical Director	15
Identify off-site appointments scheduled after the contract start date and provide this information to the Utilization Management Department.	UM Director	15
Ensure all staff are trained and aware of Corizon’s in-patient and out-patient referral procedures.	UM Director	15
Ensure all members of staff have been trained on specific policy and procedures regarding use of third party vendors.	Regional Directors	10

GOAL: Ensure major medical care is transitioned and staff is trained on procedures regarding patient care		
ASSIGNMENT	RESPONSIBLE PERSON(S)	DAYS PRIOR TO START-UP
Identify transition priorities, objectives and challenges in collaboration with site administrative and medical staff to identify opportunities and develop appropriate strategies to support service goals.	Clinical Programs Manager	10
Maintain intake systems and processes: <ul style="list-style-type: none"> • Patient medical scoring/health needs assessment; • Medications verified and orders written as appropriate; • Referrals to chronic care, sick call and mental health services; and, • Management of emergent and urgent healthcare needs. 	Regional Medical Directors	Day One Of Contract
Continue chronic care and sick call clinic activities: <ul style="list-style-type: none"> • Tracking and scheduling system; and, • Resource library /education program. 	Regional Medical and VPO	Day One Of Contract
Ensure staff is aware of how to order any additional supplies that are needed.	Director of Procurement	Ongoing



Transfer of Personnel and Training Records of Current Employees

Corizon will ensure all training and personnel records are transferred and updated where necessary. A review of all employee files will be conducted for completeness and accuracy. After the review is completed all training and updates needed to bring the files up to date will take place.

GOAL: Ensure personnel and training records are transferred, complete, and accurate		
ASSIGNMENT	RESPONSIBLE PERSON(S)	DAYS PRIOR TO START-UP
Obtain a copy of all personnel and training records.	Clinical Programs Manager	20
Review and perform GAP analysis on personnel and training records.	Clinical Programs Manager	20
Provide training and personnel file GAP remedies.	Clinical Programs Manager	10
Provide necessary training and remedies needed to update records and complete personnel files.	HSA	Ongoing



Central Management Oversight

The Corizon team highlighted within our proposal will be supported by the multidisciplinary transition team that follows. Our commitment to TDOC is reflected by our desire to assemble the right transition team. We are confident that our highly qualified team will provide valuable insight and structure; ensuring a quality healthcare delivery system for the inmates in TDOC care on day one. ***The following group of seasoned healthcare and corrections professionals will provide immediate impact from day one.***



Tom Voss
Tennessee DOC Administrative Project Manager/Transition Lead

Tom Voss, Senior Vice President, State Corrections will serve as chief administrative transition lead. Tom has more than 30 years of correctional management experience. He is a hands-on manager, responsible for overseeing the transition team which will include operations, recruiting, staffing, contract management, and fiscal oversight.



Renee Fallhowe, MD
Vice President, Medical Affairs – Transition Lead

Renee Fallhowe, MD, Corizon Vice President of Clinical Services, has worked with Corizon for nearly 10 years. Renee provides support and consultation for all on-site medical activities, and serves as a networking colleague for medical issues pertaining to correctional healthcare. Dr. Fallhowe will develop leadership within the clinical transition team in Tennessee. Dr. Fallhowe is a graduate of the University of Colorado School of Medicine.



Tre O'Brien, BSN, RN, CCHP
Nursing – Transition Lead

Ms. O'Brien has been successful in providing leadership to Corizon's New Mexico Contract and serves on the Corizon Corporate Nursing Leadership and Clinical Education Council. She will apply her clinical leadership skills to nursing training and development to create a successful team of leaders and professional staff.



Connie Smock, RN, MSN, CCHP
Clinical Program Manager – Project Manager

Connie Smock, RN, MSN, currently serves as Clinical Program Manager for the Corizon program for the State of Idaho. She has held a variety of management positions in healthcare, including Director of Nursing at a community hospital; Associate Administrator at St. Luke's Wood River Medical Center in Ketchum, Idaho; Vice President of Specialty Services at St. Alphonsus Regional Medical Center in Boise; and Manager of Tucson Medical Center, Palo Verde Psychiatric Hospital. As a Project Manager, Connie's extensive clinical background and experience in correctional medicine will enable her to lead the clinical team through a smooth start-up.



Michael Miller
Senior Director, Business Development

Michael Miller, Senior Director of Business Development has 23 years of experience in Business Development and will be directly involved with Tennessee DOC officials during and after the new contract's implementation. He will ensure a smooth transition of services and verify all contract requirements are met. Michael will be responsible for strategic oversight of the states sales and marketing functions within Corizon and overall client

satisfaction.



Robert Manche
Manager, Physician Recruiting

Robert Manche, Manager of Physician Recruiting, has been in his current position with Corizon for over 25 years. Mr. Manche, a seasoned expert in the field of correctional physician recruiting, not only ensuring each Corizon contract is supported by qualified, experienced physicians, but also leading a team of physician recruiters with a focus on quality. Evidence of his ability to proactively develop a physician support team specifically for the Tennessee DOC is provided in this proposal.



Scott King, Esq.
Chief Legal Officer

Scott King is charged with oversight of Corizon’s legal department, including contracting functions, litigation management and general operational legal issues. Scott has more than 15 years of legal experience with a practice focused on healthcare and transactional law. Prior to joining the Company, Scott held several senior legal positions, including chief compliance officer and associate general counsel. He received his law degree from the University of Memphis, and a Bachelor of Arts in economics and international studies from Rhodes College in Memphis.

The healthcare delivery program Corizon will bring to the TDOC will not be a “one size fits all” program, but will be tailored to fit TDOC programmatic needs. An experienced Advisory Council of correctional experts will actively ensure client satisfaction, and confirm that expectations are met in accordance with TDOC timeline.


Staff Training

Comprehensive training of all employees is integral to the success of Corizon’s TDOC program. It is imperative to Corizon that our employees are experienced, fully credentialed, and dedicated to providing quality healthcare services to TDOC inmates.

GOAL: To assemble and properly train personnel to adhere to the high standards of the TDOC and Corizon		
ASSIGNMENT	RESPONSIBLE PERSON(S)	DAYS PRIOR TO START-UP
Coordinate and schedule training for Program Managers and Directors of Nursing through the Correctional Healthcare Manager training program	Assistant Director, Clinical Education and Training	10
Provide training for Program Managers and Directors of Nursing through the Correctional Healthcare Manager training program	Assistant Director, Clinical Education and Training	10
Using formal review, feedback from the field, and company program policy, develop training programs to meet identified needs. Ensure timely and thorough roll out of said programs to the field.	Assistant Director, Clinical Education and Training	As needs are identified
Working with other Corizon departments, coordinate the development and presentation of clinical training programs to staff of Corizon facilities.	Assistant Director, Clinical Education and Training	As needs are identified

Staff Education

Comprehensive training of all employees is integral to the success of Corizon’s TDOC Program. It is imperative to Corizon that our employees are experienced, fully trained, and dedicated to providing quality health care services to TDOC inmates.

GOAL: Coordinate efforts of the Clinical Education, Medical Affairs and Clinical Programs Departments to provide on-site orientation and training of personnel in keeping with the high standards of the TDOC and Corizon		
ASSIGNMENT	RESPONSIBLE PERSON(S)	DAYS PRIOR TO START-UP
Distinguish varied training requirements of transitioning and new employees.	Clinical Programs Managers	30
Discuss alternatives for human resources, mandatory clinical services orientation for transitioning employees.	Clinical Programs Manager	30

GOAL: Coordinate efforts of the Clinical Education, Medical Affairs and Clinical Programs Departments to provide on-site orientation and training of personnel in keeping with the high standards of the TDOC and Corizon		
ASSIGNMENT	RESPONSIBLE PERSON(S)	DAYS PRIOR TO START-UP
Establish dates and locations for onsite staff training and orientation classes. Provide to sites for posting/ coordination.	Clinical Programs Managers	15
Provide New Employee Training Classes at each TDOC site <ul style="list-style-type: none"> New Employee Orientation (NEO I): All employees of Corizon. New Employee Training (NEO II): All staff that provide direct patient care, modules as appropriate. 	Clinical Programs Managers Human Resource Department Representative Assistant Director Clinical Education and Training	2
Coordinate training for site providers and nurses: <ul style="list-style-type: none"> Provider Information Program, SPDR, Utilization Management ER Management and follow up on-site Intake and clinic referral process 	Vice President Medical Affairs Dr. Noel Senior Director Patient Care Services	1

Appendix M



CORIZON PANDEMIC INFLUENZA PLANNING CHECKLIST

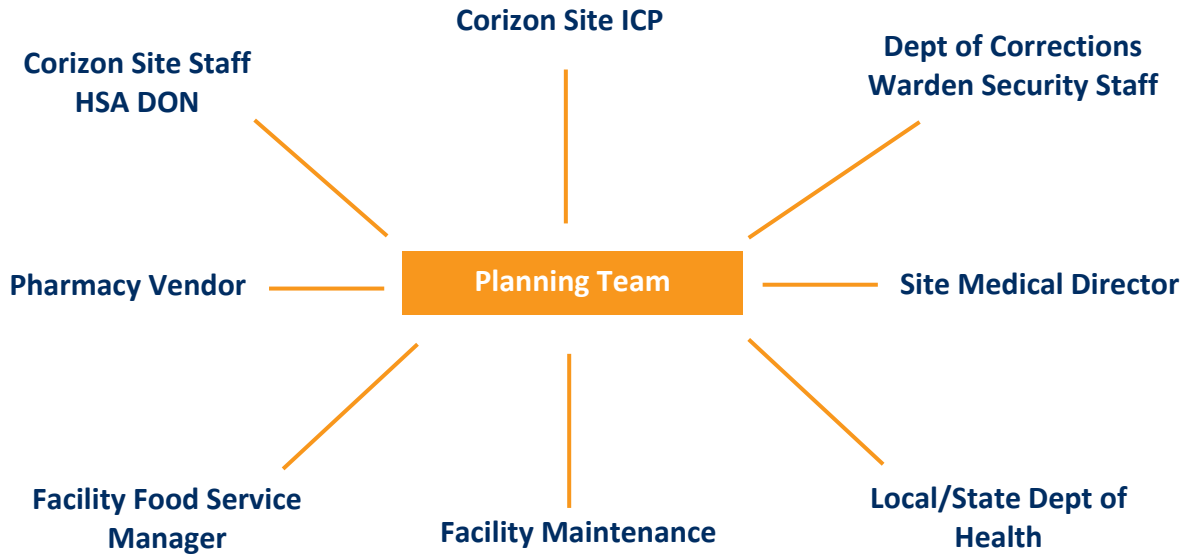
Site: _____

Date Completed: _____

TOPIC	COMPLETED
Have reviewed CDC pandemic/avian influenza information.	
Define person responsible for oversight of planning/program.	
Developed a team to discuss issues (HSA, DON, ICP, Security, Contractor)	
Contact the local health department to identify resources available.	
Request to participate in local planning with your local/state department of health.	
Bring team together to discuss basic issues:	
Security availability if 50% of officers out ill	
Medical unit coverage if 50% of staff out ill	
Housing of ill inmates (considerations of infirmary volume capability and overflow plan)	
Availability of masks (N10SH95 respirators)	
Availability of sufficient supply of hand soap, towels, disinfectants for use both inside and outside of the medical unit	
Availability of food for inmates and staff for extended period of time	
Contact health department to be included in distribution of antiviral medications	
Develop a teaching curriculum for medical unit staff and security staff	
Develop teaching tools for inmates	
Develop process for daily monitoring of prisoner sick call and employee/security call-in due to illness (identification / communication of pandemic)	
Educate staff regarding signs and symptoms of influenza	
Offer and encourage annual influenza vaccine	
Track both employee and inmate influenza vaccinations on an annual basis	
Educate staff regarding pandemic influenza plan	
Share progress of planning process with Corizon Central Office Infection Control	

Comments:

INFLUENZA PANDEMIC TEAM



Key Issues for Planning Committee to Address

COMMUNICATION:

1. Must develop ongoing communication with local/state department of Health.
2. Develop of process to notify both medical and security at first suspect of pandemic.
3. Communicate with staff (medical and correctional) prior to the Pandemic what plan has been developed (readiness)
4. Communicate with staff (medical and correctional) when the pandemic occurs.
5. Communication plan for inmates, families and community when Pandemic occurs.
6. Ongoing communication with Department of Health during Pandemic.

EDUCATION:

1. Identify resources available understanding that specific educational tools won't be available until agent is identified.
2. Sources of educational material:
 - a. cdc.gov
 - b. Local/state department of health
 - c. Corizon clinical programs
3. In planning education consider age levels and language barriers

PLANNING FOR ISOLATION (SEGREGATION)

1. How many patients and what level of care can be provided in the medical unit.
2. The majority of patients are going to have to be housed outside the medical unit. Where would this be done?
3. How do you quarantine an area of the facility?
4. How do you stop intakes?
5. How do you stop visits from the outside?
6. Do you have enough masks for medical and security?
7. Do you have sufficient supply of waterless hand products?
8. Do you have a sufficient supply of food for a prolonged Lockdown?

TREATMENT:

1. Does the Pharmacy vendor have antivirals available?
2. Does the Department of Health have the facility identified to receive stockpile antivirals?
3. Does your plan include providing antivirals to medical and correctional staff?

4. Does your plan include providing antivirals to families of medical and correctional staff?
5. How will the drugs be dispensed? Who writes the order? Who evaluates for contraindications?

STAFFING ISSUES:

1. Plan for 50% of staff to be available.
2. What policies are in place to require staff to stay to care for inmates and provide security?
3. What plans are in place to provide incentives to get staff to come in to work?

VACCINATION ISSUES:

1. Corizon will follow current CDC guidelines for annual influenza vaccinations (all employees must sign a consent or declination Form each year).
2. What processes are in place to provide influenza vaccinations to Security staff on an annual basis?
3. What processes are in place to provide influenza vaccine to families of medical or security staff?

Note: This list is NOT all inclusive, but meant to be a starting tool for your discussions with your team.

Appendix N



DEMOGRAPHICS

Patient Name: _____ <small>Last First MI</small>		Birthdate: ____ / ____ / ____ Date Seen: ____ / ____ / ____
Inmate Number: _____	Location Seen: _____	Time Seen: _____ AM / PM

Med Allergies: NKDA List: _____

Subjective	Chief Complaint(s): _____
	Onset: _____ <input type="radio"/> Reported <input type="radio"/> Observed: _____
	History: _____ <input type="checkbox"/> Check here if history continued on back
	Last seizure: <input type="radio"/> Never <input type="radio"/> Unknown <input type="radio"/> Known: _____
	Recent change or discontinuation of meds: <input type="radio"/> N <input type="radio"/> Y: _____

Significant History: Epilepsy: N Y Diabetes: N Y Head Trauma: N Y
 Cardiac: N Y Psychiatric: N Y Alcohol Abuse: N Y

IF PATIENT IS ACTIVELY SEIZING PROVIDE SUPPORTIVE CARE. DO NOT ATTEMPT TO PHYSICALLY RESTRAIN.

Objective	Vital Signs: T:* _____ P: _____ RR: _____ BP: _____ / _____ FSBG: _____
	*Note: Do NOT attempt to obtain an oral or rectal temperature on a postictal patient; defer until patient is stabilized.
	Postictal: <input type="radio"/> N <input type="radio"/> Y: _____
	Response: (AVPU) <input type="radio"/> Awake <input type="radio"/> Responds to Voice <input type="radio"/> Responds to Pain <input type="radio"/> Unresponsive
	Skin: Cool <input type="radio"/> N <input type="radio"/> Y Clammy <input type="radio"/> N <input type="radio"/> Y Conjunctiva: Pale <input type="radio"/> N <input type="radio"/> Y Sclera Icteric: <input type="radio"/> N <input type="radio"/> Y
	Pupils: <input type="radio"/> PERRL <input type="radio"/> Pupils unequal/abnormal: _____
	Mouth: Tongue injury <input type="radio"/> N <input type="radio"/> Y: _____
	Incurred injuries: <input type="radio"/> None apparent <input type="radio"/> Y: _____
	Incontinent urine <input type="radio"/> N <input type="radio"/> Y Incontinent feces <input type="radio"/> N <input type="radio"/> Y
	*Repeat Exam 15-30 minutes post seizure (If initial evaluation began just after seizure activity ceased.)

Time: _____ am/pm Vital Signs: T: _____ P: _____ RR: _____ BP: _____ / _____

Response: (AVPU) Awake Responds to Voice Responds to Pain Unresponsive

Still postictal N Y: _____

Pupil: PERRL Pupils unequal/abnormal: _____

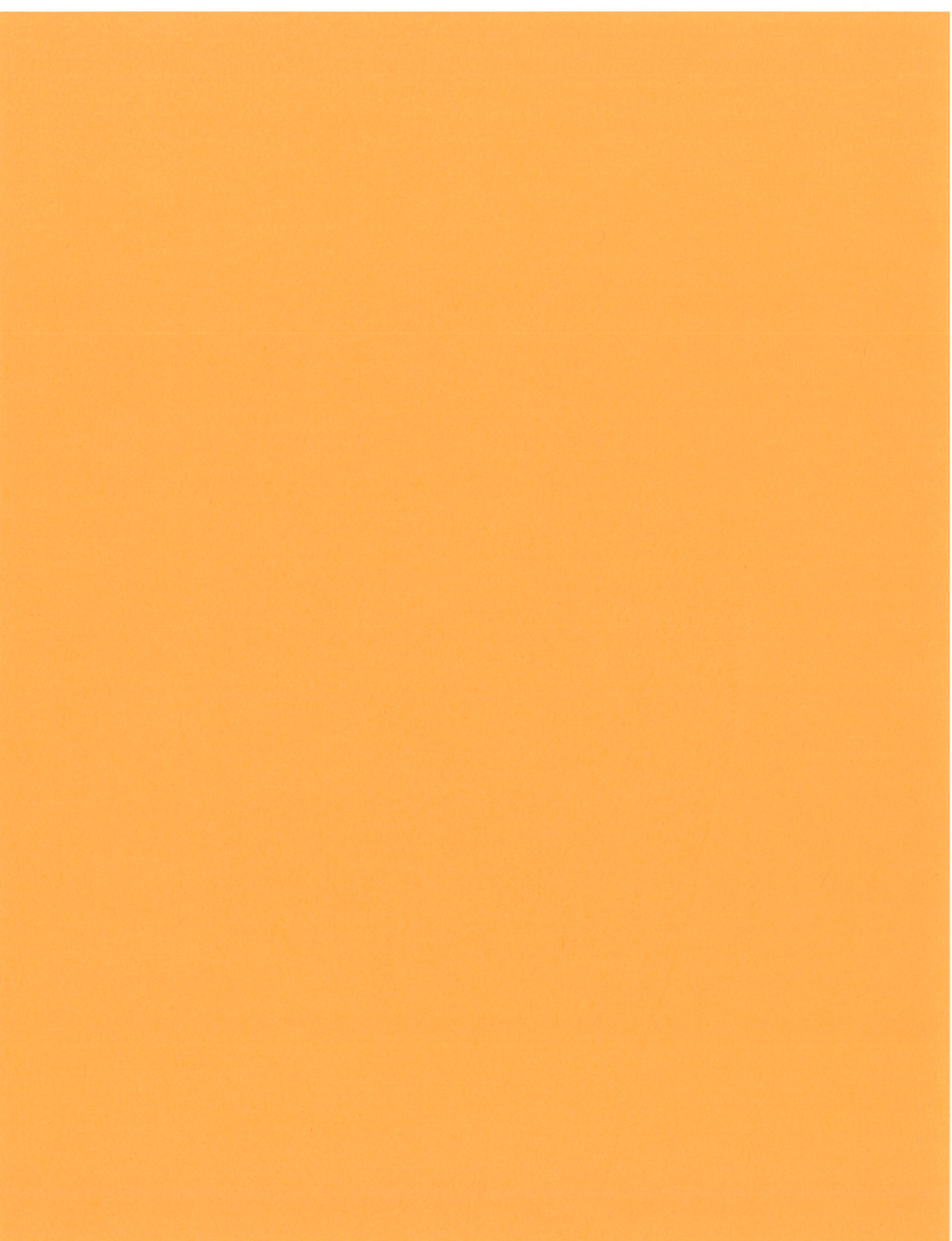
Assessment	Preliminary Determination(s): _____
	Using this NET for a patient should seldom result in a Routine Referral.
	<input type="radio"/> An Emergent Referral Required due to the following (check all that apply):
	<input type="checkbox"/> Abnormal vital signs <input type="checkbox"/> Prolonged postictal phase <input type="checkbox"/> Second seizure w/o recovery from postictal state <input type="checkbox"/> New onset seizure <input type="checkbox"/> Unequal/Abnormal pupils <input type="checkbox"/> Other: _____
	<input type="radio"/> An Expedited Referral is generally appropriate if : known seizure disorder and with no emergent criteria.

Routine Referral: _____

You should contact a physician, physician extender, or a nursing supervisor if you have any concerns about the status of the patient.

Plan	Check all that apply:
	<input type="checkbox"/> Call placed to physician <input type="checkbox"/> Call placed to 911 <input type="checkbox"/> Transport to infirmary for observation <input type="checkbox"/> Oxygen (2-4LPM per N/C) <input type="checkbox"/> Treatment for hypoglycemia, if indicated <input type="checkbox"/> Supportive care <input type="checkbox"/> Other: _____
	Referral: <input type="radio"/> Emergent (Time contacted: _____ AM / PM) <input type="radio"/> Routine <input type="radio"/> Expedited
	If referral: whom/where _____ Date of appointment: ____ / ____ / ____
	Education: The patient demonstrates understanding of seizures and signs and symptoms for which they should seek additional medical attention. <input type="radio"/> Yes <input type="radio"/> No (If NO, then schedule patient for appropriate follow up) PIFS given? <input type="radio"/> Yes <input type="radio"/> No

Nurse's Signature _____	Print/Stamp _____	Title _____
-------------------------	-------------------	-------------



DEMOGRAPHICS

Patient Name: _____ Birthdate: ____ / ____ / ____
Last First MI Date Seen: ____ / ____ / ____

Inmate Number: _____ Location Seen: _____ Time Seen: _____ AM / PM

Med Allergies: NKDA List: _____

Subjective

Chief Complaint: Wheezing Coughing Shortness of Breath Other: _____

Onset: _____

History: _____
 Check here if history continued on back

Prior Hospitalization: N Y Previous intubation: N Y Steroid Use: N Y

Precipitating Factors: No known precipitating factors Smoking Exercise
 Respiratory infection Cold weather change Emotional upset
 Medication non-compliance Use of ASA or NSAID Inhaled Allergen/Irritant

Does the patient have an inhaler(s)? N Y: 1) _____ 2) _____ 3) _____

Objective

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

General Appearance: Acute distress N Y: _____

PEFR: 1) _____ 2) _____

Pulse Ox% _____ % Room Air O₂ LPM: _____

Alert Anxious

Oriented to: Person N Y Place N Y Time N Y

Respirations: Normal Labored

Stridor: N Y

Accessory Muscle Use: N Y

Retractions: N Y

Additional Examination: _____

R	Lung Sounds	L
<input type="checkbox"/>	Clear	<input type="checkbox"/>
<input type="checkbox"/>	Diminished*	<input type="checkbox"/>
<input type="checkbox"/>	Wheezing	<input type="checkbox"/>

***Diminished breath sounds with little or no wheezing may be a critical finding indicating a severe asthma attack.**

Post Treatment Exam Time: _____ Vital Signs: T: _____ P: _____ RR: _____ BP: _____ / _____

PEFR: 1) _____ 2) _____ Pulse Ox% _____ % Room Air O₂ LPM: _____

Lung Sounds: Right: Clear Wheezing Diminished

Lung Sounds: Left : Clear Wheezing Diminished

Additional Examination: _____
 Check here if history continued on back

Assessment

Preliminary Determination(s): _____

Referral Not Required Required due to (check all that apply):

Acute Distress Wheezing with inhaler use Severe and/or productive cough Pulse ≥ 100 Respiratory rate ≥ 20

Pulse Ox reading ≤ 93% Recurrent complaint (2x in 72 hours) Other: _____

You should contact a physician, physician extender or nursing supervisor if you have any concerns about the status of the patient.

Plan

Tx: O₂ Albuterol Nebulizer x _____ Steroids: _____

Instructions to return if condition worsens.

Other: _____

Referral: No Routine Expedited Emergent (If emergent, time contacted: _____ AM / PM)

If referral: whom/where _____ Date of appointment: ____ / ____ / ____

Education: The patient demonstrates an understanding of asthma and instructions of what they should do as well as appropriate follow-up. Y N (If NO, then schedule patient for appropriate follow up visits) PIFS given? Y N

 Nurse's Signature Print/Stamp Title

Appendix O

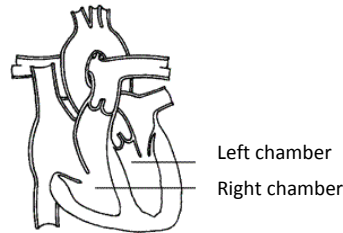


PATIENT INFORMATION FACT SHEET: HEART FAILURE

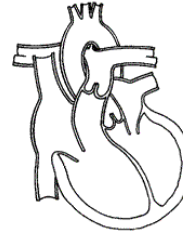
WHAT IS HEART FAILURE?

- Heart failure is a condition in which the heart can't pump blood the way it should.
- In some cases, the heart cannot fill with enough blood.
- In other cases, the heart cannot send blood to the rest of the body with enough force.
- Some people have both problems.

Normal Heart



Heart Failure



- "Heart failure" doesn't mean that your heart has stopped or is about to stop working. However, it's a serious condition that requires medical care.
- Heart failure may cause fluid to build up in the feet, ankles, legs, liver and abdomen.
- Heart failure can also make you feel tired and short of breath.
- The most common causes of heart failure are coronary artery disease (CAD), high blood pressure, and diabetes.
- Alcohol abuse, cocaine and other illegal drug use can cause heart failure.

WHAT SHOULD I DO? Take Action NOW – "Self management" is the key to good health.

Taking steps to prevent CAD can help prevent heart failure. These include:

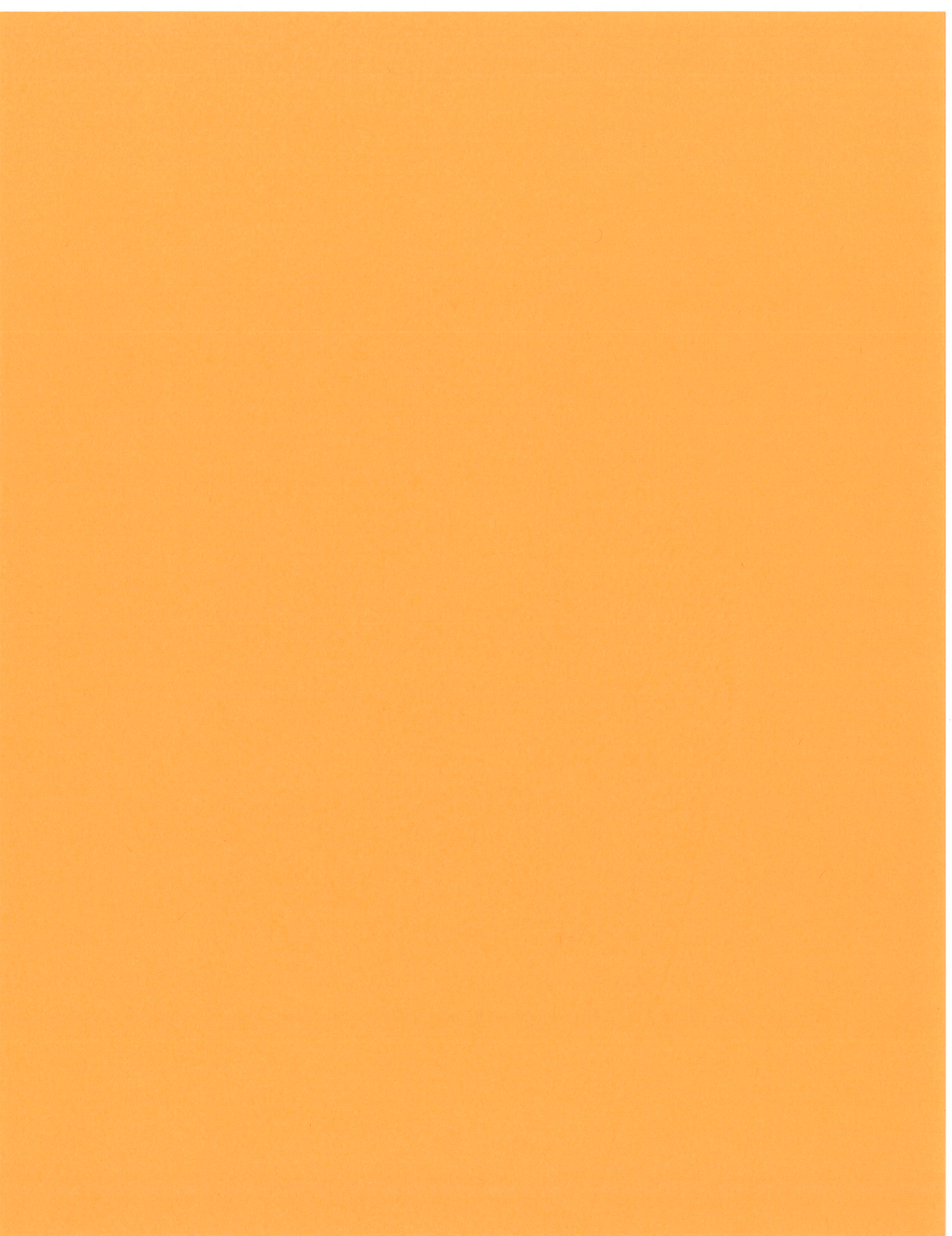
- **Not smoking.**
- Exercise such as walking can be a good start.
- **Losing weight** if you're overweight or obese.
- Avoid using illegal drugs.
- Working with your doctor to control high blood pressure and diabetes also can help prevent heart failure.
- See your doctor if you have symptoms of heart failure. Early diagnosis and treatment with lifestyle changes and medications can lead to a longer and more active life.

PUT IN A SICK CALL SLIP IF:

- You are experiencing new or worsening shortness of breath after normal activities.
- You get tired with activities that normally wouldn't bother you
- You develop swelling of your ankles or legs
- You develop an ongoing cough

EMERGENCY! TELL A CORRECTIONAL OFFICER TO CALL MEDICAL IF:

- You develop sudden or worsening of shortness of breath
- You are having difficulty lying flat in bed due to shortness of breath
- You are awakened by shortness of breath at night to catch up your breath
- You cough up pink, bubbly sputum





Promote a Culture of Safety

PATIENT INFORMATION FACT SHEET– SEIZURE

WHAT ARE SEIZURES?

- A seizure, also called a “fit” or an “attack”, happens when normal brain action is all of a sudden not right.
- There are different kinds of seizures. Some are scary to watch, but having a seizure is not usually painful.
- Some people are born with seizures. They can begin after having a head injury or from drinking too much alcohol or using certain drugs like meth or cocaine.
- Most seizures only last a few minutes. The brain almost always stops the seizure safely on its own.
- Your mood, memory, body movements and level of being awake can be different than normal during and after a seizure. You may not remember having it.

WHAT SHOULD I DO? Take Action NOW: Learn as much as you can about your seizures. “Self management” is the key to good health.

Tell your health care and correctional workers if you think you had a seizure.

- **Tell correctional staff to call medical if you are given a top bunk.**
- Sometimes patients have “Triggers” that may cause seizures to happen. If you know you have a trigger you should try not to be around it.
- Take your medicine the way you and your doctor have agreed to.
- Do **not** miss doses.
- Go to your clinic visits.
- Do any blood work your doctor suggests. This is how the doctor can make sure you are getting the right amount of medicine to take care of your seizures.
- Taking care of your teeth and gums is very important. Some anti-seizure medicines can cause the gum line to pull back from the teeth.
- You should try to get enough sleep.
- You should try not to do things that could cause you to get hurt if you had a seizure while you were doing it; like driving a car, bathing in a bathtub or climbing a ladder.

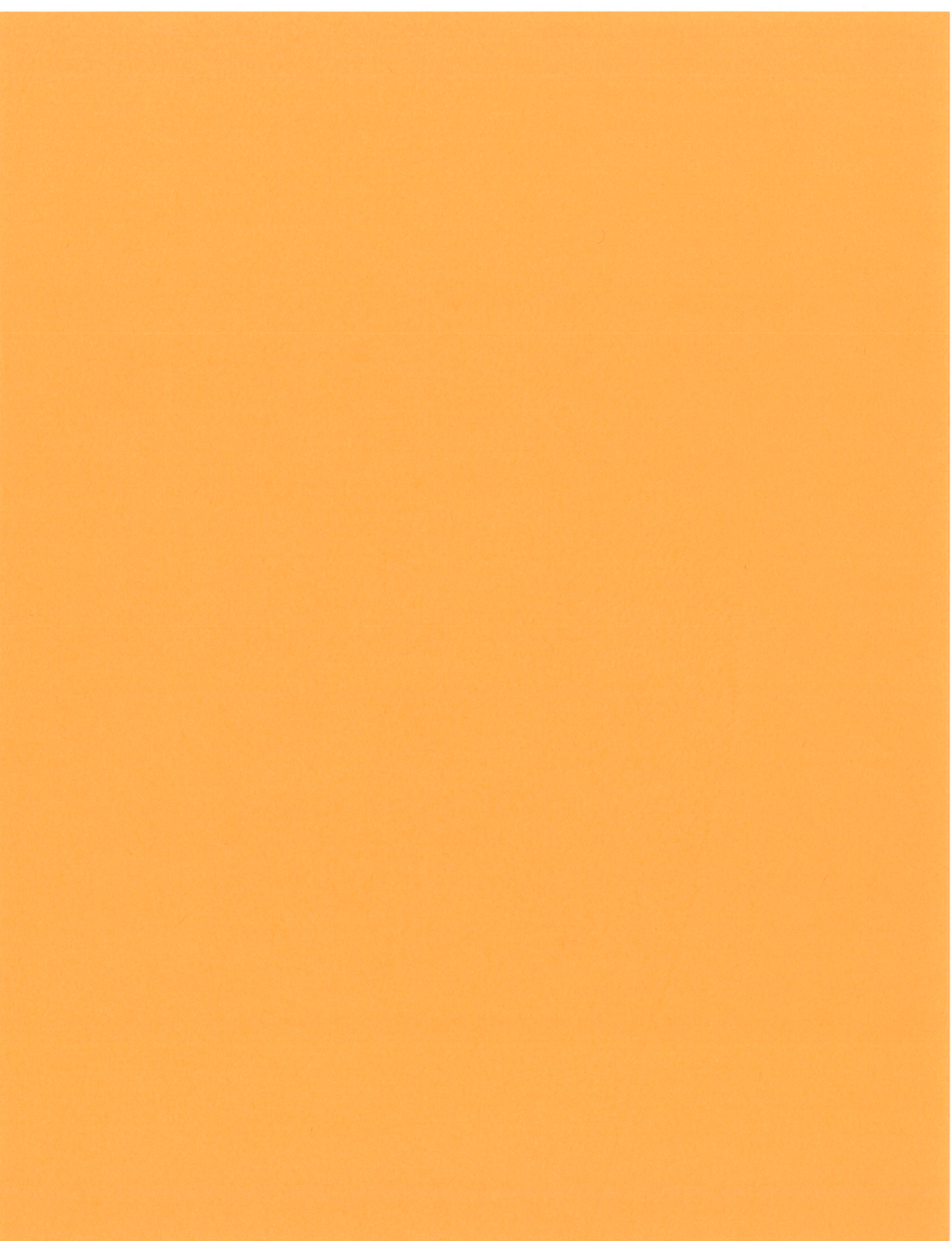
PUT IN A SICK CALL SLIP IF: You begin to have the following symptoms:

- Extreme sleepiness
- Upset stomach
- Ringing in your ears
- A yellowish color to your skin
- Swelling of the feet or hands

Some of these things happen when you first start a new medicine, and they should go away pretty soon. But it is still important for you to tell your health care worker about them.

EMERGENCY! TELL A CORRECTIONAL OFFICER OR DEPUTY TO CALL MEDICAL IF:

- You have upset stomach with throwing up and belly pain
- You all of a sudden feel confused, sluggish and “drunk-like”
- You have sudden changes in your eyesight
- You develop a new skin rash that is peeling all over





Promote a Culture of Safety

PATIENT INFORMATION FACT SHEET – QUITTING SMOKING

WHY IS IT SO HARD TO QUIT?

- Smoking is a habit. Like many bad habits, it can be very hard to quit.
- The more you smoke, the more you feel the need to smoke.
- Nicotine in cigarettes can be physically and mentally addictive.
- When a smoker tries to quit, there are unpleasant emotional and physical feelings.
- Smoking a cigarette seems calming because the nicotine relieves the unpleasant feelings that have already started since the last time you had a cigarette.
- The hardest days are usually the second and third day of quitting.

WHAT SHOULD I QUIT? Take Action NOW: Learn as much as you can about your addiction. “Self management” is the key to good health.

- You will feel better.
- Your breath won't smell like cigarettes.
- You will have more energy and breathe easier.
- Smoking causes diseases such as cancer, heart attacks, stroke, lung disease and problems with pregnancy.
- Your chances of getting sick will lessen.
- You will save money.

WHAT CAN I DO TO MAKE QUITTING EASIER?

- Cold turkey works. Cutting down does not.
- Make a list of all the reasons that you want to quit and keep it where you kept your cigarettes.
- Read the list often.
- Have a plan for how you will handle stressful urges to smoke.
- Get support, quit with a buddy if possible.
- Don't cheat. Even one drag can start the whole process over again.
- Exercise when you can.
- Drink water to relieve stress and help clear the nicotine from your system.
- Eat healthy snacks if you get hungry.
- Each day, write down one way that you feel better and congratulate yourself.
- Tell your family and friends that you have quit. Ask for their support.
- Do not sit with or hang out with people that are smoking.

If you slip up and smoke, start over. Many people try more than once before they give up cigarettes for good.

HOW CAN I KEEP FROM STARTING UP AGAIN WHEN I AM RELEASED?

- Stay busy. Don't start back out of boredom.
- Re-learn how to do things as a non-smoker.
- Avoid situations that make you want to smoke.
- Do not allow people to smoke in your home.
- Remember that even one drag puts nicotine back in your system and makes you want more.

Appendix P



What's available in InGaugeTM?



For Assistance Contact:
Customer Support at 1-800-974-7647 or x9888

Providing
Quality Data
and Reporting
to Support your
Decision Making
Needs



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Recent AccessCenters

Daily Pharmacy Reports	9/7/2011 9:56:00 AM
<small>Description: Daily view of pharmacy costs & utilization</small>	
Daily Labor Reports	9/8/2011 9:56:00 AM
<small>Description: Daily view of labor metrics including overtime statistics</small>	
Contract Leading Indicators	9/8/2011 8:05:00 AM
<small>Description: Daily view of contract medical, pharmacy & labor leading indicators</small>	
2011 KPI Dashboard	9/8/2011 8:12:00 AM
<small>Description: Year to Date view of 2011 KPIs</small>	
Daily HR Reports	9/8/2011 9:09:00 AM
<small>Description: Current Year and Prior Year view of turnover rate along with turnover trending</small>	
Standard Reports	9/7/2011 2:56:00 PM
<small>Description: Regional standard and drill through reports</small>	
Prior Year Labor Reports	9/2/2011 12:32:00 PM
<small>Description: Prior year view of labor metrics including overtime statistics</small>	
Daily Utilization Reports	9/8/2011 9:14:00 AM
<small>Description: Daily view of inpatient metrics and high cost cases</small>	
KPI Dashboard - 2010	9/8/2011 7:57:00 AM
<small>Description: Year to Date view of 2010 KPIs</small>	

[Log Off](#)

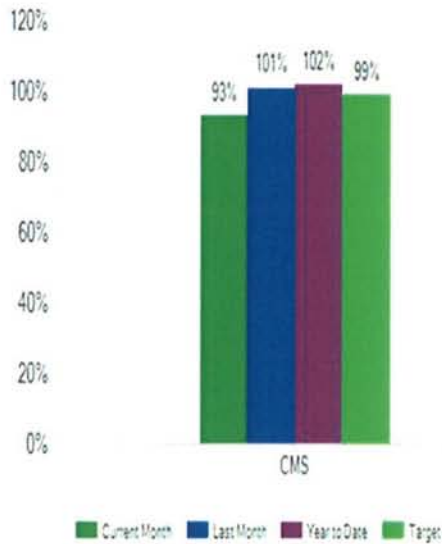
All AccessCenters Sort By Name

2011 KPI Dashboard	9/8/2011 8:12:00 AM
<small>Description: Year to Date view of 2011 KPIs</small>	
Contract Leading Indicators	9/8/2011 8:05:00 AM



Hours Worked

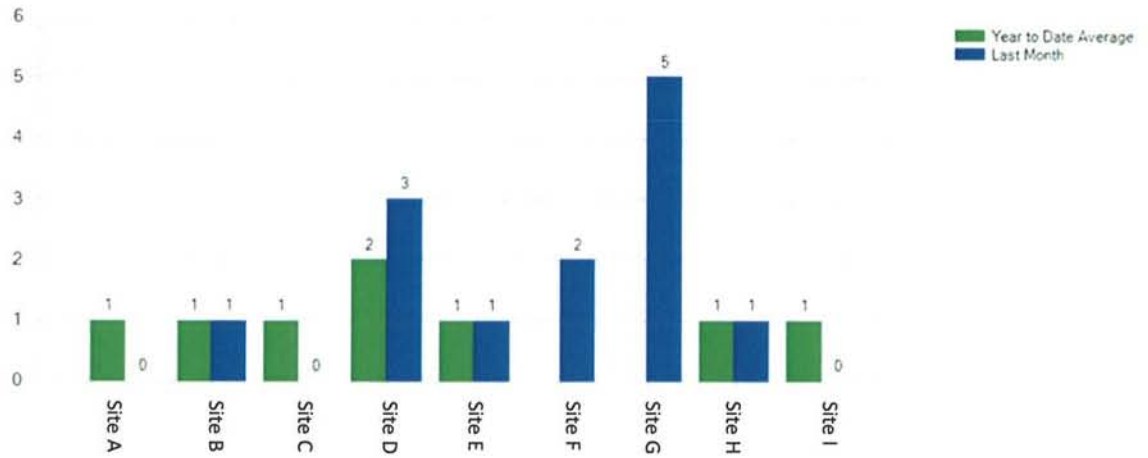
Nursing Fill Rate



Based on T3 transmissions for hours worked within the last 17 days and based on Payroll for hours worked more than 17 days ago. Data is through the most recent Saturday; an additional lag is reported when today's date is Sunday, Monday or Tuesday - on these days, report is based on transmissions received through two Saturdays prior and Current Month is only reported after the 7th day of the month.

Region	Current Month	Last Month	Year to Date	Target
Region A	61%	95%	95%	97%
Region B	95%	101%	98%	100%
Region C	95%	96%	101%	98%
Region D	99%	91%	101%	95%
Region E	99%	96%	100%	100%
Region F	106%	107%	105%	98%
Region G	106%	106%	108%	100%
Region H	96%	106%	108%	100%
Region I	88%	108%	112%	100%
Region J	108%	120%	99%	100%
Region K	107%	101%	100%	101%
Region L	82%	96%	96%	97%
Region M	103%	102%	101%	100%

ED Visits



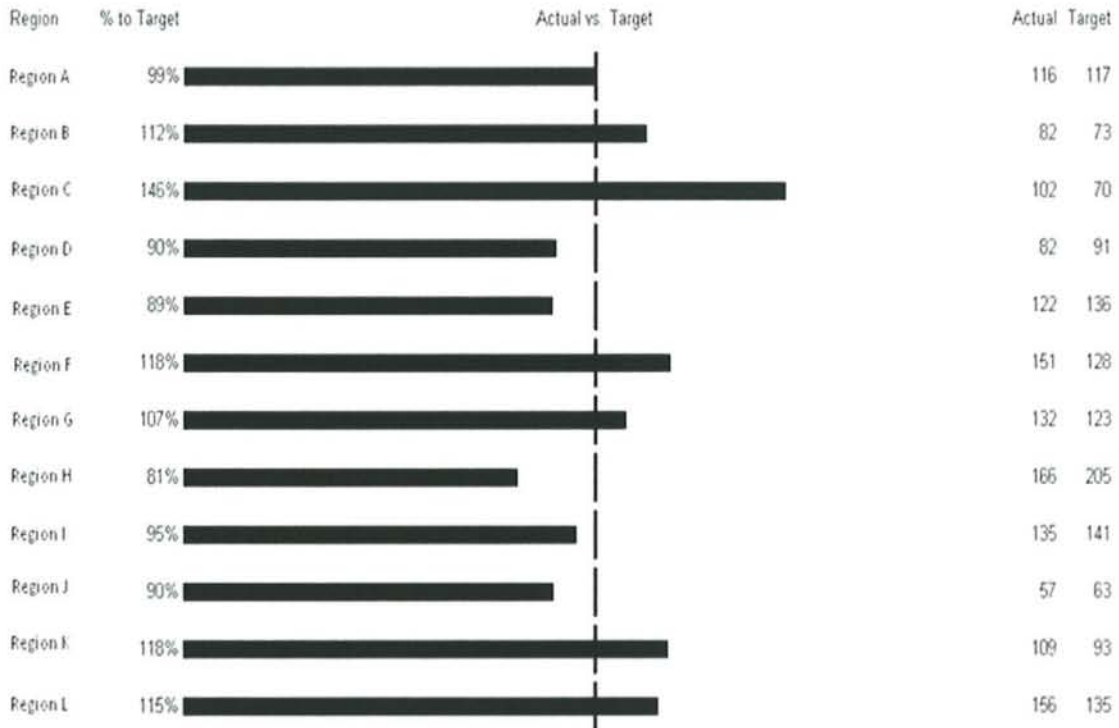
Represents contract year and not calendar year
Year to Date is represented as a monthly average not a year to date total-gross and excludes current month
Excludes ED visits that were admitted

Proprietary and Confidential.

This information cannot be distributed without the written consent of Corizon.

Inpatient Days

Inpatient Days per 1,000 - Year to Date

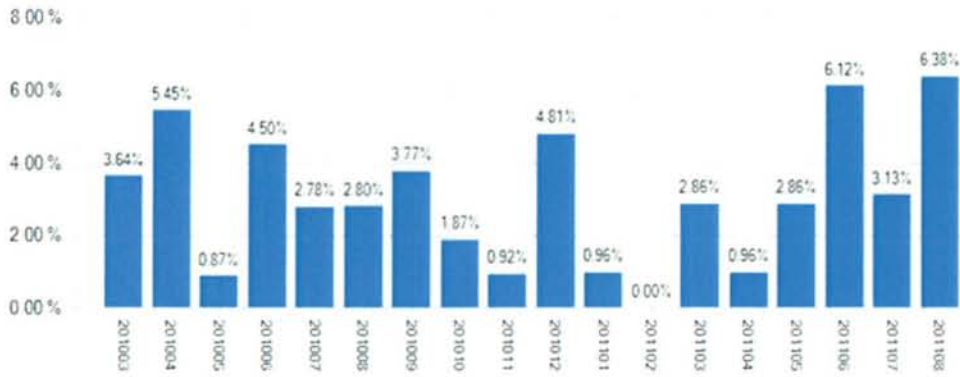


Rx PMPM

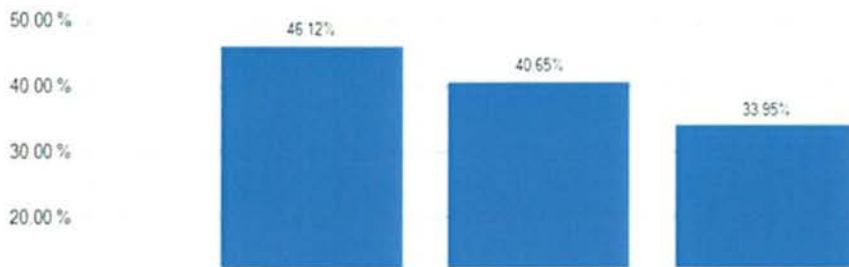
Primary Category	PMPM
<input type="text"/>	<input type="text"/>
CARDIOVASCULAR	\$29.82
GENERAL MEDICINE	\$215.88
GI	\$35.77
HIV	\$156.84
PSYCHOTROPIC	\$93.08
UNKNOWN	\$0.00

Turnover Data

Turnover - Most Recent 18 Months



Turnover - Most Recent 3 Years



Region
Clear Selection

Site Number
Clear Selection

Site Name
Clear Selection

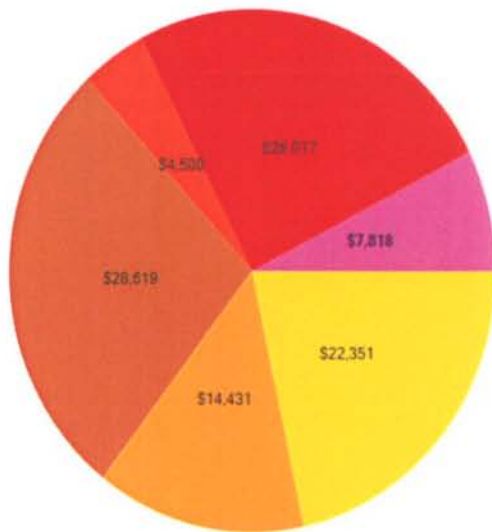
Job Function
Nursing

Job SubFunction
RN

Get Report

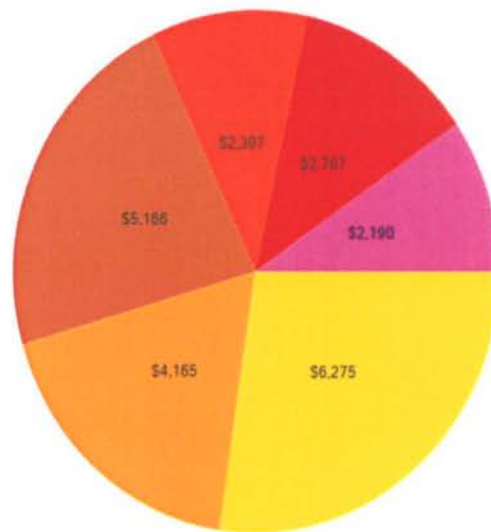


Referral Spend from Claims - Billed



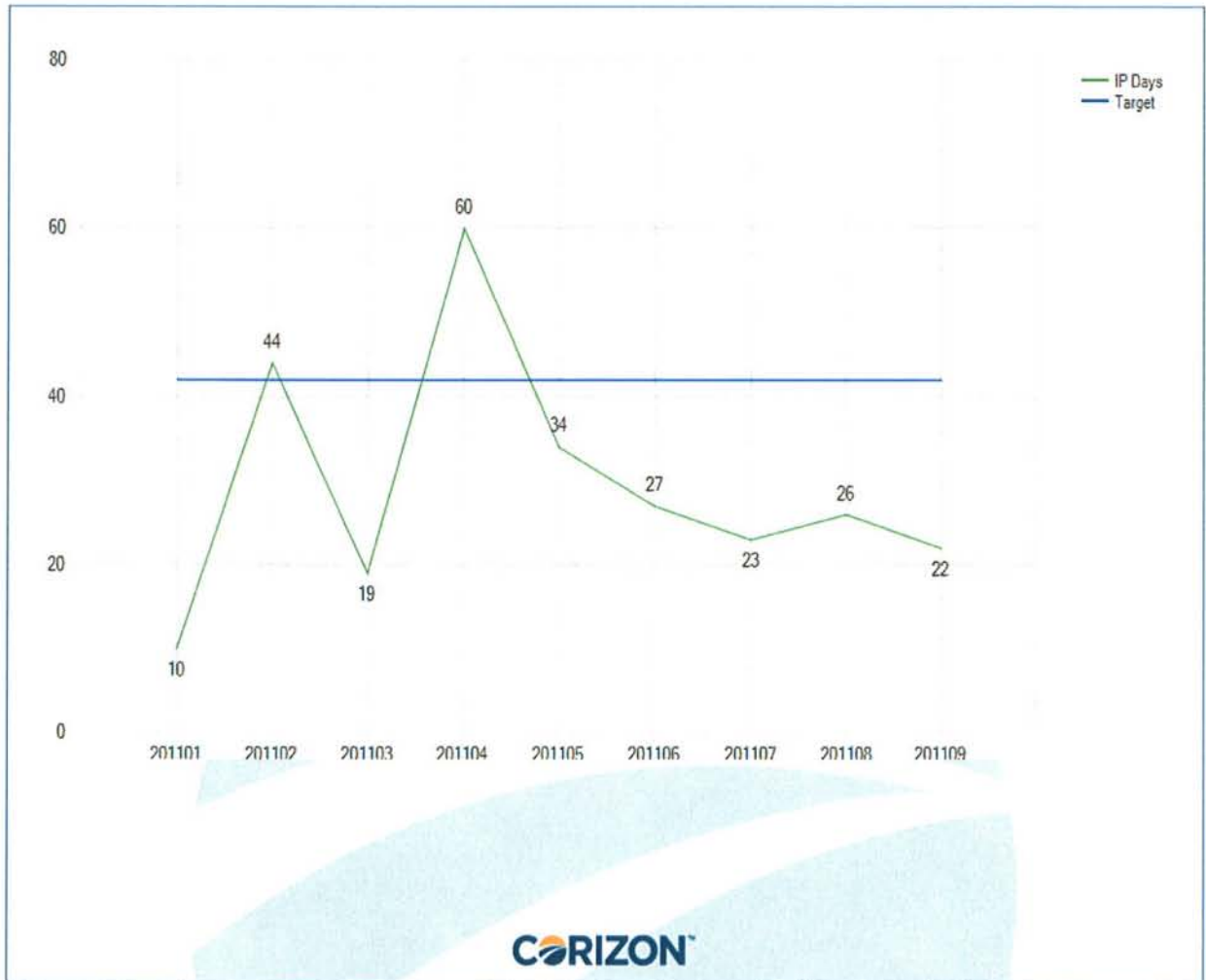
- CARDIOLOGY
- GASTROENTEROLOGY
- GENERAL SURGERY
- OPHTHALMOLOGY
- ORTHOPEDIC SURGERY
- UROLOGY

Referral Spend from Claims - Paid



- CARDIOLOGY
- GASTROENTEROLOGY
- GENERAL SURGERY
- OPHTHALMOLOGY
- ORTHOPEDIC SURGERY
- UROLOGY





InGauge Data Warehouse Access Center Current Dashboard Log Off Help Object Panel

Referrals by Specialty Inpatient Days **Active Inpatient Cases** Top 50 Patients Standard Reports

CORIZON InGauge Healthcare Insights

Drag a column header here to group by that column

Site Number	Site Name	Hospital Name	Status	Authorization ID	Inmate Name	DOC ID	Admit Date	Discharge Date	Primary Diagnosis	Denied Days	Actual_Days
00001	Site A	Hospital ABC	APPROVED	1234ABC	Inmate, Doe	5XXXX	20111003	20111005	CHR ISCHEMIC HRT DIS NOS	0	2.00
00002	Site B	Hospital XYZ	APPROVED	0000123	Smith, Mister	7XXXX	20111003	20111005	CELLULITIS OF LEG	0	2.00
00003	Site C	Saint Hospitalus	INPROCESS	5678DEF	Doe, Jane	1XXXX	20111005		DISC DIS NEC/NOS-CERV	0	5.00
00004	Site D	University Hospital	INPROCESS	1234567	Doe, John	2XXXX	20111005		CRBL ART OCL NOS W INFR	0	5.00

CORIZON

Region (Labor Detail)	Site Name (Labor Detail)	Site Number (Labor Detail)	Employee Full Name (Labor Detail)	Employee	Job Code	Worked At	Punch Time In (Labor Detail)	Punch Time Out (Labor Detail)	Time Desc (Labor Detail)	Hours Less Lunch	Overtime
1XXXX	8460	8460	10/3/2011 7:45:00 AM	10/3/2011 11:30:00 AM	IC SH1					3.75	0.00
2XXXX	8760	8760	10/2/2011 2:30:00 PM	10/2/2011 5:00:00 PM	SH5					2.50	0.00
			10/2/2011 5:30:00 PM	10/2/2011 11:00:00 PM	SH5					5.50	0.00
			10/4/2011 3:00:00 PM	10/4/2011 7:15:00 PM	Meeting S2					4.25	0.00
3XXXX	8760	8760	10/1/2011 11:30:00 AM	10/1/2011 3:00:00 PM	SH4					3.50	0.00
			10/1/2011 3:00:00 PM	10/1/2011 4:15:00 PM	SH5					1.25	0.00
			10/1/2011 4:45:00 PM	10/1/2011 11:30:00 PM	SH5					6.75	0.00
			10/1/2011 6:30:00 AM	10/1/2011 11:00:00 AM	SH4					4.50	0.00
4XXXX	8735	8735	10/1/2011 3:00:00 PM	10/1/2011 4:15:00 PM	SH5					1.25	0.00
			10/1/2011 4:45:00 PM	10/1/2011 11:30:00 PM	SH5					6.75	0.00
			10/2/2011 3:00:00 PM	10/2/2011 7:00:00 PM	SH5					4.00	0.00
			10/2/2011 7:00:00 PM	10/2/2011 7:30:00 PM	SH5					.50	0.00
			10/2/2011 8:00:00 PM	10/2/2011 11:30:00 PM	SH5					3.50	0.00
			10/4/2011 11:00:00 PM	10/5/2011	SH3					1.00	0.00
			10/5/2011	10/5/2011 12:45:00 AM	SH3					.75	0.00
			10/5/2011 1:15:00 AM	10/5/2011 7:00:00 AM	SH3					5.75	0.00
			10/5/2011 7:00:00 AM	10/5/2011 7:45:00 AM	SH1					.75	0.00
			10/6/2011 3:00:00 PM	10/6/2011 4:30:00 PM	SH2					1.50	0.00
5XXXX	8735	8735	10/6/2011 5:00:00 PM	10/6/2011 11:30:00 PM	SH2					6.50	0.00
			10/3/2011 12:45:00 PM	10/3/2011 3:30:00 PM	SH1					2.75	0.00
			10/3/2011 7:00:00 AM	10/3/2011 12:15:00 PM	SH1					5.25	0.00
			10/5/2011 12:45:00 PM	10/5/2011 3:30:00 PM	SH1					2.75	0.00
			10/5/2011 7:00:00 AM	10/5/2011 12:15:00 PM	SH1					5.25	0.00
			10/6/2011 12:45:00 PM	10/6/2011 3:30:00 PM	SH1					2.75	0.00
			10/6/2011 7:00:00 AM	10/6/2011 12:15:00 PM	SH1					5.25	0.00
			10/8/2011 1:30:00 PM	10/8/2011 3:30:00 PM	SH4					2.00	0.00
6XXXX	8760	8760	10/8/2011 7:00:00 AM	10/8/2011 1:00:00 PM	SH4					6.00	0.00
			10/3/2011 12:45:00 PM	10/3/2011 3:30:00 PM	SH1					2.75	0.00
			10/3/2011 7:00:00 AM	10/3/2011 12:15:00 PM	SH1					5.25	0.00
			10/4/2011 1:00:00 PM	10/4/2011 3:30:00 PM	SH1					2.50	0.00

Home
Warehouse
Access Center
Current Dashboard
Log Off
Help

Filled vs. SCD by Site
Filled vs. SCD by Job
Overtime by Site
Overtime by Job
Weekly Hours Over 40

Daily Hours Over 8

Drag a column header here to group by that column


Region	Employee Id	Job Title	Employee Name	Cost Center	Site Name	Week Begin Date	Worked Hrs	Over_40_Hours
Region A	5XXXX	LPN	Doe, Jane	00001	Site ABC	2011/07/17	40.25	.25
Region B	2XXXX	RN	Doe, John	00003	Site XYZ	2011/09/18	40.25	.25
Region C	7XXXX	RN	Emplo, Abcd	00024	Site DEF	2011/08/07	40.25	.25
Region C	7XXXX	RN	Emplo, Abcd	00024	Site DEF	2011/09/11	40.25	.25
Region C	4XXXX	LPN	Worker, Xyzab	00024	Site DEF	2011/09/11	40.50	.50
Region B	2XXXX	RN	Doe, John	00003	Site XYZ	2011/07/17	40.50	.50
Region A	9XXXX	RN	Corizon, Emp	00001	Site ABC	2011/09/11	40.50	.50
Region C	3XXXX	RN	Employee, Abc	00024	Site DEF	2011/07/03	41.00	1.00
Region C	3XXXX	RN	Employee, Abc	00024	Site DEF	2011/09/11	41.00	1.00
Region B	2XXXX	RN	Doe, John	00003	Site XYZ	2011/07/03	41.25	1.25
Region C	4XXXX	LPN	Worker, Xyzab	00024	Site DEF	2011/09/25	41.50	1.50
Region A	9XXXX	RN	Corizon, Emp	00001	Site ABC	2011/10/02	41.50	1.50
Region C	3XXXX	RN	Employee, Abc	00024	Site DEF	2011/08/28	42.00	2.00
Region B	2XXXX	RN	Doe, John	00003	Site XYZ	2011/07/10	44.25	4.25



Region (Pharm)	Site Name (Pharm)	Site Number (Pharm)	Order ID	Posted Date	Dispensed Date				
Drug Primary Category Desc	Drug Secondary Category Desc	Drug Classification Desc	Brand Name	Generic Indicator	Non Formulary Indicator	Actual Cost			
[-] CARDIOVASCULAR	[-] ANTICDAGULANT					\$6,954.16			
	[-] CHOLESTEROL	[-] CHOLESTEROL	[-] LOPID			\$981.90			
			[-] NIACIN	[-] Y	FORMULARY DRUG	\$7.29			
			[-] QUESTRAN LIGHT			\$84.18			
			[-] SLO-NIACIN			\$4.14			
		[-] HMG				\$1,669.19			
	[-] HTN/CARDIAC					\$10,818.82			
[-] GENERAL MEDICINE						\$180,531.14			
[-] GI						\$30,044.72			
[-] HRV						\$97,873.54			
[-] PSYCHOTROPIC						\$239,693.38			

Region (Labor Summary) Site Name (Labor Summary) Job Function (Labor Summary)								
Year/Mo (Labor Summary)								
201103								
Job Code	Reported Reg Hours	Payroll Reg Hours	Reported OT Hours	Payroll OT Hours	Reported Offsite Hours	Payroll Offsite Hours	Reported Benefit Hours	Payroll Benefit Hours
8030	143.50	140.80	.00	.00	.00	.00	40.00	43.20
8310	169.00	137.60	.00	.00	.00	.00	16.00	14.40
8440	.00	.00	.00	.00	.00	.00	.00	.00
8450	64.50	64.47	.00	.00	.00	.00	.00	.00
8460	13.25	18.99	.00	.00	5.75	.00	.00	.00
8470	21.00	20.98	.00	.00	.00	.00	.00	.00
8735	901.25	896.40	1.50	.50	4.00	3.20	52.00	48.50
8760	534.00	515.30	8.50	6.00	.00	.00	10.75	9.55
8940	181.50	.00	6.75	.00	.00	.00	.00	.00
8941	.00	.00	.00	.00	.00	.00	.00	.00

Region (Labor Summary) ▾	Site Name (Labor Summary) ▾	Job Function (Labor Summary) ▾			
	YearMo (Labor Summary) ▾				
	201103				
Job Code (Labor Summary) ▾	Payroll Reg Dollars	Payroll OT Dollars	Payroll Offsite Dollars	Payroll Benefit Dollars	
8030	\$4,897.77	\$.	\$.	\$1,504.21	
8310	\$1,802.56	\$.	\$.	\$188.64	
8440	\$960.	\$.	\$.	\$.	
8450	\$6,598.48	\$.	\$.	\$.	
8460	\$2,659.98	\$.	\$.	\$.	
8470	\$1,574.99	\$.	\$.	\$.	
8735	\$25,667.77	\$20.51	\$89.6	\$1,330.37	
8760	\$10,193.36	\$166.04	\$.	\$177.79	
8940	\$.	\$.	\$.	\$.	
8941	\$5,199.97	\$.	\$.	\$.	



CORIZON

Appendix Q



CORIZON - BENEFITS AT A GLANCE

Salaried Exempt and Hourly Non-Exempt Employees □ Effective January 1, 2012

BENEFIT	WHO IS ELIGIBLE	WHEN ELIGIBLE	WHO PAYS		DESCRIPTION		
MEDICAL PLAN OPTIONS (Administered by United Healthcare) All medical plans include the prescription drug plan	Employees working and coded at 30 hours or more a week.	First day of the month following 60 days of service.	Employee bi-weekly pre-tax payroll deductions		Where a PPO network is available BASIC PPO - Unlimited lifetime maximum. \$25 office visit co-pay for routine in-network Primary Care Physician (PCP) visits. Preventive services included. 75% coverage on other in-network services after a \$600 per person/\$1,800 family deductible has been met. Out-of-Network co-insurance at 55% after \$1,100/\$3,300 deductible has been met. Tobacco users surcharge will apply to listed medical rates.*		
			BASIC (PPO) Employee: \$62.58 Employee + Child(ren): \$143.12 Employee + Spouse: \$172.43 Employee + Family: \$231.14				
<p align="center">Detailed descriptions of Corizon Benefits Plans are available in the Decision Guide mailed to all newly eligible employees.</p>			ADVANTAGE CDHP/HSA Employee: \$24.14 Employee + Child(ren): \$68.86 Employee + Spouse: \$79.80 Employee + Family: \$108.69		Advantage - Unlimited lifetime maximum. Company funded Savings option (\$600-single, \$1,200-EE + Spouse or EE + Child(ren), \$1,800-family). 100% preventive care based on the guidelines set by United Healthcare. 80% in-network coverage after deductible. In-network deductible \$1,300 single/\$2,600 EE + Spouse or EE + Child(ren)/\$3,900 family. Ability to rollover Health Savings amount each year if not used. It is also portable. Tobacco users surcharge will apply to listed medical rates.*		
			VALUE CDHP/HSA Employee: \$11.45 Employee + Child(ren): \$32.71 Employee + Spouse: \$37.93 Employee + Family: \$51.65			Value - Unlimited lifetime maximum. Company funded Savings option (\$300-single, \$600-EE + Spouse or EE + Child(ren), \$900-family). 100% preventive care based on the guidelines set by United Healthcare. 70% in-network coverage after deductible. In-network deductible \$1,500 single/\$3,000 EE + Spouse or EE + Child(ren)/\$4,500 family. Ability to rollover Health Savings amount each year if not used. It is also portable. Tobacco users surcharge will apply to listed medical rates.*	
			OUT OF AREA Employee: \$62.58 Employee + Child(ren): \$143.12 Employee + Spouse: \$172.43 Employee + Family: \$231.14				Where a PPO network is not available OUT OF AREA - Unlimited lifetime maximum. Traditional Indemnity plan that pays benefits at 70% of reasonable and customary after a \$600 per person/\$1,800 per family deductible has been met. Includes preventive benefits. Tobacco users surcharge will apply to listed medical rates.*
UNITED HEALTHCARE PRESCRIPTION DRUG PLAN	Participants in the Basic PPO, Advantage CDHP, Value CDHP, or Out of Area healthcare plans.	First day of the month following 60 days of service.	<table border="0"> <tr> <td align="center"> Retail Pharmacy Maximum \$15, \$50, \$100 Co-Insurance Generic: 25% Preferred Brand: 40% Non-Preferred Brand: 50% </td> <td align="center"> Mail Order Co-pay Maximum \$30, \$100, \$200 Co-Insurance Generic: 25% Preferred Brand: 40% Non-Preferred Brand: 50% </td> </tr> </table>	Retail Pharmacy Maximum \$15, \$50, \$100 Co-Insurance Generic: 25% Preferred Brand: 40% Non-Preferred Brand: 50%	Mail Order Co-pay Maximum \$30, \$100, \$200 Co-Insurance Generic: 25% Preferred Brand: 40% Non-Preferred Brand: 50%	Retail Pharmacy program is for acute care medications up to 30-day supply. Mail Order provides a 90-day supply of maintenance medications. Pharmacy program includes Drug Utilization Review and Prior Authorization. Preferred Brand applies to brand name medications on United Healthcare drug list. <u>For Consumer Directed Health Plans/HSA: Preventive medications are covered at 100% listed on UHC's Preventive Drug List for Consumer Directed Health Plans Expanded List. Co-insurance applies after deductible is met for other prescription drugs.</u>	
Retail Pharmacy Maximum \$15, \$50, \$100 Co-Insurance Generic: 25% Preferred Brand: 40% Non-Preferred Brand: 50%	Mail Order Co-pay Maximum \$30, \$100, \$200 Co-Insurance Generic: 25% Preferred Brand: 40% Non-Preferred Brand: 50%						
DENTAL PLAN OPTIONS (Administered by Aetna)	Employees working and coded at 30 hours or more a week.	First day of the month following 60 days of service.	Employee bi-weekly payroll deductions		DMO 100% Preventive Services; 100% Basic Services and 50%/50% Major Services; No deductible/Office visit co-pay \$5. Includes orthodontia for adult and child(ren) and has 24 months of comprehensive ortho treatment, plus 24 months retention. You <u>must</u> use an Aetna in-network DMO provider.		
			DMO DENTAL Employee: \$8.01 Employee + Child(ren): \$17.32 Employee + Spouse: \$17.94 Employee + Family: \$24.78				
			PPO DENTAL Employee: \$9.27 Employee + Child(ren): \$20.59 Employee + Spouse: \$19.51 Employee + Family: \$29.46		PPO 100% Preventive Services; 80%/20% Basic Services and 50%/50% Major Services; \$50 individual and \$150 family annual deductible applies to Basic and Major Services. \$1,500 per person Annual Benefit maximum. Includes orthodontia for adult and child(ren) and has a \$1,500 lifetime benefit maximum.		
VISION PLAN (Administered by VSP)	Employees working and coded at 30 hours or more a week.	First day of the month following 60 days of service.	VISION Employee: \$2.55 Employee + Child(ren): \$3.75 Employee + Spouse: \$4.01 Employee + Family: \$6.42		Eye care plan through participating VSP providers. Eye exams: 1 every 12 months - \$50 Lenses: \$50 (single vision), \$75 (lined bifocal), \$100 (lined trifocal) Frequency: Lenses every 12 months; Frames every 24 months Designated Frames: \$70		

BENEFIT	WHO IS ELIGIBLE	WHEN ELIGIBLE	WHO PAYS	DESCRIPTION
HEALTHCARE SPENDING ACCOUNT (FSA)	Employees working and coded at 30 hours or more a week.	First day of the month following 60 days of service.	Employee	Healthcare Spending Accounts allow employees to save on a pre-tax basis for eligible Health Care Expenses for themselves and eligible dependents, thereby avoiding taxes and reducing taxable income. \$120 annual minimum and \$5,000 annual maximum contributions. Limited purpose FSA available for Consumer Directed Health plans only.
DEPENDENT DAY CARE SPENDING ACCOUNT (DFSA)	Employees working and coded at 30 hours or more a week.	First day of the month following 60 days of service.	Employee	Dependent Day Care Spending Accounts allow employees to save on a pre-tax basis for eligible Dependent Day Care Expenses (child and adult day care), thereby avoiding taxes and reducing taxable income. \$120 annual minimum and \$5,000 annual maximum contributions.
BASIC LIFE & A D & D	Employees working and coded at 30 hours or more a week.	First day of the month following 60 days of service.	Corizon	One times annual salary rounded up to the next \$1,000. Maximum benefit of \$750,000 for each benefit.
OPTIONAL VOLUNTARY LIFE INSURANCE	Employees working and coded at 30 hours or more a week.	First day of the month following 60 days of service.	Employee - Cost depends upon a number of factors including age and amount of coverage purchased.	Additional life insurance of 1 - 7 times annual salary, not to exceed \$750,000. Guaranteed issued of 2 times your base salary, up to \$250,000 at initial eligibility. To enroll after initial eligibility period, must provide evidence of insurability.
VOLUNTARY DEPENDENT LIFE INSURANCE	Employees participating in the Voluntary Life Insurance Program.	First day of the month following 60 days of service.	Employee - Cost depends upon a number of factors including age and amount of coverage purchased.	Spouse: Life insurance in increments of \$10,000, \$25,000 and \$50,000 not to exceed half of the employee's coverage. Guaranteed issue of \$25,000 at initial eligibility. To enroll after initial eligibility period must provide evidence of insurability. Children: \$5,000 or \$10,000.
SHORT TERM DISABILITY	Employees working and coded at 30 hours or more a week.	After 1 year of service.	Corizon	7 days (injury & illness) elimination period. Maximum benefit – 50% of monthly earnings, up to a max benefit of \$1,500 a week. 26 weeks maximum duration.
LONG TERM DISABILITY	Employees working and coded at 30 hours or more a week.	First day of the month following 60 days of service.	Corizon or Employee	180 days elimination period. Maximum benefit – 50% of monthly earnings, up to \$10,000 a month for employer paid. Employees can buy 60% of monthly earnings, up to \$10,000 a month.
401(k) RETIREMENT PLAN ♦	Employees working and coded at 30 hours or more a week.	First day of the month following 60 days of service.	Corizon and Employee	401(k) savings via pre-tax payroll deduction of 1% - 50% of earnings. For the 401(k) the company matches your contribution (up to 4%) at a rate of 50%. Employee is fully vested after 5 years of service.
EMPLOYEE TUITION ASSISTANCE PLAN	Employees working and coded at 30 hours or more a week.	After 90 continuous days of service.	Corizon and Employee	Currently, this benefit is under review for 2012.
PTO	Employees working and coded at 30 hours or more a week.	After 3 months of employment.	Corizon	Paid time off accruals/schedules will be listed in the Employee Success Guide
LIFE MANAGEMENT PROGRAM (EAP)	Employees working and coded at 30 hours or more a week.	First day of the month following 60 days of service.	Corizon	Professional counseling services provided on a pre-paid basis for employees and their immediate family members through Magellan Health.
DIRECT DEPOSIT OF PAYCHECK	All regular employees.	Up to 2 pay periods following enrollment	n/a	Direct deposit of payroll check into your personal account, provided your banking institution is a member of the Automated Clearing House.

♦ Employees with W-2 earnings in excess of \$115,000 are eligible for the Supplemental Retirement Plan (SRP) in lieu of the 401(k) Retirement Plan in 2012

If there have been changes in Corizon benefit programs since this summary was printed, they will be included in subsequent revisions. This is a summary of benefits and not a statement of policy. This summary is not a part of a contract and no applicant or employee has any contractual rights to the matters set forth in it. There may be changes to the benefits outlined in this summary or the legal documents or personnel policies and procedures governing them which will affect present and future employees. **All appropriate enrollment forms must be completed and returned to the Central Office Benefits Department within 30 days of the effective date of coverage – initial eligibility. It is the employee's responsibility to complete the forms and insure that they arrive in the Corizon Central Office Benefits Department. Enrollment forms received after the required date will be treated as late applications and enrollment in most plans will not be allowed until the next Annual Open Enrollment period (fall of each year with an effective date of January 1).**
08/2011

*Tobacco Surcharge - \$50 per month will be charged per individual covered under the medical plan, for use of tobacco within the last six (6) months. (I.e. Employee - \$50 and/or Spouse/Domestic Partner - \$50. So if an employee and their spouse/domestic partner are tobacco users, the monthly charge would be \$100.)

Appendix R





**CAPITAL REGION
MEDICAL CENTER**

University of Missouri Health Care

P.O. Box 1128

Jefferson City, MO 65102-1128

Phone: 573-632-5000

www.crmc.org

February 16, 2010

USDA – RUS
STOP 1590
1400 Independence Ave. SW, RM 5151
Washington DC 20250-1590

Dear Sirs:

I am writing this letter of Support for Correctional Medical Services (CMS) the provider of health care services to offenders within the Missouri Department of Corrections (MDOC). Capital Region Medical Center (CRMC) has been a provider to CMS since 1993 to assist them with inpatient and outpatient services at 21 correctional centers, serving over 30,000 offenders.

Recently, CMS proposed telemedicine services as another way of providing necessary medical services to the offender population. As a key provider to CMS and MDOC, we are willing to assist in any way possible.

CMS and MDOC propose telemedicine services at 15 Correctional Centers within Missouri. This strategy will assist in eliminating the security risks associated with offenders traveling to our facility. In addition, this will save Missouri taxpayers the extra costs of Officer Over Time, wear and tear on state vehicles and fuel charges. CRMC is willing to provide specialty providers to CMS which are but not limited to: cardiac, cardiovascular, general surgery, orthopedics and oncology.

CMS and CRMC are in the final stages of developing our internal network and finalizing the providers for this critical solution to the state of Missouri. We fully support Correctional Medical Services and the Missouri Department of Corrections with this initiative and recommend approval of their grant request.

Sincerely,

Ed Farnsworth, FACHE
President



saintlukeshealthsystem.org



March 1, 2010

USDA – RUS
STOP 1590
1400 Independence Ave. SW, RM 5151
Washington DC 20250-1590

Dear Sirs:

I am writing this letter of support for Correctional Medical Services (CMS) who provides health care services to the offenders within the Missouri Department of Corrections (MDOC). Saint Luke's Health System, and our affiliates, has been a provider to CMS since 2009 assisting them with inpatient and outpatient services at 21 correctional centers, servicing over 30,000 offenders.

Recently, CMS proposed telemedicine services as another way of completing needed medical services to the offender population. Saint Luke's Hospitals have assisted CMS with connectivity, provider network and specialized equipment through a local provider. As a key provider to CMS and MDOC, we are eager to assist in the continuing development of this telemedicine program. Saint Luke's and CMS began providing telemedicine services at two correctional centers in late 2009. Saint Luke's is committed to providing additional specialties to CMS and MDOC as our network grows. To assist CMS with this growth, support from the RUS Grant is vital for this initiative.

CMS and MDOC propose telemedicine services at 15 Correctional Centers within Missouri. This strategy will assist in eliminating the security risks associated with out counts to our facility, and also save the taxpayers of Missouri extra costs to include overtime for officers, maintenance on state vehicles and fuel charges. Saint Luke's is willing to provide specialty providers to CMS to include, but not limited to: Pulmonology, wound care, general surgery and orthopedics.

CMS and Saint Luke's already have a proven beta test completed at two correctional centers that include equipment, connectivity and a provider network. Additional support will assist in reducing thousands of off-site encounters each year.

We fully support CMS and MDOC with this initiative.

Sincerely,

A handwritten signature in black ink, appearing to read "Steve Kropp".

Steve Kropp
Director of Out Reach Services and Telehealth